

# St. Clair County Community-Wide Health Needs Assessment

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Research Results from the 2016 Community-  
Wide Health Needs Assessment

# A Research Project for



United Way  
of St. Clair County



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# ***INTRODUCTION***

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# Partners

*The following community organizations are responsible for the funding and implementation of the St. Clair County Community Health Needs Assessment 2016:*

- Blue Water Community Action
- Community First Health Centers
- Lake Huron Medical Center
- McLaren Hospital Port Huron
- Operation Transformation
- St. Clair County Community Mental Health
- St. Clair County Health Department
- St. Clair County RESA
- St. John Providence Ascension Hospital
- United Way of St. Clair County
- YMCA of the Blue Water Area

# Background and Objectives

- VIP Research and Evaluation was contracted by the St. Clair County Health Department to conduct a Community Health Needs Assessment (CHNA), which included a Behavioral Risk Factor Survey (BRFS).
- The Patient Protection and Affordable Care Act (PPACA) passed by Congress in March of 2010 set forth additional requirements that hospitals must meet in order to maintain their status as a 501(c)(3) Charitable Hospital Organization. One of the main requirements states that a hospital must conduct a community health needs assessment (CHNA) and must adopt an implementation strategy to meet the community health needs identified through the assessment. The law further states that the assessment must take into account input from persons who represent the broad interests of the community, including those with special knowledge of, or expertise in, public health.
- In response to the PPACA requirements, many county health departments have also come forward to assist or take the lead in the CHNA process to serve both the health needs and broader needs of communities they represent. In St. Clair County, MI, a CHNA team (e.g., SCCHD staff) began meeting in 2015 to discuss how the community could collectively benefit from a CHNA.



# Background and Objectives (Continued)

- The overall objective of the BRFSS is to obtain information from St. Clair County adult residents about a wide range of behaviors that affect their health. More specific objectives include measuring each of the following:
  - Health status indicators, such as perception of general health, satisfaction with life, weight (BMI), and levels of high blood pressure
  - Health risk behaviors, such as smoking, drinking, and physical activity
  - Clinical preventative measures, such as routine physical checkups, oral health, and levels of cholesterol
  - Chronic conditions, such as diabetes, asthma, and cancer, and their management
  
- The overall objectives of CHNA include:
  - Gauge the overall health climate or landscape of St. Clair County as a whole, in addition to three specific regions (northeast, southern, western)
  - Determine positive and negative health indicators
  - Identify risk behaviors
  - Discover clinical preventive practices
  - Measure the prevalence of chronic conditions and chronic pain
  - Establish accessibility of health care
  - Ascertain barriers and obstacles to health care
  - Uncover gaps in health care services or programs
  - Identify health disparities

# Background and Objectives (Continued)

- Data gathered will supply the St. Clair County CHNA team with information needed to answer all questions in Part V, under the Community Health Needs Assessment (IRS Section H).
  
- The information collected will be used to:
  - Prioritize health issues and develop strategic plans
  - Monitor the effectiveness of intervention measures
  - Examine the achievement of prevention program goals
  - Support appropriate public health policy
  - Educate the public about disease prevention through dissemination of information

# Methodology

- This research involved the collection of primary and secondary data. The table below shows the breakdown of primary data collected with the target audience, method of data collection, and number of completes:

|                                   | Data Collection Methodology      | Target Audience   | Number Completed |
|-----------------------------------|----------------------------------|---|------------------|
| Key Stakeholders                  | In-Depth Telephone Interviews    | Hospital Directors, Clinic Executive Directors            | 11               |
| Key Informants                    | Online Survey                    | Physicians, Nurses, Dentists, Pharmacists, Social Workers | 65               |
| Community Residents (Underserved) | Self-Administered (Paper) Survey | Vulnerable and underserved sub-populations                | 456              |
| Community Residents               | Telephone Survey (BRFS)          | St. Clair County Adults (18+)                             | 1,204            |

- Secondary data was derived from local hospital utilization data and various government and health sources such as the U.S. Census, Michigan Department of Community Health, County Health Rankings, Youth Risk Behavior Survey, Youth Assessment Survey.

# Methodology (Continued)

- Of the 11 *Key Stakeholders* invited to participate, all 10 completed an in-depth interview (100% response rate). *Key Stakeholders* were defined as executive-level community leaders who:
  - Have extensive knowledge and expertise on public health issues
  - Can provide a “50,000 foot perspective”
  - Are often involved in policy decision making
  - Examples include hospital administrators and clinic executive directors
  
- Of the 360 *Key Informants* invited to take the online survey, 65 participated for a 18% response rate. *Key Informants* are also community leaders who:
  - Have extensive knowledge and expertise on public health issues, or
  - Have experience with subpopulations impacted most by issues in health/health care
  - Examples include health care professionals or directors of non-profit organizations
  
- Blue Water Community Action (BWCA) distributed a self-administered Community Assessment Survey at a local Community Resource Fair. The result was 456 were completed among low-income, or underserved, area residents. Respondents identified themselves as:
  - BWCA client
  - BWCA employee
  - Partner organization
  - Community member

# Methodology (Continued)

- A Behavioral Risk Factor Survey was conducted among 1,204 St. Clair County adults (age 18+) via telephone. The response rate was 42.8%.
- Disproportionate stratified random sampling (DSS) was used to ensure results could be generalized to the population of St. Clair County. Characteristics of DSS are dialing both listed and unlisted landline sample.
- In addition to landline telephone numbers, the design also targeted cell phone users. Of the 1,204 completed surveys:
  - 437 are cell phone completes (36.3%), and 767 are landline phone completes (63.7%)
  - 340 are cell-phone-only households (28.2%)
  - 133 are landline-only phone completes (11.0%), and
  - 731 have both cell and landline numbers (60.7%)
- For landline numbers, households were selected to participate subsequent to determining that the number was that of a St. Clair County residence. Vacation homes, group homes, institutions, and businesses were excluded.
- Respondents were screened to ensure they were at least 18 years of age and resided in St. Clair County. In households with more than one adult, interviewers randomly selected one adult to participate based on which adult had the nearest birthday.

# Methodology (Continued)

- The margin of error for the entire sample of 1,204, at a 95% confidence level, is +/- 2.8%. This calculation is based on a population of roughly 124,424 St. Clair County residents 18 years or older, according to the 2010-2014 U.S. Census estimate.
- Unless noted, consistent with the Michigan BRFSS, respondents who refused to answer a question or did not know the answer to a specific question were excluded from analysis. Thus, the base sizes vary throughout the report.
- Data weighting is an important statistical process that was used to remove bias from the BRFSS sample. The formula consists of both design weighting and iterative proportional fitting, also known as “raking” weighting. The purpose of weighting the data is to:
  - Correct for differences in the probability of selection due to non-response and non-coverage errors
  - Adjust variables of age, gender, race/ethnicity, marital status, education, home ownership, and region to ensure the proportions in the sample match the proportions in the population of St. Clair County adults
  - Allow the generalization of findings to the whole St. Clair County adult population
- The formula used for the final weight is: **Design Weight \* Raking Adjustment**

# ***EXECUTIVE SUMMARY***

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# Executive Summary

In 2016, the St. Clair County Health Department commissioned VIP Research and Evaluation to conduct an independent Community Health Needs Assessment (CHNA), which included a Behavioral Risk Factor Survey.

The primary goal of the study was to identify key health and health service issues in St. Clair County. The results will be used to assist in planning, implementation of programs and services, evaluating results, allocation of resources, and achieving improved health outcomes, specifically related to identified needs.

Data was gathered from a variety of sources and using multiple methodologies. Resident feedback was obtained via a Behavioral Risk Factor Survey (BRFS) (n=1,204) of the broader adult population in St. Clair County, as well as an online survey (n=456) to more targeted subpopulations of underserved residents (e.g., low income). Health care professionals and other community leaders, known as Key Stakeholders or Key Informants, provided input via in-depth interviews (n=11) and an online survey (n=65). Secondary data gathered from state and national databases was also used to supplement the overall findings.



# Executive Summary (Continued)

Some of the characteristics that make St. Clair County a great place to live and raise a family, such as being a small, close-knit community with parks, recreation areas, rivers and lakes, also contribute to problems of high unemployment and poverty rates and lead to transportation issues for many.

On the positive side, most adult residents in St. Clair County report their general overall health status to be good to excellent and most adults also report good physical health, the former of which is better than the state or the nation.

Residents are satisfied with their lives and most often receive the social and emotional support they need.

Conversely, area adults have lower life expectancy rates (both men and women) and higher age-adjusted mortality rates than adults across the state or nation. Death rates from cancer, heart disease, chronic lower respiratory disease, and diabetes are higher than in MI or the U.S., the latter almost twice as high.

Among adults, chronic conditions that have to do with the respiratory system, such as COPD and asthma are more prevalent in St. Clair County than across Michigan or the U.S.

On the other hand, the prevalence of heart disease (e.g., heart attacks, angina/coronary heart disease, stroke) and cancer (both skin and non-skin) is lower compared to adults across Michigan and the U.S.

# Executive Summary (Continued)

Almost two-thirds (64.2%) of area adults are overweight or obese, and the obesity rate (33.0%) for adults in the area is greater than state or national rates. Further, local health professionals perceive obesity to be one of the top health issues and they believe the community response to this issue has been insufficient.

More than one-fourth of adults report having been told they have high blood pressure and more than one-third report having been told they have high cholesterol. Both of these proportions are better than state or national rates. That said, the proportion of adults who have had their cholesterol checked is lower than in the state or the nation, so the prevalence of adults with high cholesterol could be even greater.

In terms of risk behaviors, smoking is problematic, with almost three in ten (28.1%) area adults classified as smokers, a rate substantially higher than across MI and the U.S. Area health professionals, especially Key Informants, feel that the high incidence of smoking is not being adequately addressed in the community.

Adult rates for heavy drinking and binge drinking are both higher than state and national rates. As above, Key Informants believe that the high incidence of alcohol abuse is not being adequately addressed in the community.

Area youth have lower rates of risk behavior such as smoking and marijuana use compared to youth across MI or the U.S. Additionally, youth binge drinking rates are lower than in the U.S. but higher than state rates.

# Executive Summary (Continued)

Substance abuse is considered to be a pressing and prevalent issue in the community for both licit drugs (prescription) and illicit drugs (heroin, methamphetamine).

Area adults and children also consume inadequate amounts of fruits and vegetables and do not engage in physical activity as much as they should.

There is a direct relationship, or at the very least a strong association, between positive health outcomes and both education and income; those with higher incomes and/or more education are more likely to report better health and greater satisfaction with life, and are more likely to have health coverage, visit a dentist, refrain from smoking, and exercise regularly. They are less likely to have chronic health conditions or high cholesterol.

Most adults engage in clinical preventive practices such as routine physical checkups and visiting a dentist. Still, dental care is a preventive practice that many neglect; one-third of area adults report not having visited a dentist in the past year.

Health care coverage has expanded in the last several years to where almost nine in ten area adults have health care coverage, and eight in ten have a medical home (primary care provider). The former proportion is better than state and national levels.

# Executive Summary (Continued)

Despite an increase in insured residents, one in ten adults has had to forego a needed doctor visit due to cost in the past year, as deductibles, co-pays, and spend-downs can be prohibitive. A similarly widespread barrier exists with respect to dental care, for which many area adults are uninsured.

Barriers to care are particularly prominent among the vulnerable/underserved population, such as the uninsured, underinsured, those on Medicaid, and those with low incomes.

In addition to the cost barrier, those with Medicaid find it hard to see a provider because increasingly more physicians refuse to accept Medicaid. This situation has created critical consequences for primary health care, mental health treatment, dental care, and substance abuse treatment.

Further, traditional health insurance often doesn't cover ancillary services such as prescription drugs, vision, or dental care. If consumers have to pay for these services out-of-pocket, the cost burden can be great and residents will avoid seeking necessary treatment or any type of preventive service.

Additional barriers to care include transportation, lack of awareness of existing programs and services, cultural barriers (fear of system, public misperception of the underserved), and the inability of some residents to secure appointments or get referrals.

# Executive Summary (Continued)

In sum, having health care coverage does not necessarily translate into utilization of needed services.

Areas identified by Key Stakeholders, Key Informants, and residents as needing more services and programming are:

- Substance abuse treatment
- Primary care, dental care, mental health care, and substance abuse treatment for the underserved (uninsured, underinsured, Medicaid, low income)
- Mental health services for people with mild to severe conditions
- Affordable behavioral health services for those who are not chronically mentally ill
- Specialty and subspecialty services, especially for pediatrics (cardiology, neonatology, endocrinology, behavioral/developmental, dietary) and geriatric care (behavioral, physical, social), ENT, allergists
- Better coordination and collaboration of programs, services, and resources
- Prevention and wellness
- Community programs accessible to those with barriers to care such as transportation issues or limited incomes
- More accessibility to affordable and healthy food
- Programs targeting obesity reduction
- Programs that teach people how to cook/cook healthy foods
- More affordable housing
- More/better child welfare services

# Executive Summary (Continued)

Community members (both residents and health care professionals) suggest further strategies to improve the health care landscape. Priorities include:

- Several Key Stakeholders suggest that, even though coordination and collaboration among area service has improved over the last three years, further efforts are needed to maximize the effectiveness of current services and to improve service provider/patient relationships, while creating more client-centered services. For example, collaborative care needs to address the whole patient, taking into account not only the patient's physical health but also mental health and social and economic circumstances
- Studying the social, behavioral, and environmental determinants of health (e.g., understanding patients' barriers to meeting their health goals, looking at the impact of housing costs on health outcomes)
- Discovering ways for agencies and organizations to share data and information (e.g., centralized data system)
- Finding creative ways to secure funding for health and health care initiatives
- More widespread partnering between the hospitals, as well as between hospitals and other community organizations
- Increasing access to exercise facilities, particularly in the winter months
- Including more community residents in health care planning and decision making
- Determining ways to motivate residents to utilize services
- Increasing awareness of existing programs and services through better advertising or marketing
- Creating a culture of health mindset early in the life cycle by working closely with families and schools
- Prioritizing creative transportation ideas/services (e.g., mobile clinic), investigating possible grant opportunities, and reallocating resources

# Executive Summary (Continued)

Community members (both residents and health care professionals) suggested strategies to improve the health care landscape (continued):

- Key Informants offer effective solutions for many of the barriers to health care, including finding ways to provide more services to residents such as dental care, support groups, counseling, and care management
- Providers and service agencies should also find ways to work with insurance companies to reduce their dictation of medical decisions and patient care, resulting in higher quality of care. Finding ways to reduce insurance companies' costs or broaden their coverage would also help
- Finding ways to make care affordable, such as opening more centers that accept multiple forms of insurance or none at all, encouraging dental practices to accept Medicaid, and finding ways to reduce co-pays for prescription drugs
- Offering more/better health education, beginning early, for both patients and families
- Increasing mental health services (particularly outpatient services) and substance abuse services (because of high co-morbidity)

Next steps may include the creation of a steering committee to work on prioritizing and then developing a coordinated response to issues deemed most important to work on, within a specific time frame, such as 1 year, 3 year, and 5 year goals. Above all, next steps involve the establishment of careful priorities for action that once implemented, will benefit the community for the long haul.

# Summary of Findings

## Social Indicators

- St. Clair County is a community that has a number of social factors that negatively impact health and quality of life. For example:
  - The unemployment rate is higher than state and national rates
  - Four in ten students are eligible for free or reduced price lunches
  - Half the children aged 0-4 receive WIC assistance
  - Half of all children born are on Medicaid, a rate higher than the state
  - The number of confirmed victims of child abuse or neglect is greater, per capita, than the United States
  
- With regard to poverty, almost one in seven of all St. Clair County residents lives in poverty, and the problem is particularly dire for children:
  - One in five children under age 18 live in poverty
  - Single-female households, in general, are more at risk of living in poverty in St. Clair County compared to the state and nation
  - Among single female families with children under age 5, **six in ten (60.4%) live in poverty**
  
- St. Clair County adults are less educated than adults across Michigan or the U.S.
  - Fewer area adults have Bachelor's, Master's, or Doctorate degrees compared to adults across MI or U.S.



# Summary of Findings (Continued)

## Social Indicators (Continued)

- Nine in ten adults (91.0%) say they always have enough to eat and it is always (86.2%) the type of food they want to eat.
  - However, three in ten (29.7%) adults with annual household incomes of less than \$20,000 reported not having enough to eat “sometimes” or “often”
- Almost nine in ten adults (86.0%) purchase fresh fruits and vegetables within their own community or neighborhood, and 93.7% say it is easy to find fresh produce locally.
  - Among those who don't buy fresh produce locally, the most common reasons are: local grocery stores have produce of poor quality, local stores are too expensive, or there are no stores in the neighborhood
- St. Clair County is regarded as a walkable and family-friendly community.
  - There are also existing aspects and services that promote health, such as access to lakes and rivers, beaches, paths and trails, fitness centers, senior centers, organized sports, and the YMCA.
- Conversely, certain community factors deter health, such as:
  - General acceptance of obesity
  - Cost of activities/centers
  - Transportation barriers
  - Lack of affordable and healthy food in some areas
  - Winter weather

# Summary of Findings (Continued)

## Overall Health Climate

- Key Informants are less than satisfied, overall, with the health climate in St. Clair County. Those satisfied cite:
  - **Good resources**, programs, and services **for a community of its size**
  - **Dedicated** health care workers who provide quality care and work hard to improve care
  - **Caring** providers
  - Services **growing/expanding** (new cancer center)
  
- Those dissatisfied cite:
  - **High prevalence of cancer, substance abuse, and prescription drug abuse**
  - **Wellness and prevention** not prioritized
  - Lack of **access to mental health care**
  - Lack of **health education** for consumers, parents, and caregivers
  - Providers **not accepting Medicaid**
  - Lack of **specialty care**
  - **Aging primary care providers** that will be hard to replace
  - **Many residents still underserved**

# Summary of Findings (Continued)

## Overall Health Climate (Continued)

- Key Stakeholders say the area's most pressing health needs or issues in the area are:
  - High prevalence of substance abuse (both licit and illicit drugs), smoking, obesity, and diabetes
  - Access to health care; especially for **mental health** and **substance abuse treatment**
  - Lack of easy access to preventive care (e.g., mammograms)
  - Lack of specialty care (e.g., pediatric specialties, geriatrics, psychiatry)
  - Lack of medical and dental care options for residents with no health insurance
  - **Barriers to access for people with insurance**, such as an inability to afford out-of-pocket expenses like **co-pays**, **deductibles**, and **spend-downs**, and **providers refusing to accept Medicaid**
  
- Because the community is comprised of caring and compassionate members and has a moderately sizeable volunteer force, assets can be somewhat easily mobilized to causes that tackle community needs.
  
- However, the lack of area resources, including funding limitations hinder the community's ability to deal with these issues as aggressively as necessary even with the volunteer force in place.

# Summary of Findings (Continued)

## Health Care Access

- Most adults have *health care coverage* and have a *personal health care provider*. However, specific subpopulations are far less likely to have either of these, such as those who:
  - Are non-white
  - Are male
  - Live in households with annual incomes less than \$35,000
  - Are younger (18-34)
- One in ten (10.5%) adults had to forego needed medical care in the past year due to **cost**.
  - In the past year, 11.8% delayed seeking medical care because of the general cost of care, while 11.3% delayed seeking medical care **because of the cost of co-pays and/or deductibles**
  - Both county residents and health care professionals cite an **inability to afford out-of-pocket expenses such as co-pays, deductibles, and spend-downs**
- Even those with health care coverage find that their policies neglect to cover ancillary services such as prescriptions, vision, or dental care.
- One in three (32.0%) St. Clair County adults have visited an Urgent Care Center in the past year, and 28.4% have visited an ER/ED.

# Summary of Findings (Continued)

## Health Care Access (Continued)

- While a large majority (86.1%) are at least somewhat confident they can navigate the health care system, 13.9% are not confident.
  - Low confidence is seen most often among the youngest adults (18-24) and non-White adults
  
- Key Stakeholders and Key Informants confirm these findings and suggest that some of the most pressing health issues revolve around the lack of access to health care programs and services for the **underserved**: low income, uninsured, underinsured, and the elderly.
  - This is especially true for primary care options
  - One of the biggest criticisms is that there are **not enough physicians or providers who accept Medicaid**
    - **This finding is concerning since almost half (46.1%) of the children in St. Clair County have Medicaid**
  - Programs and services most scarce for these populations are mental health treatment, substance abuse treatment, and specialty care
  - Senior adults often have to travel out of county for many gerontological services

# Summary of Findings (Continued)

## Health Care Access (Continued)

- Per capita, there are far fewer primary care physicians (MDs and DOs) in St. Clair County (50.5) compared to the state (80.6).
- More than one-fourth of all residents have Medicaid as their health insurance; **46.1% of children have Medicaid.**
- There is a lack of mental health care, especially for low income, uninsured, and Medicaid residents.
  - Key Informants rate mental health services across the spectrum (from mild to severe) extremely low in terms of meeting the needs and demands of area residents
- Key Stakeholders and Key Informants point to a **lack of wellness and prevention programs or services** that could offset health costs.

# Summary of Findings (Continued)

## Health Care Access (Continued)

- Key Informants agree that St. Clair County has numerous health care services and programs that meet the demand of the population, including:
  - Orthopedics
  - Emergency services – such as ambulatory/emergency transport and emergency care
  - Pediatrics
  - Prenatal care
  - General surgery
  
- Conversely, there is a lack of programs and services to meet the demands of the population for:
  - Substance abuse
  - Neurology
  - Pediatric specialty services
  - Mental health treatment, whether for mild, moderate, severe, or persistent
  - Non-emergency transport (transportation barrier)
  
- The inability to meet the demand partly stems from a lack of coordination among providers and a general lack of resources to support existing programs. Better coordination and communication across services will result in a more effective referral system and increase access by the sharing of resources.

# Summary of Findings (Continued)

## Health Status Indicators

- St. Clair County residents (both women and men) have life expectancy rates lower than the state and nation. Further, compared to the state of Michigan or the U.S., St. Clair County has far higher age adjusted mortality rates.
- On the other hand, the child and infant mortality rates, as well as the proportion of live births with low birth weight, are lower in St. Clair County compared to the state or the nation.
- The two leading causes of death are the same for St. Clair County, the state, and the nation: **heart disease** and **cancer**. **However, the rates for death from cancer and heart disease are higher in St. Clair County compared to state or national rates.**
  - The death rates for **diabetes** and **chronic lower respiratory diseases** are both higher in St. Clair County vs. Michigan and the U.S., and for diabetes the rate in St. Clair County is almost twice as high as the state or national rates
- Since the cancer diagnosis rate is lower than in the state or the nation, but the death rate is higher, this may be an indicator that residents are not being diagnosed early enough to avoid complications.
  - Moreover, 17.8% of adults with cancer (other than skin) reported that they are not getting information to manage their disease



# Summary of Findings (Continued)

## Health Status Indicators (Continued)

- Adult residents consider cancer to be the most important health problem in their community
- More than eight in ten St. Clair County adults report good or better general health status, and an equal proportion reports that they receive the emotional and social support they need.
  - Additionally, more than nine in ten are satisfied or very satisfied with their lives
- Roughly one in seven area adults report **poor physical health**, a rate higher than the state's. Conversely, although one in nine adults report **poor mental health**, the rate is lower compared to adults across Michigan.
  - Nearly one in ten adults are limited in their usual activities (e.g., self-care, work, recreation) due to poor physical or mental health
- More than three-fourths (77.8%) of area adults are considered to be **psychologically well/healthy** per the Kessler 6 questionnaire that was part of the BRFSS instrument this year.
  - Still, 18.5% are classified as having **mild to moderate psychological distress**, and 3.7% have **severe psychological distress**.

# Summary of Findings (Continued)

## Health Status Indicators (Continued)

- Almost four in ten youth in St. Clair County reported depression in the past year, a rate much higher than across the state or the nation. **More alarmingly, one in five youth considered suicide in the past year, a rate also higher than in MI or the U.S.** Almost one in eleven attempted suicide in the past year.
- Key Informants consider depression to be the third most pressing and prevalent health issue (behind obesity) and are dissatisfied with the community's response to this issue.
- Despite low proportions of adults with poor mental health or severe psychological distress, one area of opportunity for local health professionals is to formulate a plan to address the fact that sizeable portions of people with mental health challenges do not take medication or receive treatment for their condition.
  - The proportion of adults who currently take medication or receive treatment for a mental health condition or emotional problem is 31.5% among those with mild to moderate psychological distress and 36.5% among those with severe psychological distress
  - Further, only one-third (34.6%) of adults who have poor mental health currently take medication or receive treatment for their mental health

# Summary of Findings (Continued)

## Health Status Indicators (Continued)

- It is surprising that so few people engage in treatment or medication for mental health conditions considering that nearly all adults (90.1%) believe treatment can help people with mental illness lead normal lives.
  - On the other hand, reluctance to seek treatment or take medication might result from a perceived stigma attached to the label of mental illness
    - Among all adults, four in ten (40.2%) do not view people as “caring and sympathetic to people with mental illness”
    - Similarly, 43.2% of adults with severe psychological distress view others as uncaring and unsympathetic
  
- One-third (33.0%) of the adults in St. Clair County are considered to be **obese** per their BMI, while an additional 31.2% are **overweight** (but not obese).
  - **The obesity rate is higher than the rate in MI and the U.S.**
  - Although obesity is a problem across socio-demographic groups, adults who have college degrees and/or are in the highest income brackets (\$75K+) are least likely to be obese
  - Men are more likely than women to be overweight (but not obese)
  - Key Informants consider obesity to be the top health concern in the county and they are dissatisfied with the community’s response to this issue

# Summary of Findings (Continued)

## Health Status Indicators (Continued)

- More than half (56.0%) of St. Clair County adults report they are trying to lose weight or maintain their current weight, and most are doing this by eating better and exercising more.
  - **Only 22.9% of all adults report that their health care provider has provided advice about weight control, which is surprising since roughly two-thirds of the adult population is either obese or overweight**
  - Three-fourths of those who have received advice are satisfied with it
  - An additional barrier to weight control is the lack of community programs, services, and resources to assist people in managing their weight; **38.2% say that existing programs do not help them manage their weight well**

# Summary of Findings (Continued)

## Chronic Conditions

- The following prevalence estimates for chronic conditions in St. Clair County are lower than both state and national estimates:
  - Cancer (non-skin) (5.5%)
  - Skin cancer (3.6%)
  - Heart attack (4.1%)
  - Angina/coronary heart disease (3.3%)
  - Stroke (2.3%)
  
- The prevalence rate for arthritis (27.4%) is lower than the state rate but higher than the U.S. rate.
  - This proportion increases drastically after age 55 and is highest among the socioeconomically disadvantaged (under the poverty level, household incomes below \$20K)
  
- One in ten adults have diabetes, a rate lower than MI but higher than the U.S.
  - Key Informants consider diabetes to be a prevalent health issue in the community and are not highly satisfied with the community response to the issue
  - **Although the rate for diabetes is lower than the state's rate, the death rate from diabetes in St. Clair County is almost twice the state's rate**
  - Diabetes is often co-morbid with obesity and leads to many additional health concerns

# Summary of Findings (Continued)

## Chronic Conditions (Continued)

- **Prevalence rates for respiratory diseases such as lifetime asthma (24.4%), current asthma (15.4%), and COPD (10.2%) are all higher than both state and national rates.**
  - **Roughly one in five adults with asthma or COPD are not getting information to manage their condition**
  - **Women have higher rates on all three measures compared to men**
  - **The air quality in St. Clair County is considered among the poorest in the state**

# Summary of Findings (Continued)

## Chronic Conditions (Continued)

- Most people receive information to manage their disease, and the most common source, by far, is one's physician or health care professional. Other useful sources are the Internet, family/friends, and books/magazines/publications.
- The vast majority of adults are at least moderately confident they can do all the things necessary to manage their chronic condition(s).
- Although the majority of adults with chronic conditions believe the existing programs and services in the community help them manage their illnesses "somewhat well" or "very well," there is room for improvement with regard to the specific chronic illnesses below:
  - Arthritis (34.2% "not very well" or "not at all well")
  - **Non-skin cancer (31.0% "not very well" or "not at all well")**
  - Skin cancer (30.2% "not very well" or "not at all well")
  - **COPD (27.2% "not very well" or "not at all well")**

# Summary of Findings (Continued)

## Chronic Conditions (Continued)

- **One-third (32.1%) of area adults suffer from chronic pain;** only 1.8% of them say the pain is caused by cancer.
  - More than one-fourth (28.5%) of those with chronic pain are severely limited (at least 14 days in the past month) from performing usual activities
  - Women suffer from chronic pain more than men, and those in the lowest socioeconomic groups suffer from chronic pain, more often by far, than those more financially secure
  
- Most chronic pain sufferers have talked to their health care provider about their pain, and of those, seven in ten (69.5%) say their provider recommended either prescription or over-the-counter medication.
  - Very few (1.8%) were advised to take medical marijuana
  
- Two-thirds (65.3%) of adults with chronic pain report their pain is managed well; however, **four in ten (39.3%) are less than satisfied with their health care provider when it comes to helping them manage the pain.**
  - Barriers to pain management are many, but cost, ineffective treatment, inadequate providers, and lack of services in the community to address these issues top the list



# Summary of Findings (Continued)

## Risk Behaviors

- Substance abuse is considered to be a pressing and prevalent issue in St. Clair County.
  - Adult residents and Key Informants consider substance abuse to be the most important problem in St. Clair County
  
- Six in ten (62.0%) adults believe there is a prescription drug abuse problem in St. Clair County.
  - **Four in ten (44.0%) know someone who has taken prescription medication to get high**
  - Prescription drugs most widely perceived to be abused are opiates, stimulants, and depressants
  - Young adults (18-24) are most widely perceived to be the biggest abusers, while few perceive the problem to be most prevalent among minors
  - The problem is not perceived to be from the provider end, as 94.9% report their personal physician does not provide too many pills per prescription
  
- St. Clair County adults also believe there is a problem with illicit drug use in their community, especially with heroin and methamphetamine.
  
- **Key Informants believe prescription drug abuse is a top health behavior concern in the county and they are dissatisfied with the community's response to this issue.**

# Summary of Findings (Continued)

## Risk Behaviors (Continued)

- The prevalence of cigarette smoking among St. Clair County adults is 28.1%, higher than Michigan or U.S. rates.
  - Smoking is far more common among adults from the lowest socioeconomic groups (58.9% of those with household incomes below \$20K)
  - Over half (52.5%) of area adults consider smoking to be a problem in the community
  - **Further, almost three in ten pregnant women smoke during pregnancy, a rate much higher than the state rate**
  
- The prevalence of non-cigarette smoking (cigars, pipes), e-cigarettes (vaping), smokeless tobacco, and hookah use is low.
  
- Four in ten (39.8%) area adults are considered to be non-drinkers of alcohol, meaning they consumed no alcohol in the past month. Additionally, 51.6% are light to moderate drinkers, while 8.6% are heavy drinkers.
  - 22.7% of adults engage in binge drinking, meaning they have consumed at least 4 (if female) or 5 (if male) drinks on at least one occasion in the past month
  - Binge drinking is more common among men, adults less than 45 years old, and those with the highest incomes
  - **Both heavy drinking and binge drinking rates are higher than across MI or the U.S.**

# Summary of Findings (Continued)

## Risk Behaviors (Continued)

- With respect to substance use, St. Clair County youth have lower levels of smoking and marijuana use than youth across the state or the nation. The proportion who engage in binge drinking is higher than the state rate, but lower than the U.S. rate.
- Slightly more than one-fourth (26.2%) of all adults have been told by a health professional they have high blood pressure (HBP).
  - Of these, **35.7% are not currently taking medication for their HBP**
- **The teen (aged 15-19) birth rate, as well as the repeat teen birth rate, are both higher in St. Clair County than in Michigan or the U.S.**
  - Further, one-third of youth have had sexual intercourse at one time or another, and one-fourth have had sex within the past three months
- Eight in ten adults (81.6%) participate in some form of leisure time physical activity, such as running, calisthenics, walking, golfing, or gardening.
  - On the other hand, only half participate in physical activities to strengthen their muscles
- Almost half (48.2%) of St. Clair County youth report inadequate amounts of physical activity, and three-fourths report inadequate consumption of fruits and vegetables daily.

# Summary of Findings (Continued)

## Clinical Preventive Practices

- Almost three-fourths (72.5%) of adults have had their cholesterol checked, and, of these, 70.0% have had it checked within the past year.
  - More than one-third (36.0%) who have had their cholesterol checked have been told by a health care professional that their cholesterol was high
  - **However, half (50.1%) of those who have been told they have high cholesterol are not currently taking medication for this condition**
  
- More than six in ten (63.5%) adults have visited a doctor for a routine checkup within the past year, a rate lower than MI or the U.S.
  - Men and non-Whites are less likely to have had a routine check-up in the past year, compared to women and Whites, respectively
  
- Although the vast majority of adults (89.0%) have had no problem obtaining needed dental care, **one-third of adults (32.5%) have not visited a dentist in the past year.**
  - Those who have experienced problems accessing needed dental care say inability to afford treatment and lack of insurance are the main barriers, while an inability to afford co-pays and deductibles, providers not accepting specific insurance plans, and insurance plans not covering specific services are also barriers for 25%-30% of area adults

# Summary of Findings (Continued)

## Clinical Preventive Practices (Continued)

- Almost all pregnant women in St. Clair County receive timely prenatal care, and three-fourths (75.4%) receive it in the first trimester.
- Seven in ten children, aged 19-35 months, are fully immunized, and this rate is on par with the state and nation.
  - Still, **since three in ten children are not fully immunized, this is an opportunity for improvement**

# Summary of Findings (Continued)

## Caregiving

- One in five (22.2%) area adults provide caregiving to a family member or friend at least 60 years of age.
  - When all adults were asked who they would call to arrange short- or long-term care in the home for a relative or friend, the most common response was to reach out to a family member or a friend
  - **Still, more than one-third (35.3%) of adults say they don't know who to call**

# Summary of Findings (Continued)

## Health Literacy

- Roughly half of area adults are extremely confident they can complete medical forms by themselves, never have problems learning about their health condition, and never require someone else to read medical materials for them.
  - Still, roughly one in ten report low confidence and/or a frequent need for help with these issues
  - Those most in need of assistance tend to be youngest (18-24) or oldest (75+), non-White, lacking a college education, and having household incomes below \$35K

## General Literacy

- Almost all St. Clair County adults believe they have the reading and writing skills necessary to do a job well.
- Reading is a favorite activity of a majority of area adults, and more than eight in ten (81.1%) enjoy talking with other people about what they have read.
  - Nine in ten (89.9%) adults read/use written information at least once a week
  - More than eight in ten (81.3%) report having at least 25 books in their home

# Summary of Findings (Continued)

## Disparities in Health and Health Care

- In general, there is a **direct relationship between health outcomes and both education and income**. Positive outcomes are more prevalent among adults with higher levels of education and adults from households with higher income levels, whereas negative outcomes are more prevalent among those with less education and lower incomes. Examples of this disparity include:
  - General health status
  - Satisfaction with life
  - Likelihood of receiving social/emotional support
  - Poor mental health
  - Poor physical health
  - Activity limitation due to poor physical and/or mental health
  - Having health care coverage
  - Engaging in leisure time activity
  - Smoking cigarettes
  - Visiting a dentist
  - Food sufficiency in the household
  - Having high cholesterol
  - Having diabetes
  - Having cardiovascular disease (heart attack, angina/CHD, or stroke)
  - Having COPD
  - Having chronic pain
  - Being health literate



# Summary of Findings (Continued)

## Disparities in Health and Health Care (Continued)

- **The link between both education and income and positive health outcomes goes beyond the direct relationship. Those occupying the very bottom groups, for example no high school diploma and/or household income less than \$20K (or living below the poverty line), are most likely to experience the worst health outcomes.**
  
- There is also a direct relationship between health outcomes and age. In many cases, negative outcomes are more often associated with younger adult age groups, for example:
  - Life dissatisfaction
  - No health care coverage
  - Smoking cigarettes
  - Binge drinking
  - No personal health care provider
  - No routine physical checkup
  - Not visiting a dentist
  - Not having cholesterol levels checked
  - Perceiving a prescription drug abuse problem
  - Knowledge of someone who abused prescription drugs
  - Being health illiterate

# Summary of Findings (Continued)

## Disparities in Health and Health Care (Continued)

- In other cases, negative outcomes are more associated with **older** adult age groups, such as:
  - Poor general health status
  - Lack of leisure time physical activity
  - Having hypertension (HPB)
  - Having high blood cholesterol
  - Having various chronic diseases:
    - Diabetes
    - Arthritis
    - Skin cancer
    - Other cancer (non-skin)
    - Heart attack
    - Angina
    - Stroke

# Summary of Findings (Continued)

## Disparities in Health and Health Care (Continued)

- Adults living in the western region of St. Clair County fared better than adults in the northeast or southern regions on the following measures:
  - General health status
  - Satisfaction with life
  - Physical health
  - Activity limitation
  - Weight (lowest in obesity and overweight and highest in healthy weight)
  - Having health coverage
  - Cigarette smoking
  - Heavy drinking
  - Having high cholesterol
  - Having a personal care provider
  - Visiting the dentist
  - Chronic pain
  - Lowest proportions of the following chronic diseases:
    - Angina
    - Cancer (non-skin)
    - Stroke

# Executive Summary – Strengths

## Health Care Access

- ✓ *Good health resources, services, and programs for a county of its size and demographic composition*
- ✓ *Key Informants see top services as orthopedics, ambulatory/emergency transport, emergency care, pediatrics, and prenatal care*
- ✓ *Large majority of adults are health literate*
- ✓ *Nine in ten adults report no problems getting needed dental care*
- ✓ *Proportion of adults with health coverage better than MI/US*
- ✓ *Fewer have had to forego medical care due to cost than MI/US*
- ✓ *Most adults at least moderately confident they can navigate health care system*
- ✓ *Some health partnerships are collaborative and cooperative, but overall could do much better*

## Health Indicators

- ✓ *Lower infant and child mortality rates (age 1-14) than MI/US*
- ✓ *Proportion of live births with low birth weight lower than MI/US*
- ✓ *General health status better than MI and US*
- ✓ *Mental health better than MI*
- ✓ *High satisfaction with life and strong social and emotional support*
- ✓ *Prevalence of overweight adults lower than MI/US, and prevalence of adults at a healthy weight are higher than MI/US*
- ✓ *Lower prevalence of chronic disease such as heart attacks, angina/CHD, stroke, and cancer compared to MI and US*

## Risk Behaviors

- ✓ *Adults more active compared to MI/US*
- ✓ *Prevalence of teenage sexual activity is lower than MI/US*
- ✓ *Lower prevalence of youth risk behaviors such as smoking and marijuana use compared to MI/US, and lower prevalence of binge drinking than US*
- ✓ *Lower prevalence of high blood pressure and high cholesterol compared to MI/US*
- ✓ *Youths more active and consume more fruits and vegetables than MI/US*
- ✓ *Prevalence of non-cigarette tobacco use extremely low*

# Executive Summary – Strengths (Continued)

## Social/Environmental Indicators

- ✓ *Lower violent crime rates than MI/US*
- ✓ *Lower homicide rates than MI/US*
- ✓ *Access to parks better than peer counties*
- ✓ *Safe, walkable, and family-friendly community*
- ✓ *Recreational opportunities, such as Lake Huron, Lake St. Clair, St. Clair River, beaches, trails, parks, fitness centers, and senior centers*
- ✓ *Caring and compassionate community*
- ✓ *Moderate to strong volunteer force*
- ✓ *Most people have enough to eat of the foods they want*
- ✓ *Most adults say fresh fruits and vegetables are available in their community*
- ✓ *The vast majority of adult are generally literate and most enjoy reading*
- ✓ *Department of Public Health collaborates well with area agencies to promote a healthier community*
- ✓ *Strong community foundation*
- ✓ *Many local agencies address community needs*
- ✓ *Thriving faith-based community*

## Preventive Practices

- ✓ *Most adults get information they need to manage their chronic condition(s)*
- ✓ *High proportion of immunized children, rates on par with MI/US*
- ✓ *Large majority have routine checkups*
- ✓ *Over half of adults trying to lose, or not gain, weight*
- ✓ *Almost all pregnant woman have prenatal care and three-fourths begin in the first trimester*

# Executive Summary – Opportunities for Improvement

## Health Indicators

- ✓ *Life expectancy rates lower than MI and US for both men and women*
- ✓ *Age adjusted mortality rate much higher than MI/US*
- ✓ *One-third of adults suffer from chronic pain, and a similar proportion do not feel their pain is managed well*
- ✓ *Four in ten adults who have chronic pain are not satisfied with how their health care provider is helping them manage their pain*
- ✓ *Physical health worse than MI/US*
- ✓ *Prevalence of adults with activity limitation higher than MI*
- ✓ *Prevalence of chronic conditions such as asthma and COPD higher than MI/US*
- ✓ *One in ten adults have diabetes*
- ✓ *Cancer diagnosis rates lower than MI/US*
- ✓ *Death rates from cancer, heart disease, diabetes, and chronic lower respiratory disease are higher than MI/US*
- ✓ *Almost four in ten youths reporting depression, higher than MI/US*
- ✓ *Rate of youths considering suicide (one in five) higher than MI/US, and rate of youths attempting suicide higher than US*
- ✓ *Prevalence of adult and youth obesity higher than MI/US*
- ✓ *Key Informants consider obesity and depression to be two pressing and prevalent health issues in the region, and are dissatisfied with community response to the conditions*
- ✓ *Nine in ten adults perceive the community to have a prescription drug abuse problem, and almost half know someone who abused prescription medication*
- ✓ *The majority of adults believe heroin and methamphetamine use/abuse is a problem in their community*
- ✓ *Substance abuse is considered to be one of the major problems, if not the top problem, in the county by Key Stakeholders, Key Informants, and residents (both general population and underserved)*

# Executive Summary – Opportunities for Improvement (Continued)

## Health Care Access

- ✓ *Even though more are insured, high deductibles, co-pays, and spend-downs prevent many residents from utilizing coverage*
- ✓ *Far fewer PCPs per capita than MI*
- ✓ *One in five adults have no primary care provider (medical home)*
- ✓ *Three in ten adults visited Urgent Care or ER/ED at least once in past year*
- ✓ *Four in ten adults are not satisfied with the programs, services, or resources in the community to help people manage their weight*
- ✓ *Lack of adequate mental health care services in general, and especially psychiatry, and those that accept multiple forms of insurance*
- ✓ *More than one-third of adults with mental health issues are not taking medication or seeking treatment*
- ✓ *Lack of access to mental health treatment, substance abuse treatment, primary care, and dental care for uninsured, underinsured, and Medicaid residents*
- ✓ *Key Informants report a lack of services such as substance abuse treatment, neurology, pediatric specialty services, mental health treatment for mild to severe, and geriatrics*
- ✓ *More than one in five adults and almost half of children have Medicaid health coverage*
- ✓ *More than one-third don't know who to contact to arrange in-home care for an elderly relative or friend*
- ✓ *Need for more focus on prevention and wellness, self-care, and general health literacy through community programming*
- ✓ *Lack of programs/services for substance abuse in general and those that accept multiple forms of insurance*
- ✓ *Shortage of physicians accepting Medicare/Medicaid, and a shortage of specialists*
- ✓ *Transportation continues to be a barrier to access*
- ✓ *Lack of awareness of existing programs and services*
- ✓ *Inadequate collaboration and coordination between service agencies and organizations*
- ✓ *Lack of community partnerships within, and outside of, the health care industry*

# Executive Summary – Opportunities for Improvement (Continued)

## Social/Environmental Indicators

- ✓ *Higher child abuse/neglect rates compared to US*
- ✓ *Unemployment rate higher than peer counties, MI, and US*
- ✓ *Higher housing costs than peer counties*
- ✓ *St. Clair County worse than peer counties with regard to on-time high school graduation rates*
- ✓ *Poverty is the top concern of underserved residents*
- ✓ *Almost one in seven of all people live in poverty, a rate higher than the US and peer counties*
- ✓ *One in five children under age 18 live in poverty*
- ✓ *Over half of children ages 0-4 receive WIC, a proportion higher than MI*
- ✓ *Half of births are Medicaid paid, a proportion higher than MI*
- ✓ *Four in ten students eligible for free/reduced lunch*
- ✓ *More than half of single female families with children under age 18 live in poverty, higher rates, by far, than MI and US*
- ✓ *Six in ten single female families with children under 5 live in poverty, higher rates than MI and US*
- ✓ *In general, adults are less educated (more have only high school education, fewer have Bachelor's/Master's/Doctorate degrees) compared to MI or US*
- ✓ *Access to healthy food more limited than peer counties*
- ✓ *Housing stress worse than peer counties*

## Risk Behavior Indicators

- ✓ *Cost is a barrier to living a healthier lifestyle for the underserved*
- ✓ *Almost three in ten births are to mothers who smoked during pregnancy, a rate much higher than MI*
- ✓ *Teen birth rates, and teen repeat birth rates, higher than MI/US*
- ✓ *Fewer adults have cholesterol checked vs. MI/US*
- ✓ *Lack of adequate fruits and vegetables in diets of both youth and adults, combined with a lack of affordable, healthy food*
- ✓ *Prevalence of adult smoking higher than MI/US*
- ✓ *Prevalence of heavy drinking and binge drinking higher than MI/US*
- ✓ *Lack of personal responsibility and motivation to engage in behavioral changes and to access needed care/treatment*
- ✓ *Key Informants consider substance abuse of both licit (prescription drugs, alcohol, tobacco) and illicit drugs to be the top health behavior issue in the region and they are dissatisfied with the community response to these issues*

## Preventive Practices

- ✓ *Three-fourths of adults have not been given advice about weight control/management from their health care provider*
- ✓ *More than one-third of adults with HBP are not taking medication for it*
- ✓ *More than one-third of adults have not visited dentist in past year for a routine check-up, worse than MI/US*



# Summary Tables – A Comparison of St. Clair County to Peer Counties

M  
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| Better<br>(Most Favorable Quartile)            | Moderate<br>(Middle Two Quartiles)      | Worse<br>(Least Favorable Quartile) |
|--|---|-------------------------------------|
| Alzheimer’s disease deaths                     | Cancer deaths                           | Coronary heart disease deaths       |
| Chronic kidney disease deaths                  | Chronic lower respiratory deaths (CLRD) | Diabetes deaths                     |
| Motor vehicle deaths                           | Stroke deaths                           | Female life expectancy              |
| Unintentional injury (including motor vehicle) |   | Male life expectancy                |

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| Better<br>(Most Favorable Quartile) | Moderate<br>(Middle Two Quartiles) | Worse<br>(Least Favorable Quartile) |
|-------------------------------------|------------------------------------|-------------------------------------|
|                                     | Adult diabetes                     | Adult overall health status         |
|                                     | Adult obesity                      | Older adult asthma                  |
|                                     | Alzheimer’s disease/dementia       | Preterm births                      |
|                                     | Cancer                             | Syphilis                            |
|                                     | Gonorrhea                          |                                     |
|                                     | HIV                                |                                     |
|                                     | Older adult depression             |                                     |

The above Summary Comparison Report provides an “at a glance” summary of how St. Clair County compares with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles.

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Community Health Profile, St. Clair County.

# Summary Tables – A Comparison of St. Clair County to Peer Counties (Continued)

| A<br>C<br>C<br>E<br>S<br>S  | Better<br>(Most Favorable Quartile) | Moderate<br>(Middle Two Quartiles)       | Worse<br>(Least Favorable Quartile) |
|---|-------------------------------------|--|-------------------------------------|
|   |                                     | Cost barrier to care                     |                                     |
|   |                                     | Older adult preventable hospitalizations |                                     |
|   |                                     | Primary care provider access             |                                     |
|   |                                     | Uninsured                                |                                     |
| H<br>E<br>A<br>L<br>T<br>H<br><br>B<br>E<br>H<br>A<br>V<br>I<br>O<br>R<br>S | Better<br>(Most Favorable Quartile) | Moderate<br>(Middle Two Quartiles)       | Worse<br>(Least Favorable Quartile) |
|   | Adult physical inactivity           | Adult binge drinking                     |                                     |
|   |                                     | Adult female routine pap tests           |                                     |
|   |                                     | Adult smoking                            |                                     |
|   |                                     | Teen births                              |                                     |

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Community Health Profile, St. Clair County.

# Summary Tables – A Comparison of St. Clair County to Peer Counties (Continued)

| S<br>O<br>C<br>I<br>A<br>L<br><br>F<br>A<br>C<br>T<br>O<br>R<br>S | Better<br>(Most Favorable Quartile) | Moderate<br>(Middle Two Quartiles)   | Worse<br>(Least Favorable Quartile) |
|---|-------------------------------------|--------------------------------------|-------------------------------------|
|   |                                     | Children in single parent households | High housing costs                  |
|   |                                     | Violent crime                        | Inadequate social support           |
|   |                                     |                                      | On time high school graduation      |
|   |                                     |                                      | Poverty                             |
|   |                                     |                                      | Unemployment                        |
| E<br>N<br>V<br>I<br>R<br>O<br>N<br>M<br>E<br>N<br>T               | Better<br>(Most Favorable Quartile) | Moderate<br>(Middle Two Quartiles)   | Worse<br>(Least Favorable Quartile) |
|   | Access to parks                     | Annual average PM2.5 concentration   | Housing stress                      |
|   |                                     | Living near highways                 | Limited access to healthy food      |
|   |                                     |                                      |                                     |
|   |                                     |                                      |                                     |

Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Community Health Profile, St. Clair County.

# ***DETAILED FINDINGS***

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# ***Secondary Data Sources***

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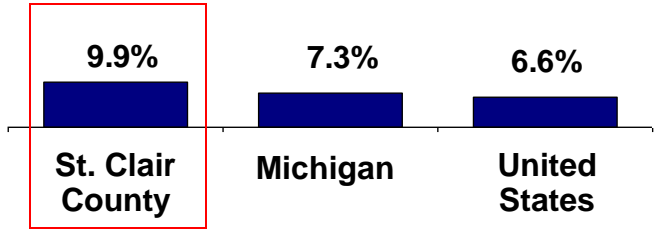
# ***Social Indicators***

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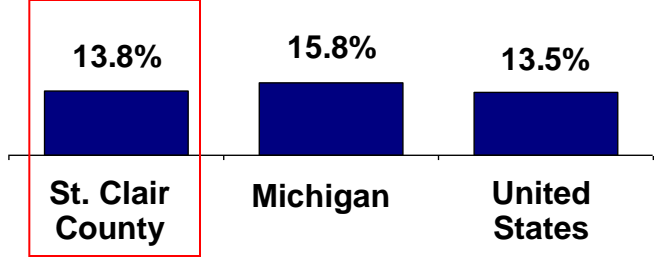
The unemployment rate is higher in St. Clair County than in Michigan and the U.S. overall. Additionally, more than one in ten people live in poverty in St. Clair County, lower than the proportion for Michigan but slightly higher than that of the U.S.

Unemployment and Poverty Rates

Population Age 16+ Unemployed and Looking for Work



Percentage of People in Poverty

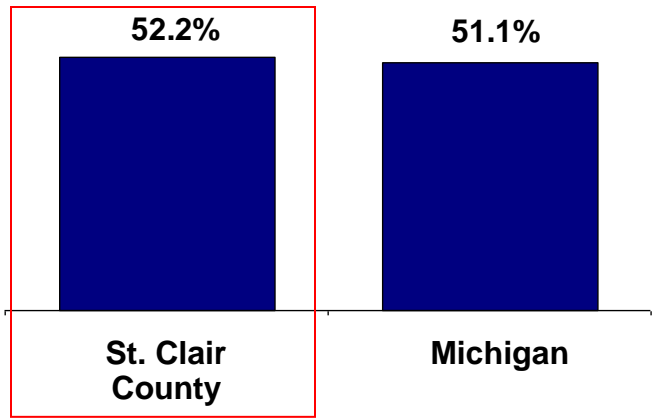


Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; County Health Rankings. St. Clair Co. and MI 2016; County Health Rankings. 2010-2014 American Community Survey 5-Year Estimates. Counties and MI and US 2016. Data compiled from various sources and dates.

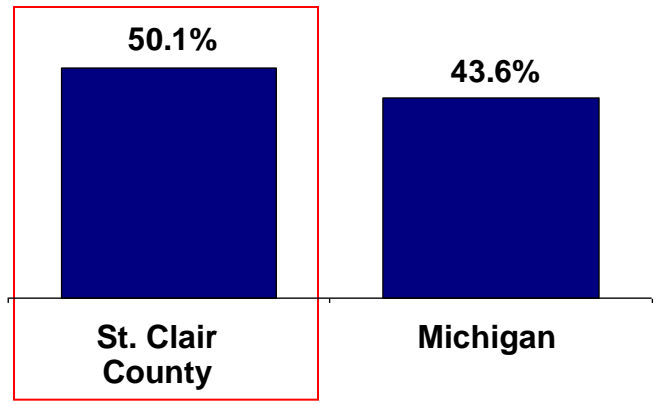
The proportion of children aged 0-4 receiving WIC and the proportion of Medicaid paid births are higher in St. Clair County compared to the state of Michigan.

Children Born Into Poverty

Children Ages 0-4  
Receiving WIC (2015)



Medicaid Paid Births (2014)



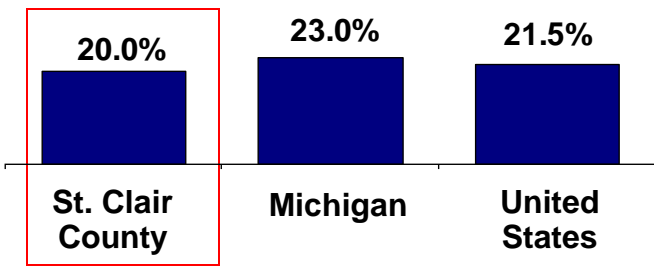
Source: Kids Count Data Book. St. Clair Co. and MI 2015.



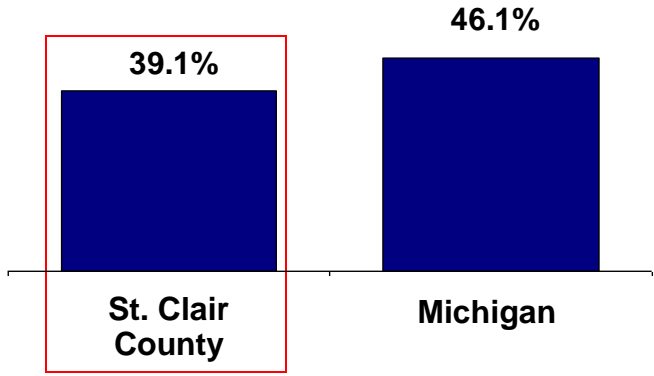
One in five children under age 18 in St. Clair County live in poverty, a rate slightly better than state or national rates. The proportion of children eligible for free or reduced school lunches is slightly lower in St. Clair County than in the state of Michigan; however, almost four in ten children are eligible for free or reduced lunches.

Children Living in Poverty

Percentage of Children (< Age 18) in Poverty



Percentage of Students Eligible for Free/Reduced Price School Lunches



Source: County Health Rankings. St. Clair Co. and MI 2016; Kids Count Data Book. St. Clair Co. and MI 2015.

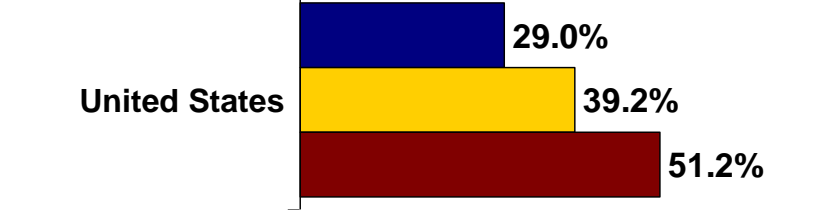
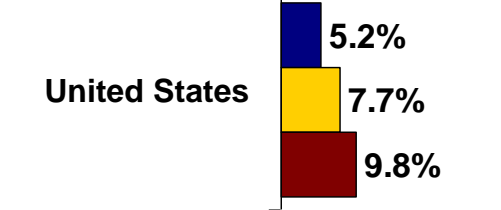
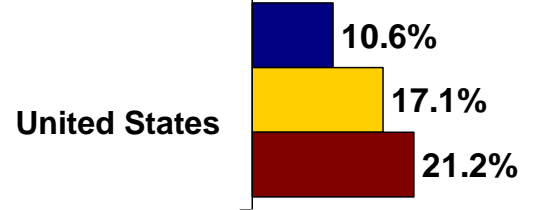
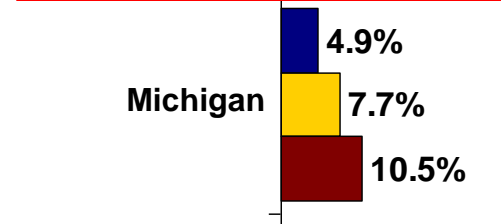
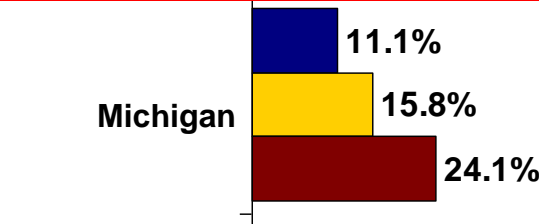
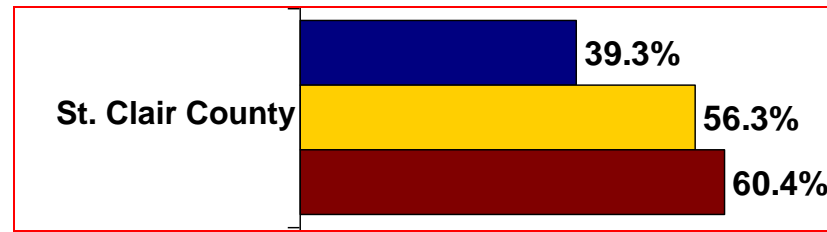
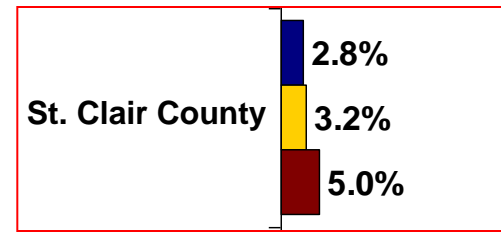
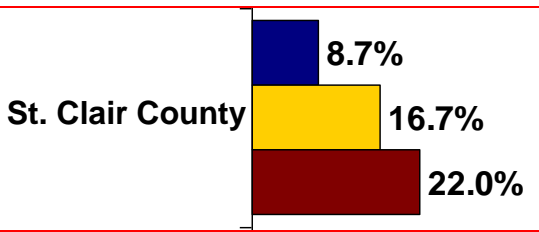
Where St. Clair County fares worse than the state and the nation is with single female families/households. For example, almost six in ten (56.3%) single female families with children under age 18 in St. Clair County live in poverty, a rate much higher than that of MI or the U.S. Further, six in ten (60.4%) single female families with children under 5 years of age live in poverty, a rate also higher than state or national rates.

**Poverty Status of Families by Family Type**  
**(% Below Poverty)**

**All Families**

**Married Couple Families**

**Single Female Families**



■ Total    ■ With Children <18 Years    ■ With Children <5 Years

Source: US Census, American Community Survey 2015, Data Profiles, Selected Economic Characteristics

In St. Clair County, the rate of residents not graduating high school is roughly equivalent to the state's rate and slightly better than the nation as a whole. However, St. Clair County lags behind both the state and the nation for both undergraduate (4-year) and graduate degrees.

### Educational Level Age 25+

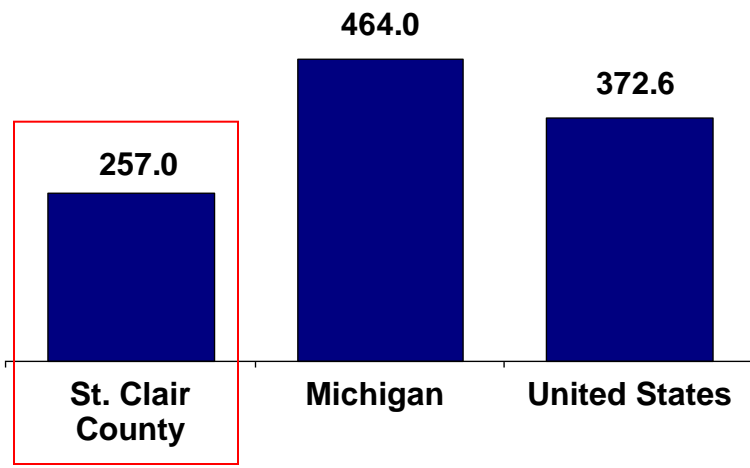
|  | Men              |              |              | Women            |              |              |
|--|------------------|--------------|--------------|------------------|--------------|--------------|
|  | St. Clair County | Michigan     | U.S.         | St. Clair County | Michigan     | U.S.         |
| <b>No Schooling Completed</b>                    | <b>1.0%</b>      | <b>1.1%</b>  | <b>1.4%</b>  | <b>0.8%</b>      | <b>1.0%</b>  | <b>1.4%</b>  |
| <b>Did Not Graduate High School</b>              | <b>9.4%</b>      | <b>9.4%</b>  | <b>12.1%</b> | <b>8.3%</b>      | <b>8.2%</b>  | <b>10.7%</b> |
| <b>High School Graduate, GED, or Alternative</b> | <b>36.6%</b>     | <b>30.1%</b> | <b>28.4%</b> | <b>33.4%</b>     | <b>28.7%</b> | <b>26.8%</b> |
| <b>Some College, No Degree</b>                   | <b>26.8%</b>     | <b>23.6%</b> | <b>20.5%</b> | <b>25.6%</b>     | <b>23.7%</b> | <b>21.0%</b> |
| <b>Associate's Degree</b>                        | <b>10.1%</b>     | <b>8.0%</b>  | <b>7.3%</b>  | <b>15.1%</b>     | <b>10.4%</b> | <b>9.1%</b>  |
| <b>Bachelor's Degree</b>                         | <b>11.9%</b>     | <b>16.9%</b> | <b>18.8%</b> | <b>11.4%</b>     | <b>17.1%</b> | <b>19.2%</b> |
| <b>Master's Degree</b>                           | <b>3.2%</b>      | <b>7.2%</b>  | <b>7.5%</b>  | <b>4.0%</b>      | <b>8.6%</b>  | <b>8.9%</b>  |
| <b>Professional School Degree</b>                | <b>0.7%</b>      | <b>2.1%</b>  | <b>2.4%</b>  | <b>1.3%</b>      | <b>1.2%</b>  | <b>1.6%</b>  |
| <b>Doctorate Degree</b>                          | <b>0.3%</b>      | <b>1.5%</b>  | <b>1.7%</b>  | <b>0.3%</b>      | <b>0.9%</b>  | <b>1.1%</b>  |

Source: U.S. Census Bureau, American Community Survey 2015, 1-year estimates

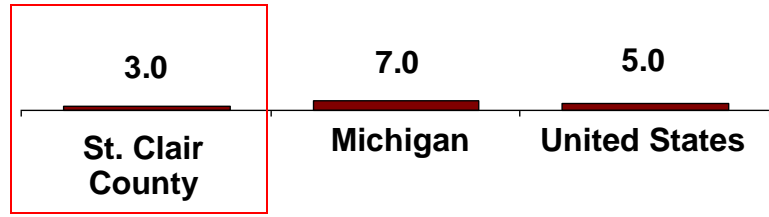
St. Clair County residents enjoy the safety of their community. In fact, St. Clair County has far lower violent crime and homicide rates compared to Michigan or the U.S. Although the child abuse/neglect rate in St. Clair County is also lower than the state rates, there is room for improvement as this rate is much higher than the nation's.

Crime Rates

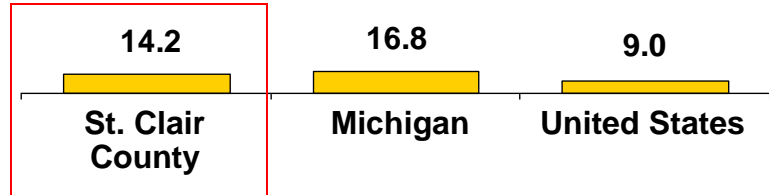
Violent Crime Rate Per 100,000 Population



Homicide Rate Per 100,000 Population



Confirmed Victims of Child Abuse/Neglect Rate Per 1,000 Children <18



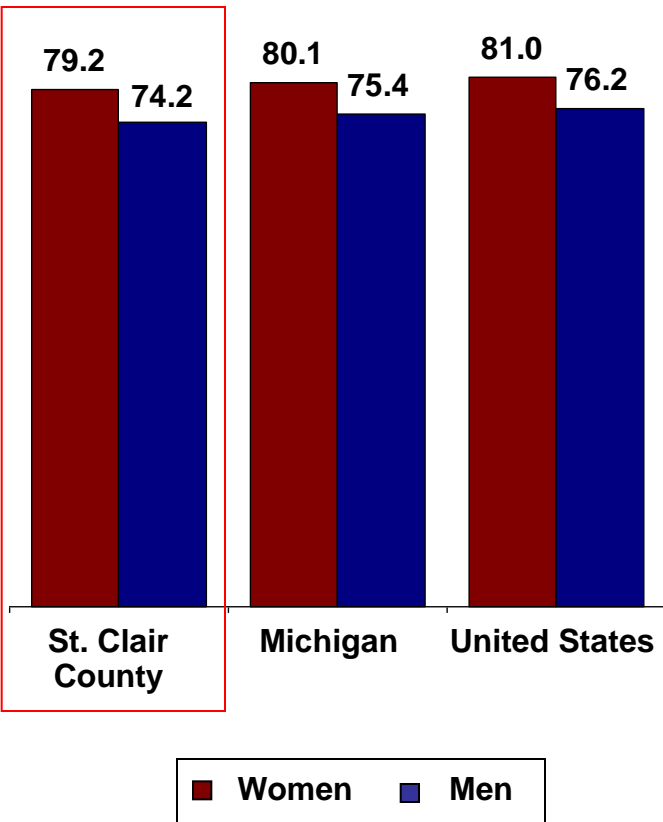
Source: County Health Rankings. St. Clair Co. and MI 2016; Note: Data compiled from various sources and dates; US FBI Website 2015; County Health Rankings/MDCH, Division of Vital Records. St. Clair and MI 2016; United States Census Bureau 2014; Kids Count Data Book. St. Clair Co., MI, and US 2015.

# ***Health Indicators***

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Both men and women in St. Clair County have shorter life expectancy rates (when adjusted for age) compared to men and women across Michigan or the U.S.

Life Expectancy  
(Average Age)

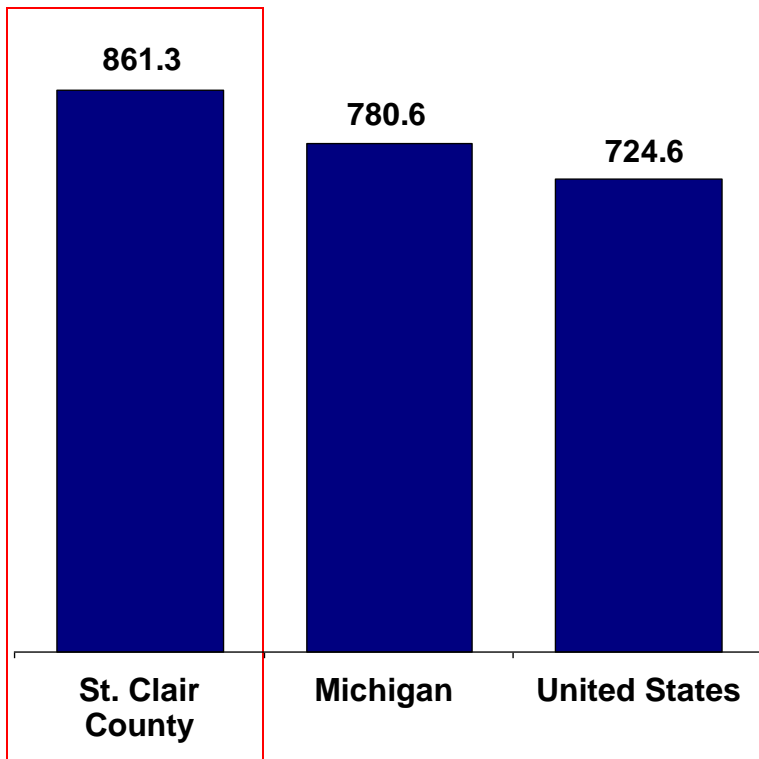


Source: Institute for Health Metrics and Evaluation at the University of Washington. Michigan Department of Health & Human Services. Uses 2010 mortality data for St. Clair, MI, and US.

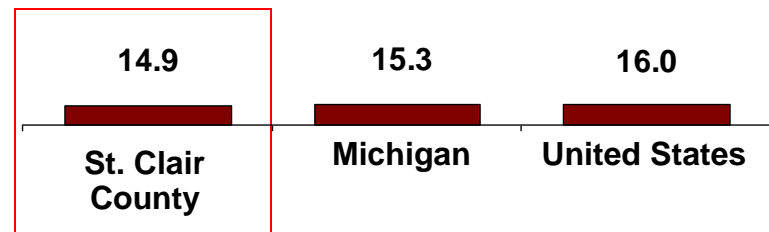
St. Clair County's age adjusted mortality rate is far higher than state or national rates. St. Clair County's child mortality rate is only marginally better than that of the state or nation. The most recent mortality rate data shows St. Clair County at 861 per 100,000 residents for age adjusted and 15 per 100,000 for children aged 1-14.

### Mortality Rates

Age Adjusted Mortality Rate  
Per 100,000 Population



Child Mortality Rate (Age 1-14)  
Per 100,000 Population

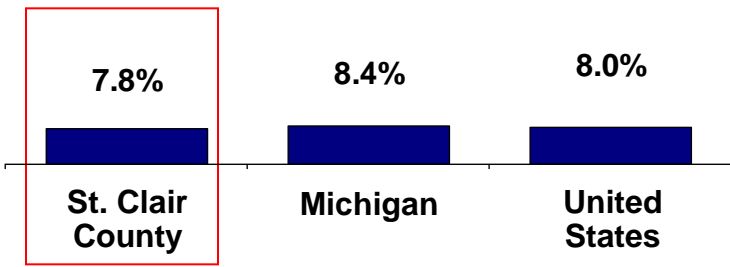


Source: Michigan Resident Death File, Vital Records & Health Statistics Section, Michigan Department of Community Health. St. Clair Co. 2014; MI and US 2014; Kids Count Data. U.S. 2014

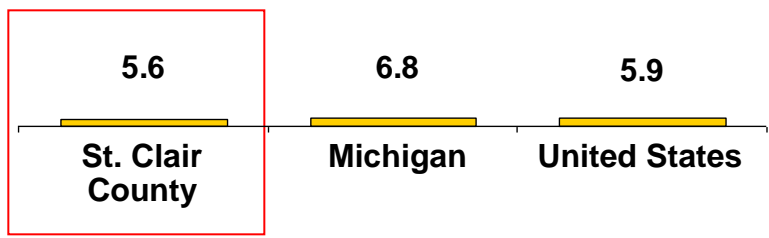
St. Clair County has slightly fewer live births with low birth weight and lower infant mortality rates than the state or nation. In St. Clair County, roughly one in thirteen live births are classified as having low birth weight, and the infant mortality rate is 5.6 for every 1,000 live births.

Low Birth Weight and Infant Mortality Rates

Proportion of Live Births with Low Birth Weight (<2500g)



Infant Mortality Rate Per 1,000 Live Births



Source: Kids Count Data Book/MDCH Vital Records Division, Resident Birth Files. St. Clair County, MI, and US 2014.



**Heart disease** and **cancer** are the leading causes of death in St. Clair County, the state, and the nation; however, the rate for both is highest in St. Clair County. St. Clair County also has the highest rates for death from chronic lower respiratory diseases, diabetes, unintentional injury, pneumonia/influenza, and suicide. **Diabetes** deaths rank fifth for St. Clair County, and are almost twice as high as state or national rates.

### Top 10 Leading Causes of Death

|                                    | St. Clair County |       | Michigan |       | United States |       |
|------------------------------------|------------------|-------|----------|-------|---------------|-------|
|                                    | RANK             | Rate  | RANK     | Rate  | RANK          | Rate  |
| Heart Disease                      | 1                | 242.6 | 1        | 200.3 | 1             | 167.0 |
| Cancer                             | 2                | 179.6 | 2        | 173.5 | 2             | 161.2 |
| Chronic Lower Respiratory Diseases | 3                | 57.7  | 3        | 44.2  | 3             | 40.5  |
| Unintentional Injuries             | 4                | 48.8  | 4        | 41.2  | 4             | 40.5  |
| Diabetes Mellitus                  | 5                | 41.1  | 7        | 23.6  | 7             | 20.9  |
| Stroke                             | 6                | 36.4  | 5        | 37.8  | 5             | 36.5  |
| Alzheimer's Disease                | 7                | 24.6  | 6        | 27.0  | 6             | 25.4  |
| Pneumonia/Influenza                | 8                | 17.9  | 8        | 15.4  | 8             | 15.1  |
| Intentional Self-harm (Suicide)    | 9                | 14.3  | 10       | 13.2  | 10            | 13.0  |
| Kidney Disease                     | 10               | 11.4  | 9        | 15.2  | 9             | 13.2  |
| All other causes                   |                  | 186.6 |          | 190.2 |               | 191.3 |

With regard to rates for years of potential life lost, St. Clair County is more likely to resemble the state of Michigan than another healthy county (e.g., Ottawa). That said, the rates for St. Clair County are even worse than the state rates for the top thirteen diseases/conditions listed below. St. Clair County residents are more likely to die at a younger age from **cancer (especially trachea/bronchus/lung), heart disease, drug-induced deaths, alcohol-induced deaths, chronic lower respiratory disease, and diabetes**, compared to residents across Michigan.

**Rates of Years of Potential Life Lost  
(YPLL) Below Age 75**

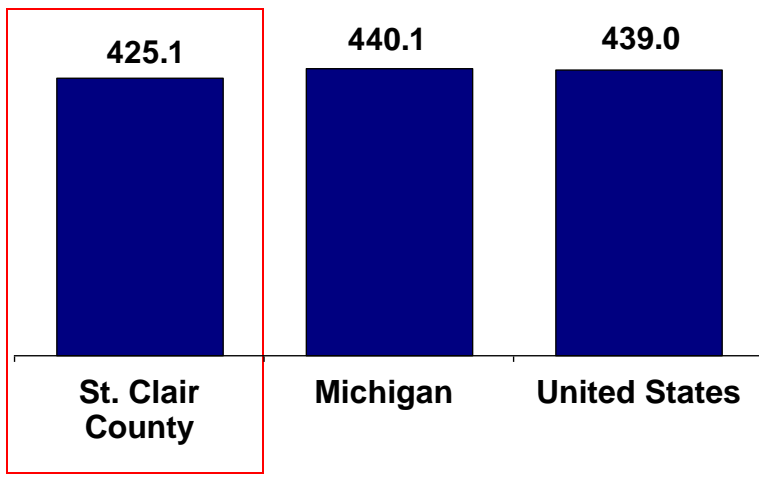
|  | St. Clair County |        | Ottawa County |        | Michigan |        |
|--|------------------|--------|---------------|--------|----------|--------|
|  | RANK             | Rate   | RANK          | Rate   | RANK     | Rate   |
| <b>Malignant Neoplasms (All)</b>                   | 1                | 2001.4 | 1             | 1272.9 | 1        | 1689.6 |
| <b>Diseases of the Heart</b>                       | 2                | 1509.1 | 3             | 555.0  | 2        | 1305.2 |
| <b>Accidents</b>                                   | 3                | 1451.4 | 2             | 808.1  | 3        | 1070.5 |
| <b>Drug-Induced Deaths</b>                         | 4                | 1086.0 | 4             | 388.7  | 4        | 688.7  |
| <b>Malignant Neoplasm of Trachea/Bronchus/Lung</b> | 5                | 523.9  | 6             | 261.2  | 5        | 439.7  |
| <b>Intentional Self-Harm (Suicide)</b>             | 6                | 436.6  | 5             | 344.5  | 6        | 425.3  |
| <b>Alcohol-Induced Deaths</b>                      | 7                | 282.1  |               | *      | 13       | 189.2  |
| <b>Chronic Lower Respiratory Disease</b>           | 8                | 275.4  | 9             | 111.4  | 10       | 234.0  |
| <b>Diabetes Mellitus</b>                           | 9                | 255.2  | 13            | 53.8   | 11       | 203.4  |
| <b>Chronic Liver Disease and Cirrhosis</b>         | 10               | 228.4  | 8             | 130.6  | 12       | 196.3  |
| <b>Malignant Neoplasm of Breast</b>                | 11               | 188.1  | 11            | 96.0   | 16       | 154.3  |
| <b>Malignant Neoplasm of Colon/Rectum/Anus</b>     | 12               | 164.5  | 10            | 107.5  | 18       | 141.2  |
| <b>Malignant Neoplasm of Lymphoid</b>              | 13               | 157.8  | 7             | 164.8  | 17       | 144.7  |

Source: Geocoded Michigan Death Certificate Registry. Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services, 2014.

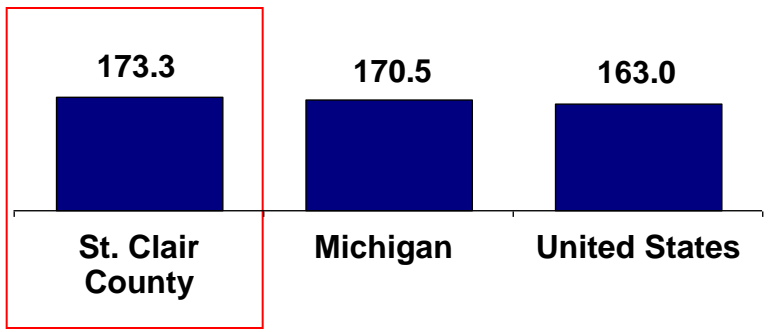
Compared to the state or nation, the cancer diagnosis rate is lower in St. Clair County. In contrast, the overall cancer death rate is higher in St. Clair County vs. MI or the U.S.

Cancer Rates

Cancer Diagnosis Rate (Age Adjusted)  
Per 100,000 Population



Overall Cancer Death Rate  
Per 100,000 Population



Source: MDCH Cancer Incidence Files. St. Clair County, MI, U.S. 2013

Preventable hospitalizations are 14.6% of all hospitalizations in St. Clair County, higher than the rate of 9.1% for the state of Michigan. **Chronic obstructive pulmonary disease** and **congestive heart failure** are the leading causes of preventable hospitalization in St. Clair County. A St. Clair County resident is more likely to be hospitalized for COPD compared to a resident across Michigan.

**Top 10 Leading Causes of Preventable Hospitalizations**

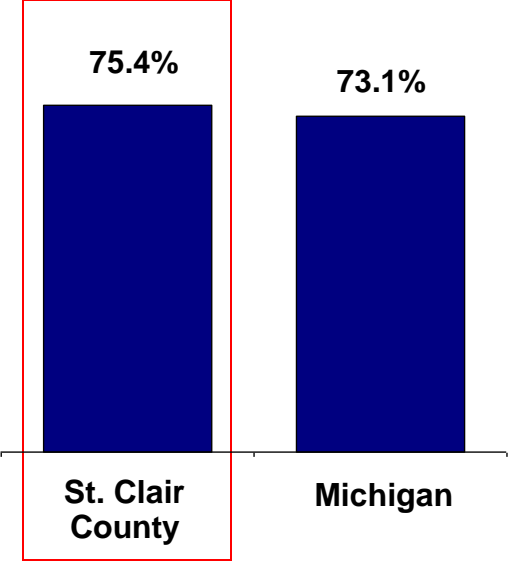
|  | St. Clair County |                                       | Michigan  |                                       |
|--|------------------|---------------------------------------|-----------|---------------------------------------|
|  | RANK             | % of All Preventable Hospitalizations | RANK      | % of All Preventable Hospitalizations |
| <b>Chronic Obstructive Pulmonary Disease</b>                       | <b>1</b>         | <b>14.6%</b>                          | <b>3</b>  | <b>9.1%</b>                           |
| <b>Congestive Heart Failure</b>                                    | <b>2</b>         | <b>12.0%</b>                          | <b>1</b>  | <b>14.0%</b>                          |
| <b>Bacterial Pneumonia</b>   | <b>3</b>         | <b>8.8%</b>                           | <b>2</b>  | <b>9.7%</b>                           |
| <b>Cellulitis</b>  | <b>4</b>         | <b>7.2%</b>                           | <b>5</b>  | <b>6.5%</b>                           |
| <b>Kidney/Urinary Infections</b>                                   | <b>5</b>         | <b>6.7%</b>                           | <b>4</b>  | <b>6.8%</b>                           |
| <b>Diabetes</b>  | <b>6</b>         | <b>5.8%</b>                           | <b>6</b>  | <b>5.9%</b>                           |
| <b>Asthma</b>  | <b>7</b>         | <b>5.0%</b>                           | <b>7</b>  | <b>5.3%</b>                           |
| <b>Grand Mal &amp; Other Epileptic Conditions</b>                  | <b>8</b>         | <b>2.5%</b>                           | <b>8</b>  | <b>3.3%</b>                           |
| <b>Gastroenteritis</b>   | <b>9</b>         | <b>2.5%</b>                           | <b>10</b> | <b>1.7%</b>                           |
| <b>Dehydration</b>   | <b>10</b>        | <b>1.2%</b>                           | <b>9</b>  | <b>1.8%</b>                           |
| <b>All Other Ambulatory Care Sensitive Conditions</b>              | <b>-</b>         | <b>33.7%</b>                          | <b>-</b>  | <b>36.1%</b>                          |
| <b>Preventable Hospitalizations as a % of All Hospitalizations</b> |                  | <b>14.6%</b>                          |           | <b>9.1%</b>                           |

Source: MDCH Resident Inpatient Files, Division of Vital Records. St. Clair Co. and MI 2014.

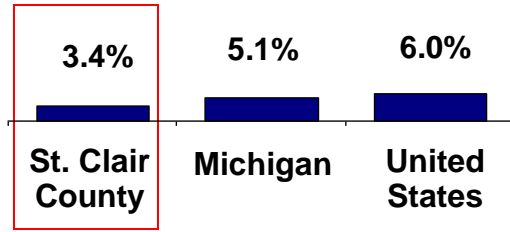
St. Clair County women are more likely to begin prenatal care in the first trimester compared to women elsewhere in Michigan. Further, almost all (96.6%) St. Clair County women received timely prenatal care, better rates than in MI or the U.S. Children aged 19-35 months are less likely to be fully immunized in St. Clair County than children of the same age elsewhere in the state but are nearly on par with the nation.

**Prenatal Care and Childhood Immunizations**

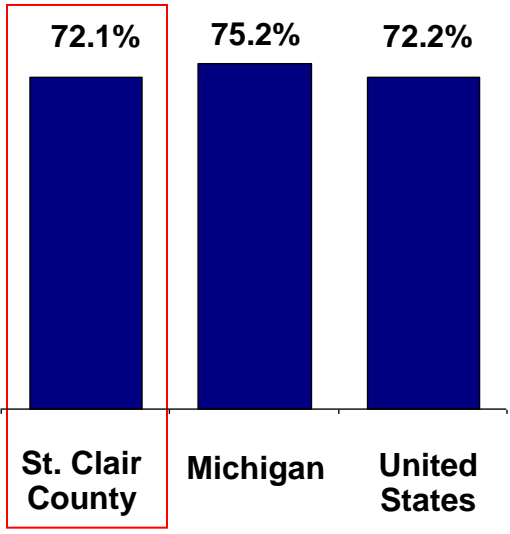
**Proportion of Women Who Begin Prenatal Care in First Trimester**



**Proportion of Births to Women Who Receive Late or No Prenatal Care**



**Proportion of Children Aged 19-35 Months Fully Immunized**

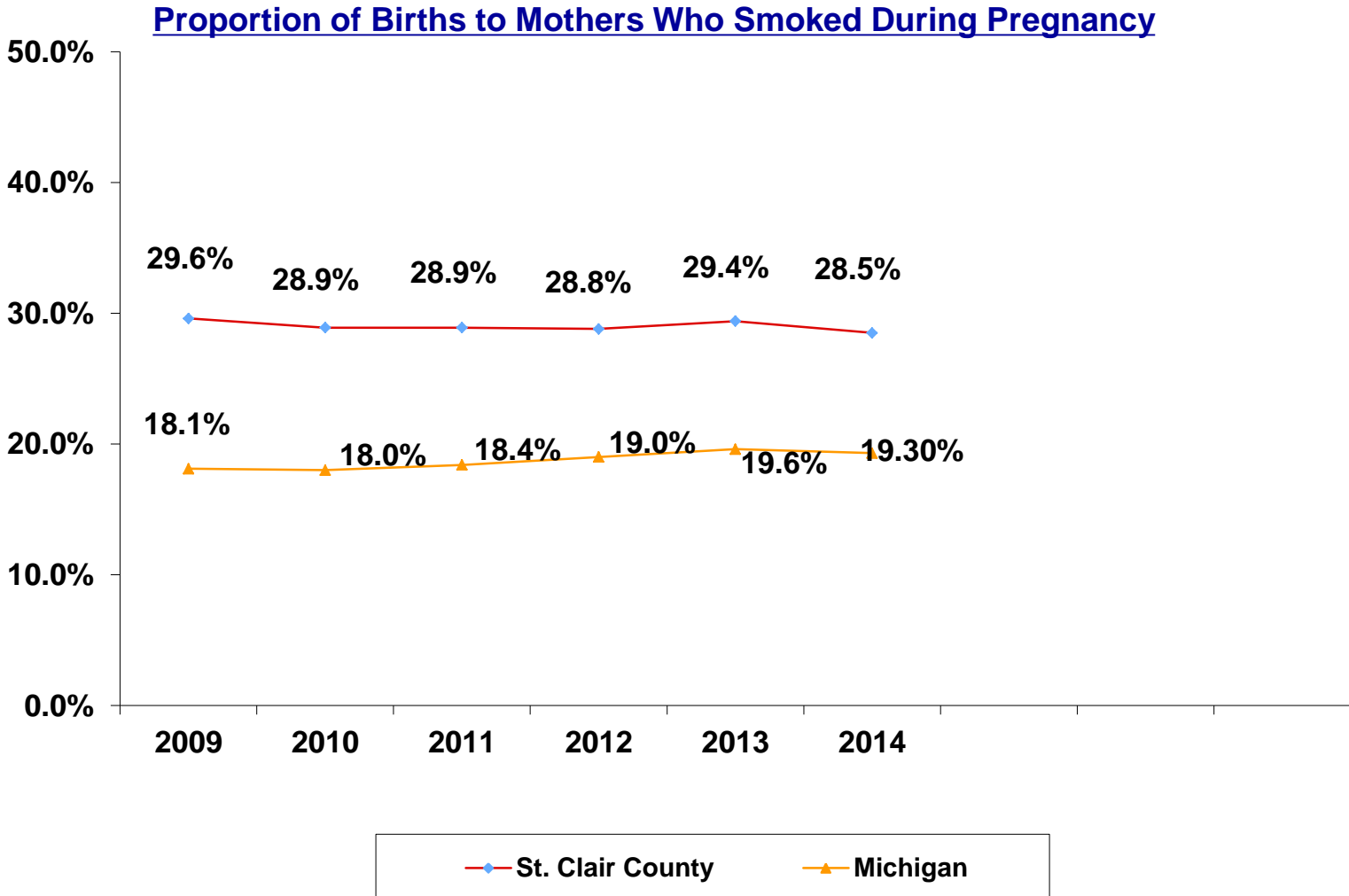


Source: MDCH Vital Records St. Clair Co and MI 2015; Kids Count Data Book/MDCH Vital Statistics. St. Clair Co. and MI 2015; Michigan Department of Health and Human Services: Local and MI % from MCIR. National data at CDC National Immunization Survey 2015.

# ***Adult Behavioral Risk Factors***

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From 2009 to 2014, the proportion of St. Clair County mothers who smoked during pregnancy was consistently higher than the proportion of mothers across Michigan who smoked. During that time, nearly three in ten St. Clair County births were to mothers who smoked during their pregnancy.



Source: Michigan League for Public Policy; Kids Count Data, 2009-2012. Data is from the new birth certificate, used in Michigan beginning in July 2007. Two-year average for 2009 and three year average for subsequent years used. Percent is based on total live births.

# ***Youth Behavioral Risk Factors***

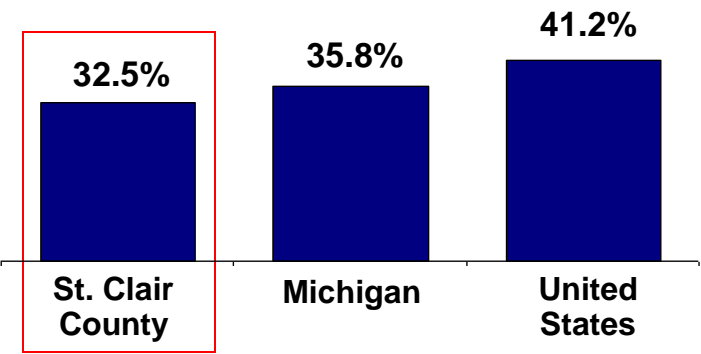
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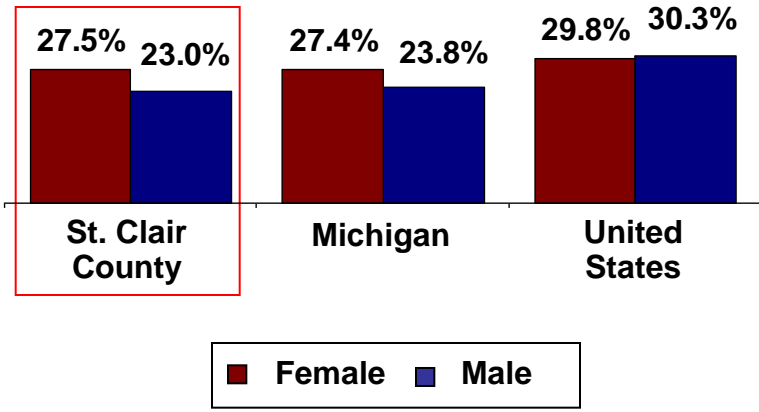
St. Clair County teens are less likely to engage in sexual intercourse than teens across Michigan or the U.S. Still, nearly one in three (32.5%) St. Clair County youths have had sexual intercourse and roughly one-fourth of teens have had intercourse in the past three months.

Teenage Sexual Activity

Youth Who Have Ever Had Sexual Intercourse



Youth Who Have Had Intercourse in Past 3 Months



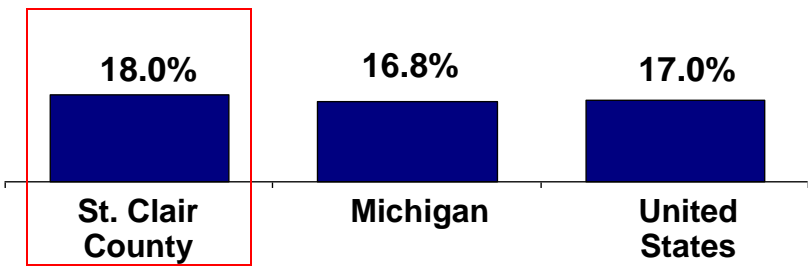
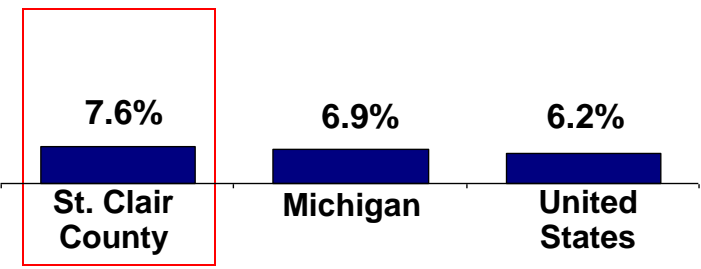
Source: Michigan and U.S. YRBS 2015; St. Clair County: Michigan Profile for Healthy Youth (High School) 2015-2016, Sexual Behavior. NOTE: YRBS includes grades 9-12, while Michigan Profile for Healthy Youth includes grades 9 and 11.

As a percentage of all births, teen births are higher in St. Clair County (7.6%) than in Michigan (6.9%) or the U.S. (6.2%). Further, repeat teen births are also higher in St. Clair County than in the state or the nation.

Teenage Pregnancy

Teen Births, Ages 15-19  
(% of All Births)

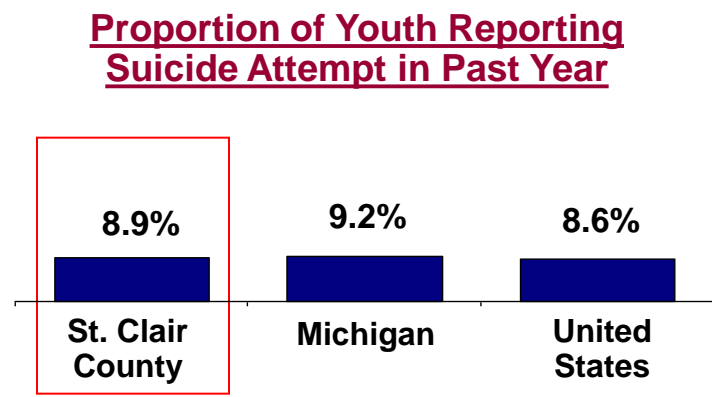
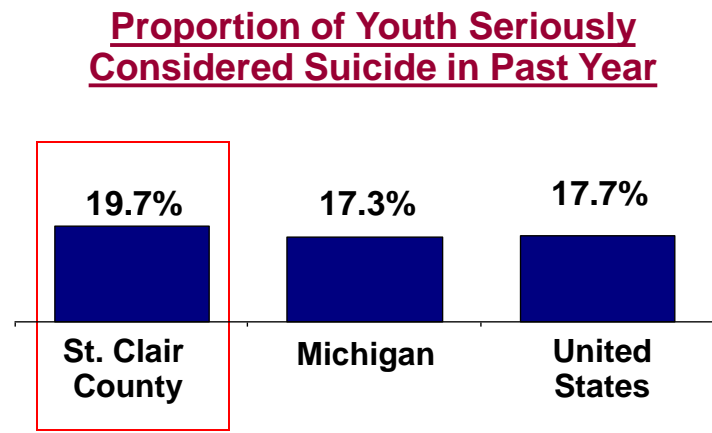
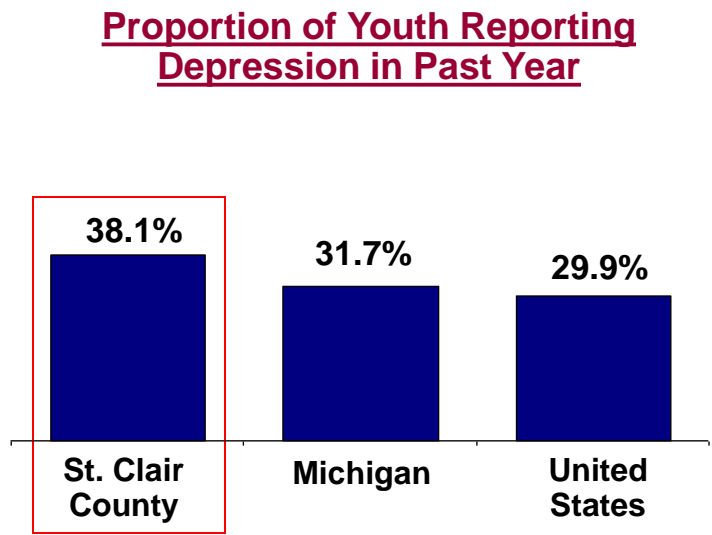
Repeat Teen Births  
(% of All Births to Mothers Aged 15-19)



Source: MDCH Vital Records. St. Clair Co. and MI 2014, National Vital Statistics Reports 2014; Kids Count Data Book. St. Clair Co. and MI 2014.

Nearly four in ten St. Clair County youths reported depression in 2015, while 19.7% seriously considered suicide and 8.9% attempted suicide. All three of these indicators are higher compared to the U.S., and two of the three indicators are higher compared to Michigan, thus warranting concern.

Mental Health Indicators Among Youth

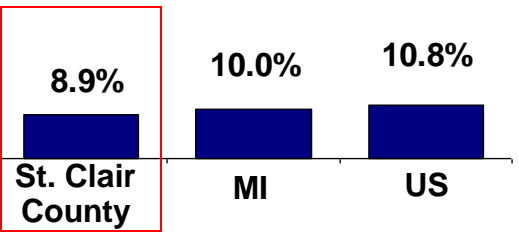


Source: Michigan and U.S. YRBS 2015; St. Clair County: Michigan Profile for Healthy Youth (High School) 2015-2016, Violence. NOTE: YRBS includes grades 9-12, while Michigan Profile for Healthy Youth includes grades 9 and 11.

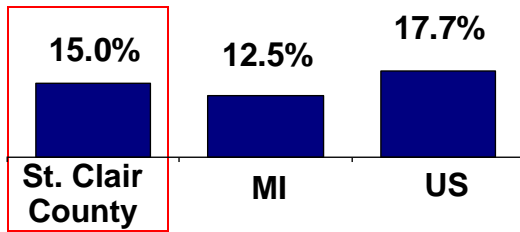
The rates of St. Clair County youth smoking either cigarettes or marijuana are lower than state or national rates. The rate of binge drinking among St. Clair County youth is lower compared to the U.S. but higher than the rate across Michigan.

Tobacco, Alcohol and Marijuana Use Among Youth

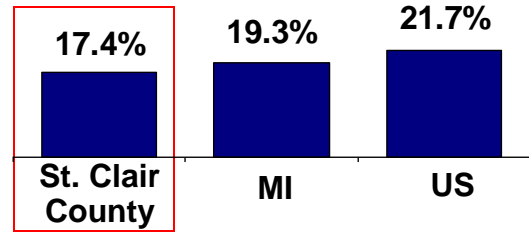
Proportion of Youth Reporting Current Smoking (Past 30 Days)



Proportion of Youth Reporting Binge Drinking (5+ Drinks, Past 30 Days)



Proportion of Youth Reporting Current Marijuana Use (Past 30 Days)

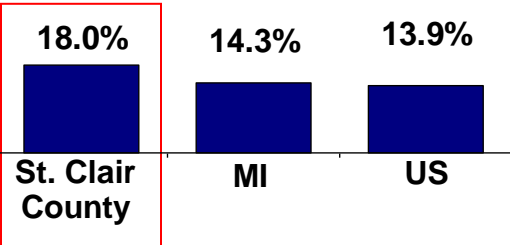


Source: Michigan and U.S. YRBS 2015; St. Clair County: Michigan Profile for Healthy Youth (High School) 2015-2016. NOTE: YRBS includes grades 9-12, while Michigan Profile for Healthy Youth includes grades 9 and 11.

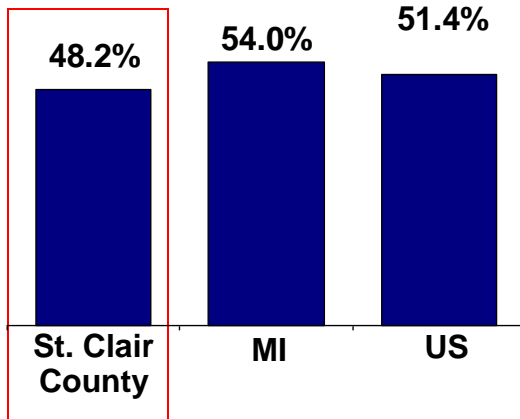
The prevalence of youth obesity is higher in St. Clair County compared to the state or nation. On the other hand, St. Clair County youth are more active and eat more fruits and vegetables than youth across MI or the U.S. There is still room for improvement since almost half of local youth report inadequate physical activity and three-fourths report inadequate consumption of fruits and vegetables.

**Obesity, Physical Activity and Diet**

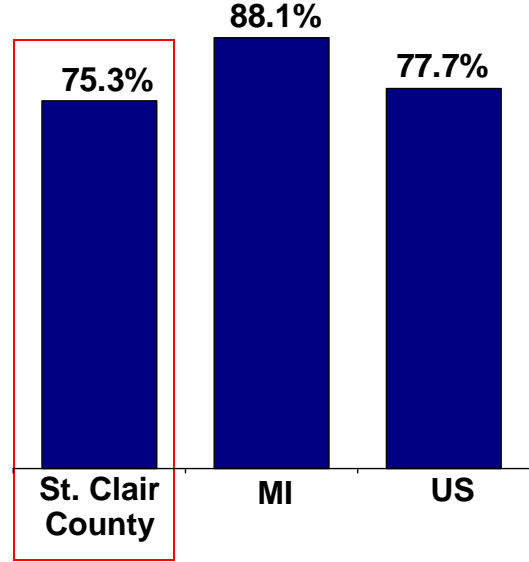
**Youth Who Are Obese (>95<sup>th</sup> Percentile BMI for Age and Sex)**



**Youth Reporting Inadequate Physical Activity (<60+ Minutes, 5+ Days Per Week)**



**Youth Reporting Less Than 5 Servings of Fruits/Vegetables Per Day (Past Week)\***



Source: Michigan and U.S. YRBS 2015; St. Clair County: Michigan Profile for Healthy Youth (High School) 2015-2016. NOTE: YRBS includes grades 9-12, while Michigan Profile for Healthy Youth includes grades 9 and 11.\*Counties: <5 Servings Fruit/Veg per day; MI and US from 2013 YRBS, < 3 Servings Fruit/Vegetable per day. This question was not available in 2015 YRBS.

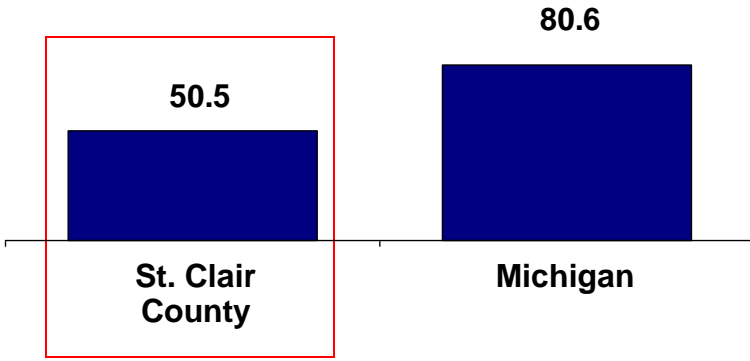
# ***Health Care Access***

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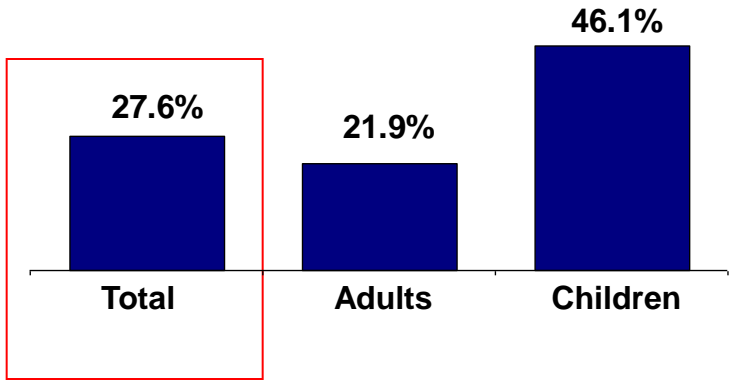
There are far fewer primary care physicians (PCP) in St. Clair County, per capita, compared to the state. One in five adults and almost half of children have Medicaid as their health care coverage in St. Clair County.

### Primary Care Physicians and Medicaid Patients

Primary Care Physicians\* (MDs and DOs)  
Per 100,000 Population



Proportion of Medicaid Patients  
in St. Clair County



\*Physicians defined as general or family practice, internal medicine, pediatrics, obstetrics or gynecology  
Source: PCP: County Health Rankings, 2016. Medicaid: Michigan Department of Human Services Annual Report and monthly Green Book of Statistics (December, 2014).

# ***Behavioral Risk Factor Survey 2016***

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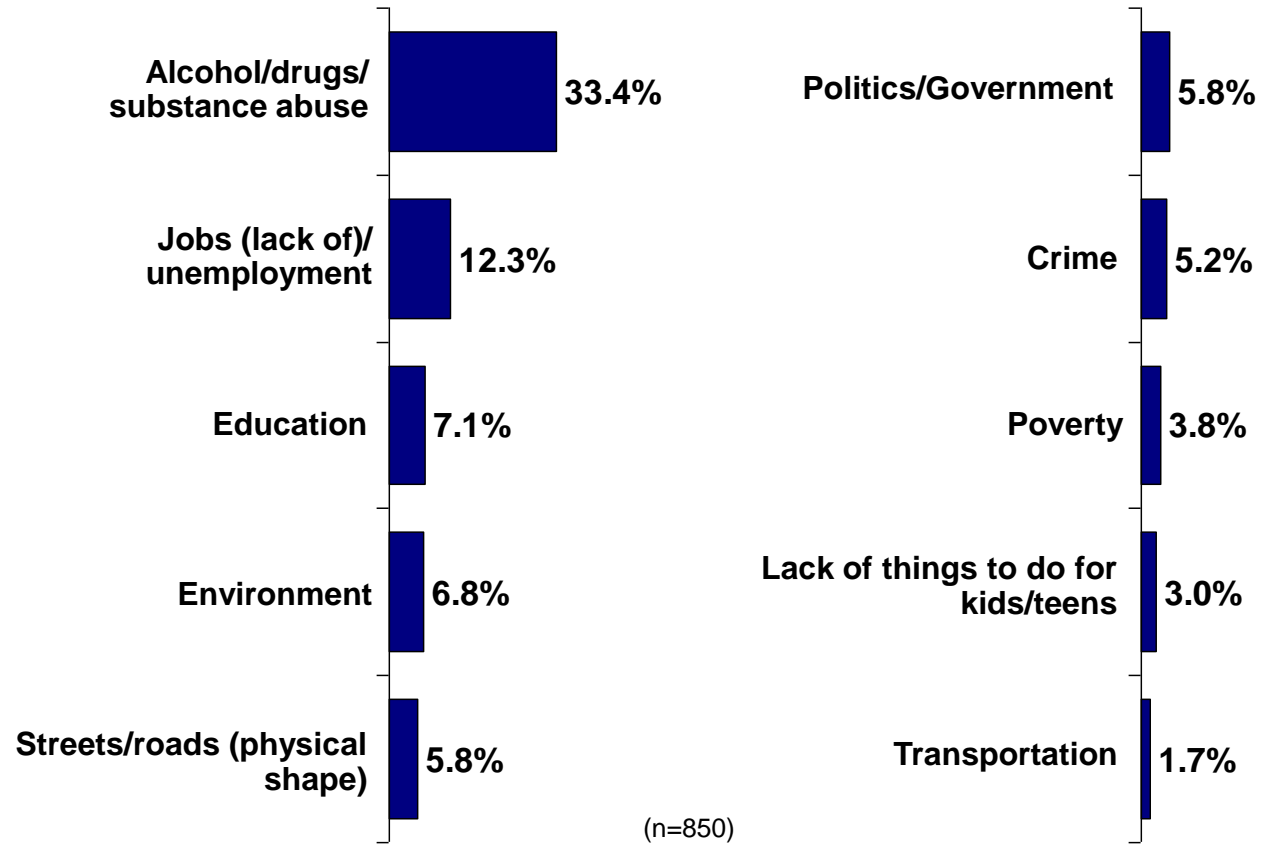


# ***Perception of Community Problems***

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When asked to give their top-of-mind response to what they consider to be the community's most important problems, St. Clair County adults cited myriad issues; however, *substance abuse* was mentioned most often. Other problems cited include *unemployment or lack of jobs, education, the environment, physical condition of the roads/streets, politics/government, and crime.*

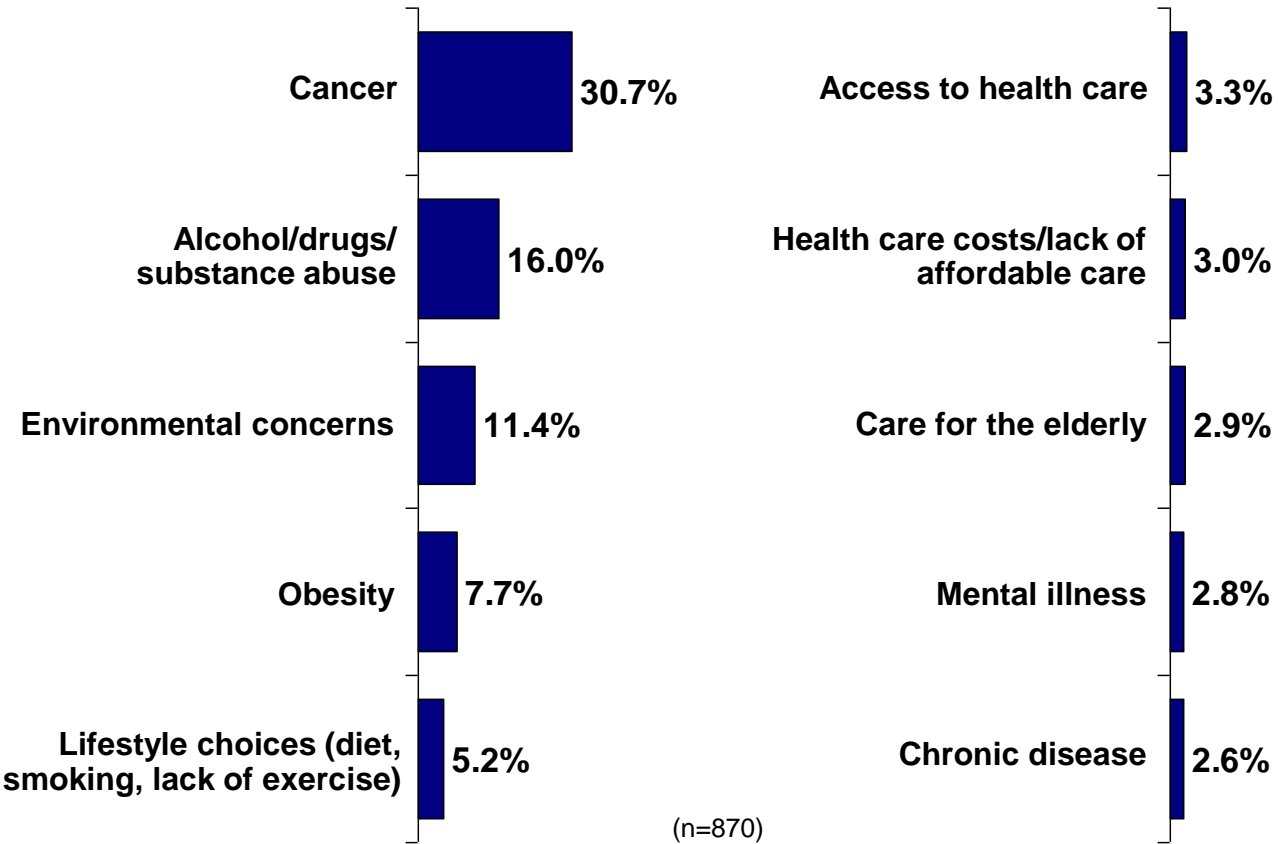
**Top 10 Most Important Problems in the Community Today**



Q1.1: What do you feel is the most important problem in your community today?

Adults perceive the top health problem in St. Clair County to be *cancer*, followed by *substance abuse*, *environmental issues* that lead to health problems, *obesity*, and *lifestyle choices* that lead to health issues.

Top 10 Most Important *Health* Problems in the Community Today



Q1.2: What do you feel is the most important **health** problem in your community today?

# ***Health Status Indicators***

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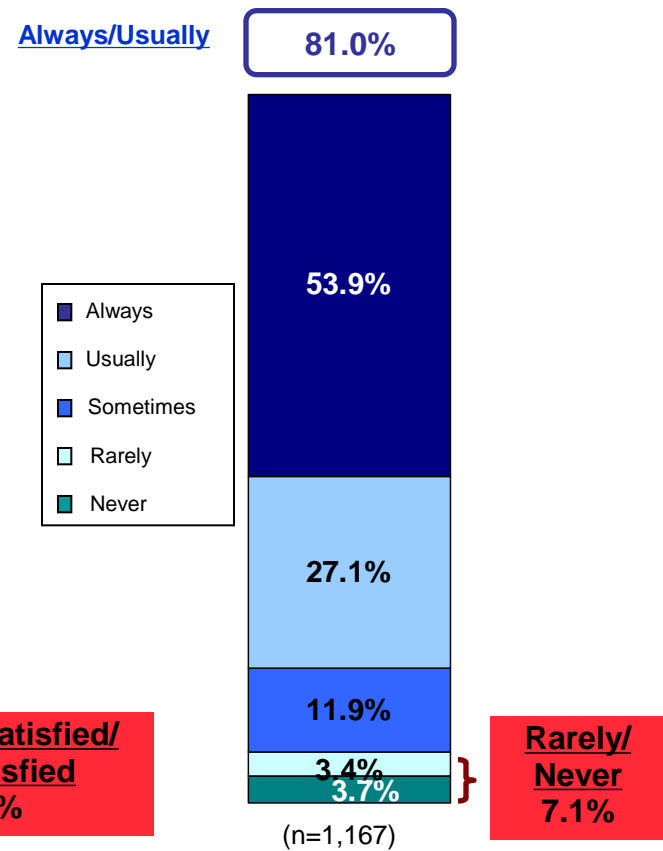
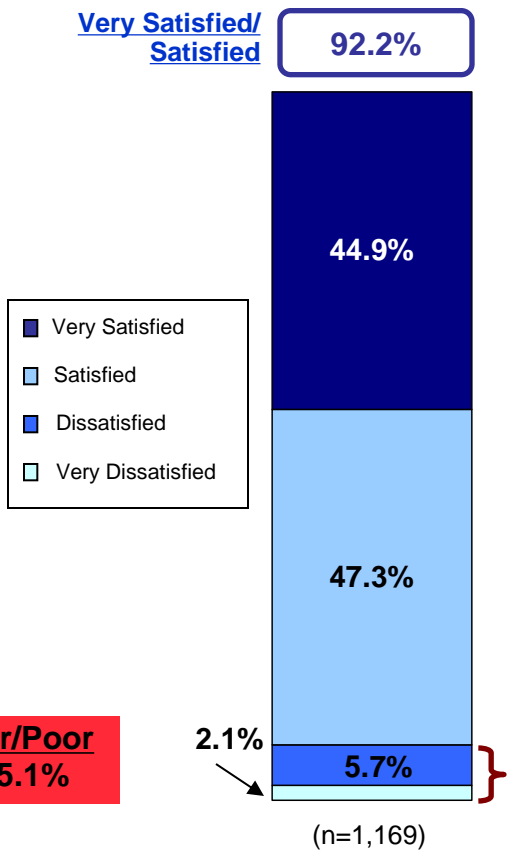
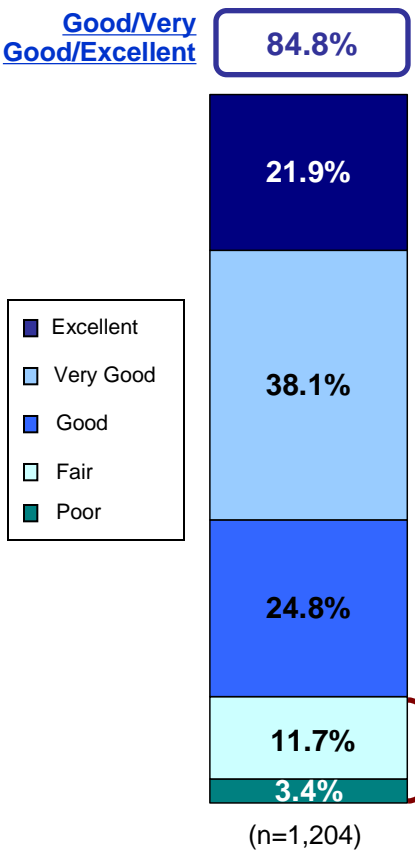
More than eight in ten (84.8%) St. Clair County adults cite good or better general health and 92.2% say they are satisfied with their lives. Eight in ten say they usually or always receive the emotional support they need. In contrast, 15.1% report fair or poor health, 7.8% report dissatisfaction with life, and 7.1% rarely or never receive the emotional support they need.

**Perception of General Health, Life Satisfaction, and Social Support**

**Perception of General Health**

**Overall Satisfaction with Life**

**Frequency of Emotional Support**

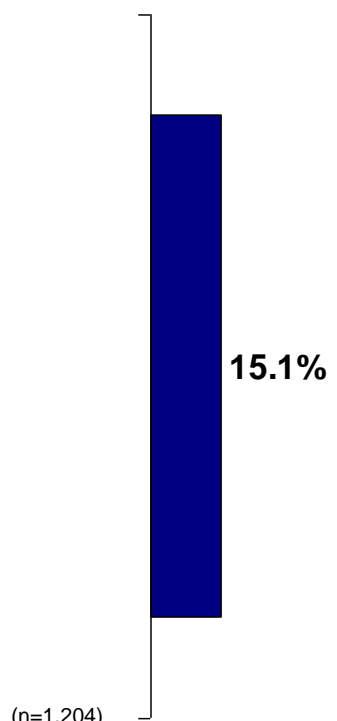


Q1.3: Would you say that in general your health is...  
 Q21.2: In general, how satisfied are you with your life?  
 Q21.1: How often do you get the social and emotional support you need?

The proportion of adults who perceive their health as fair or poor is inversely related to level of education and household income. People living below the poverty line are far more likely to report fair or poor health than people living above the poverty line. Significantly more non-Whites report fair or poor health than Whites. Adults who live in the western/rural region of St. Clair County are less likely to report fair or poor health than residents in the northeast or southern regions.

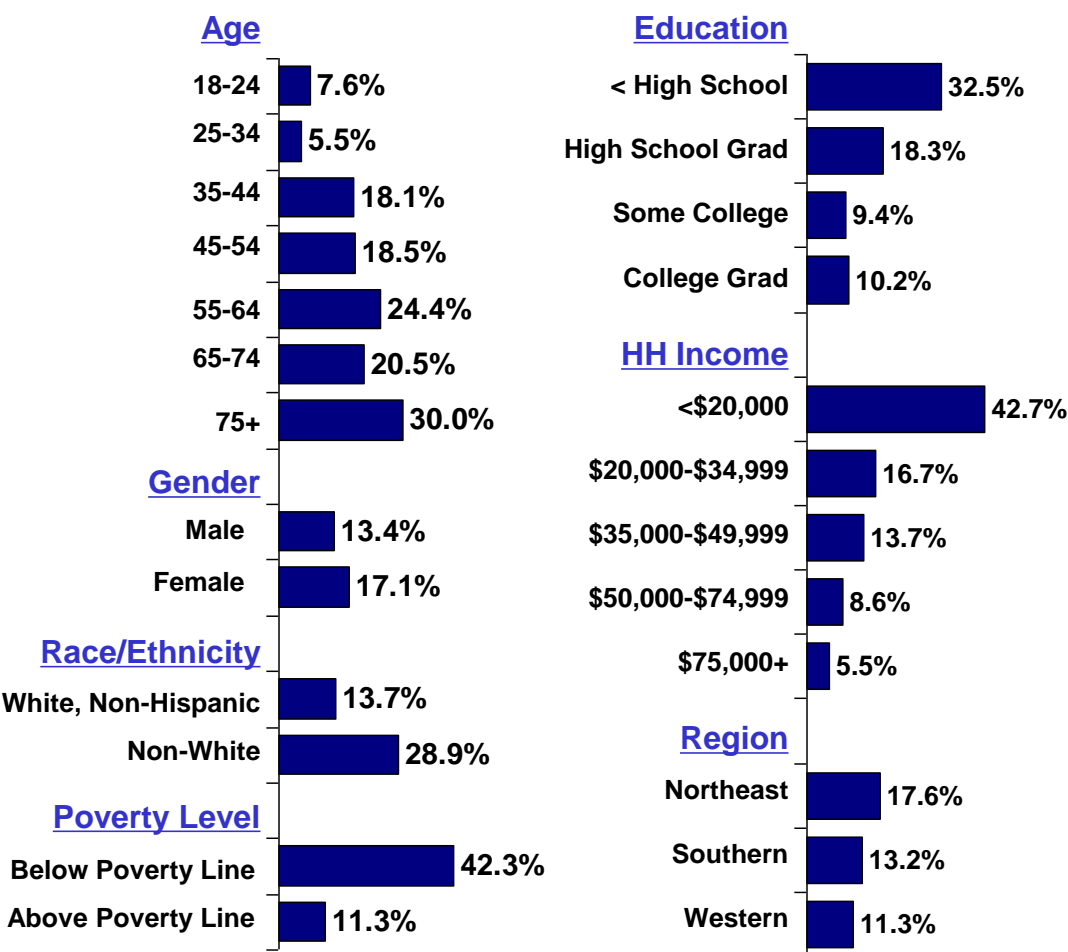
### General Health Status

#### General Health Fair or Poor\* (Total Sample)



\*Among all adults, the proportion who reported that their health, in general, was either fair or poor.

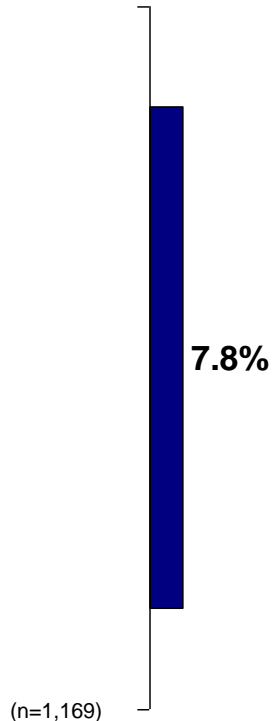
#### Health Fair or Poor by Demographics



St. Clair County adults in households with incomes below \$20,000 and/or living below the poverty level are least likely to be satisfied with their lives. College graduates are more likely to be satisfied than those with less education. Whites are more satisfied than non-Whites, and adults less than 35 years of age are less likely to be satisfied with their lives compared to older adults. Finally, adults in the western/rural region are more likely to be satisfied than adults living elsewhere in the county.

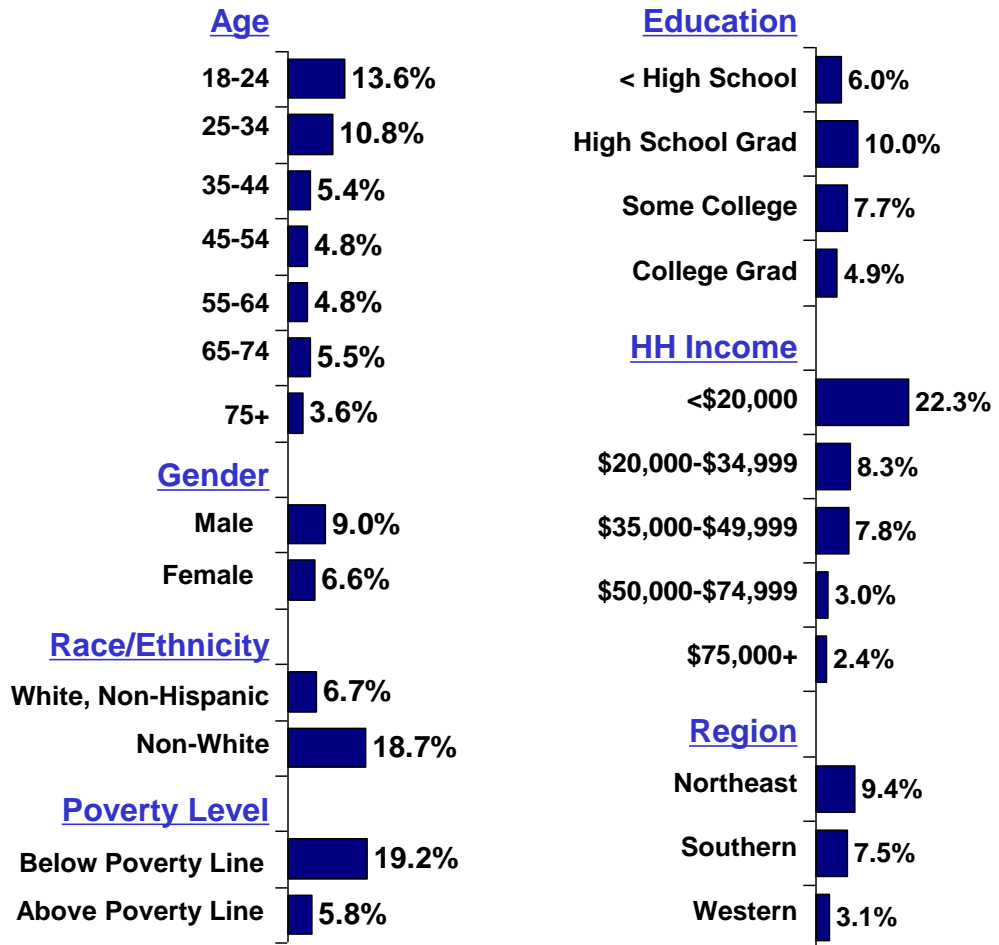
### Life Satisfaction

#### Dissatisfied or Very Dissatisfied With Life\* (Total Sample)



\*Among all adults, the proportion who reported either "dissatisfied" or "very dissatisfied" to the following question: "In general, how satisfied are you with your life?"

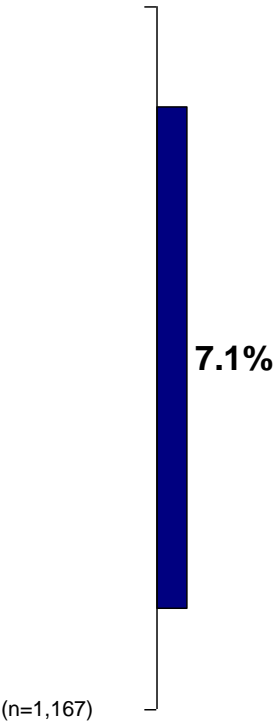
#### Dissatisfied/Very Dissatisfied by Demographics



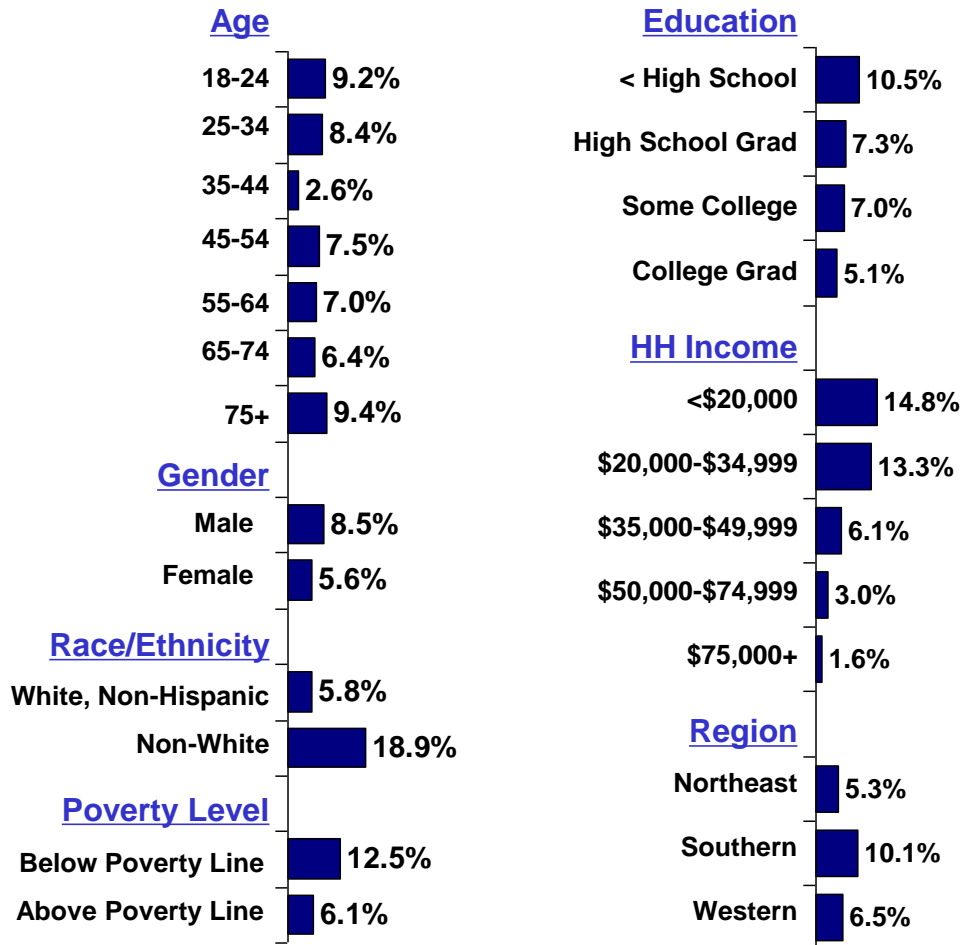
Non-Whites, those with less than \$35,000 in annual income, and those lacking a high school diploma are more likely than other groups to lack the social and emotional support they need.

**Social and Emotional Support**

**Rarely or Never Receive the Social and Emotional Support That is Needed\* (Total Sample)**



**Rarely/Never Receive Support by Demographics**

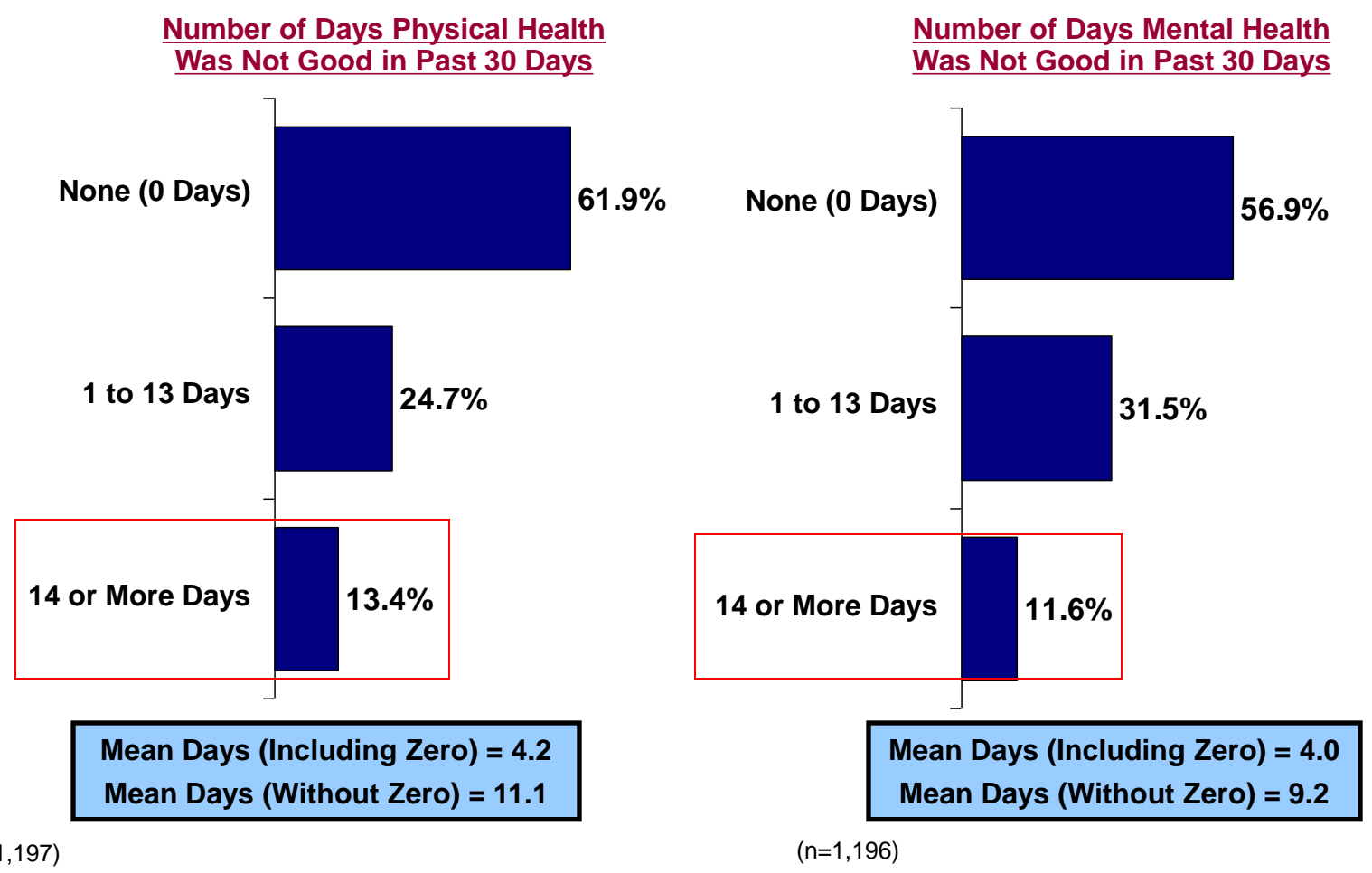


\*Among all adults, the proportion who reported either "rarely" or "never" to the following question: "How often do you get the social and emotional support you need?"



More than one-third of St. Clair County adults have experienced at least one day in the past month when their physical health was not good, and more than four in ten have experienced at least one day when their mental health was not good. Further, 13.4% and 11.6% are classified as having poor physical and mental health, respectively. Among all adults, the average number of days when their physical or mental health was not good was 4.2 and 4.0, respectively.

**Physical and Mental Health During Past 30 Days**

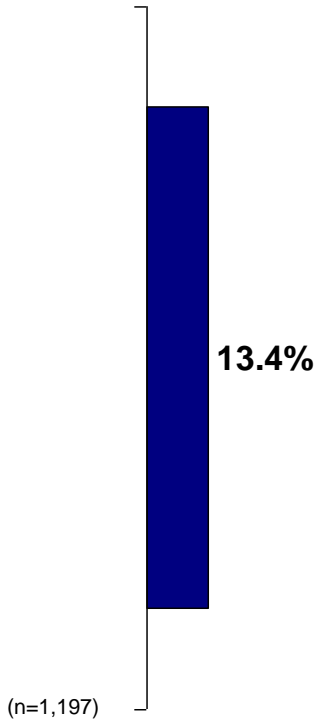


Q2.1: Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?  
 Q2.2: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Prevalence of poor physical health is inversely related to education and income. It is highest among residents with the lowest household income and/or below the poverty level. Prevalence is lowest among adults aged 18-24 (4.6%), college graduates (7.5%) and the highest income group (6.6%).

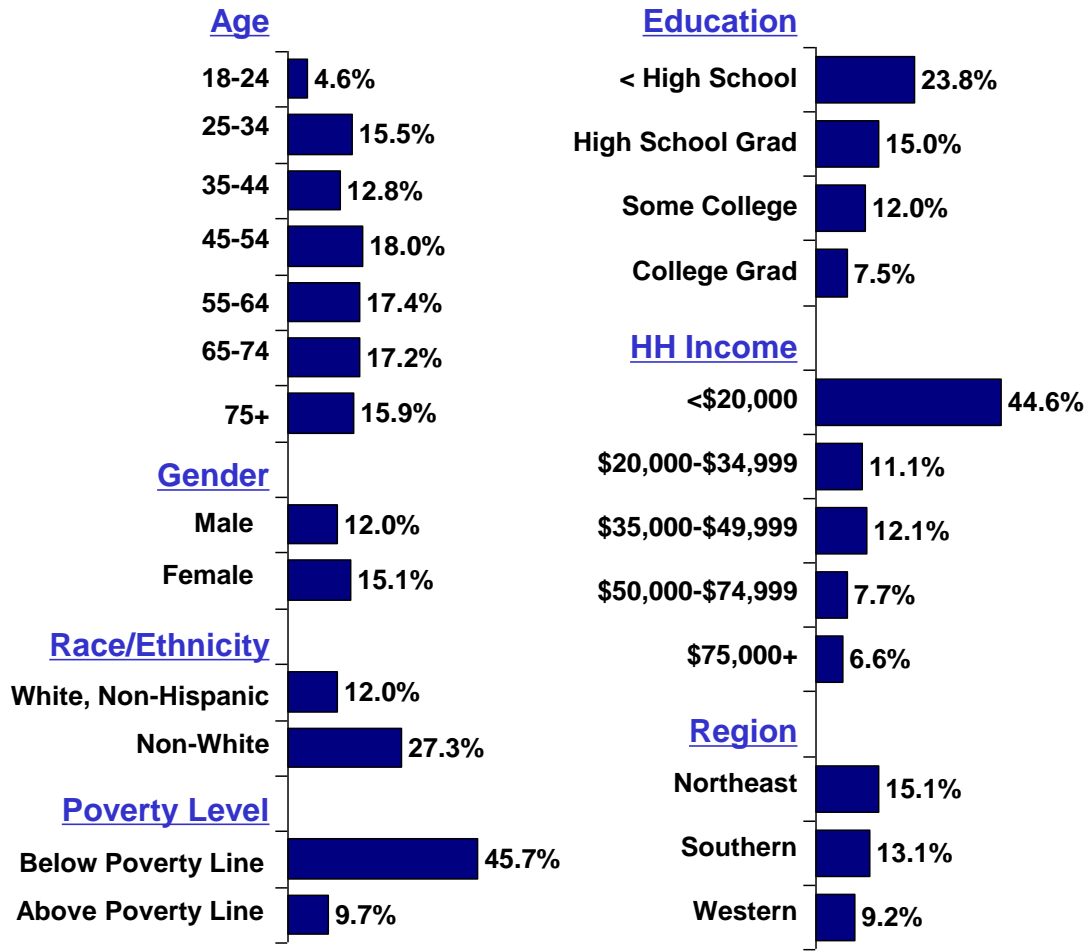
**Physical Health Status**

**Poor Physical Health\*  
(Total Sample)**



\*Among all adults, the proportion who reported 14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.

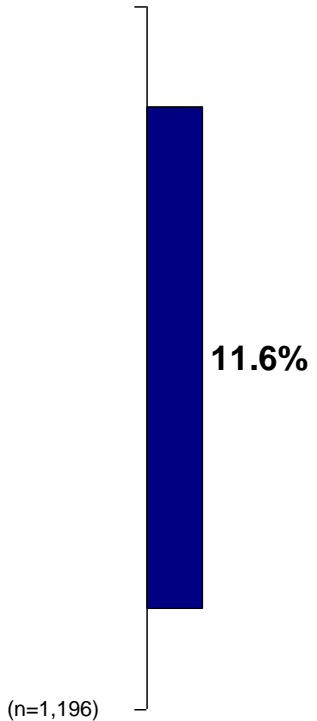
**Poor Physical Health by Demographics**



The prevalence of poor mental health is inversely related to income. For example, 27.6% of adults with household incomes below \$20,000 have poor mental health, compared to 4.7% of those with incomes of \$75,000 or more. Women are more likely than men to have poor mental health. Those with a college degree are less likely to have poor mental health compared to adults with less education.

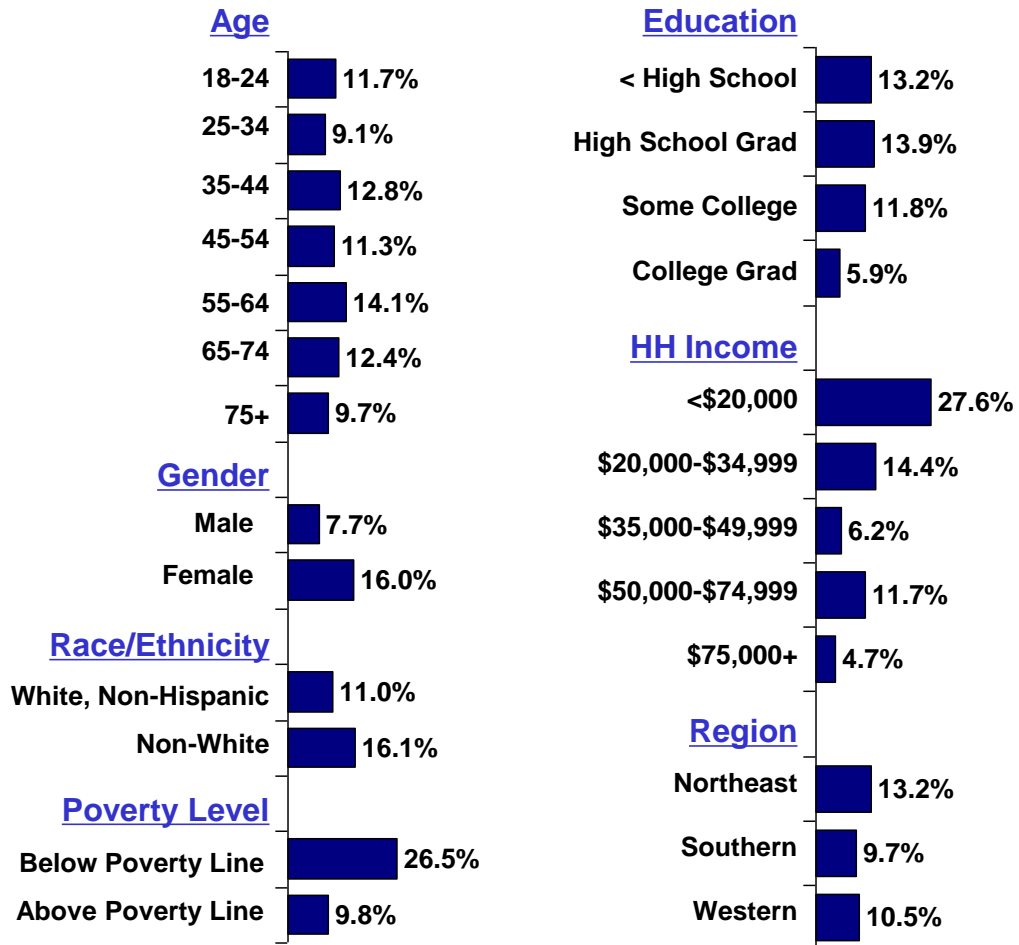
**Mental Health Status**

**Poor Mental Health\*  
(Total Sample)**



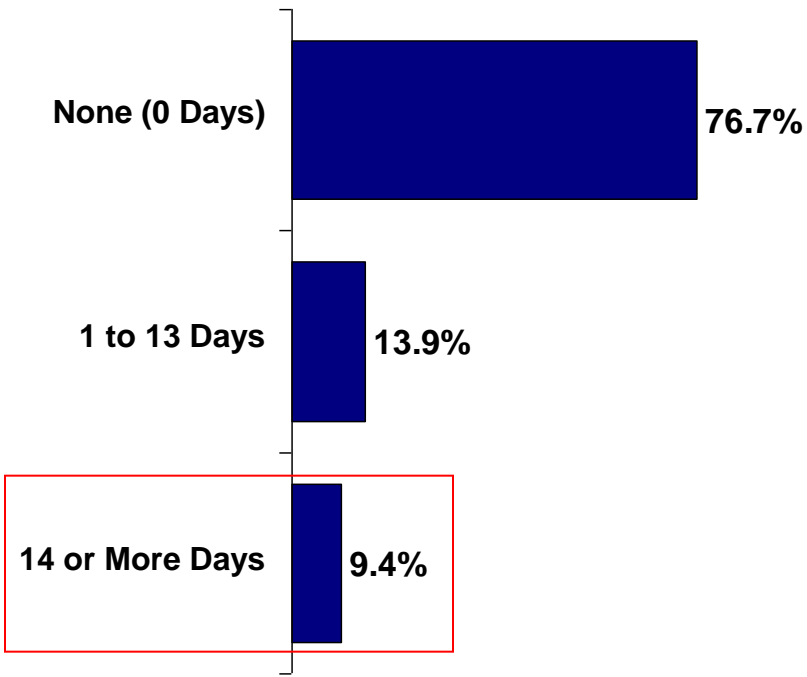
\*Among all adults, the proportion who reported 14 or more days of poor mental health, which includes stress, depression, and problems with emotions, during the past 30 days.

**Poor Mental Health by Demographics**



Almost one in ten (9.4%) St. Clair County adults experience limited activity due to poor physical or mental health at least 14 days of the month. Those who experience at least one day of this limitation average twelve days per month when they are prevented from doing their usual activities.

Activity Limitation During Past 30 Days



**Mean Days (Including Zero) = 2.8**  
**Mean Days (Without Zero) = 12.1**

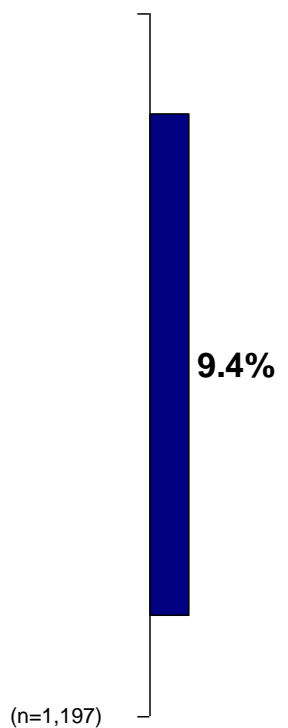
(n=1,197)

Q2.3: During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

The largest proportions of adults who experience activity limitation are found among the poorest adults; specifically, more than one-third of those with the lowest incomes (36.9%) and/or living below the poverty line (36.0%) are limited from doing usual activities at least 14 days per month.

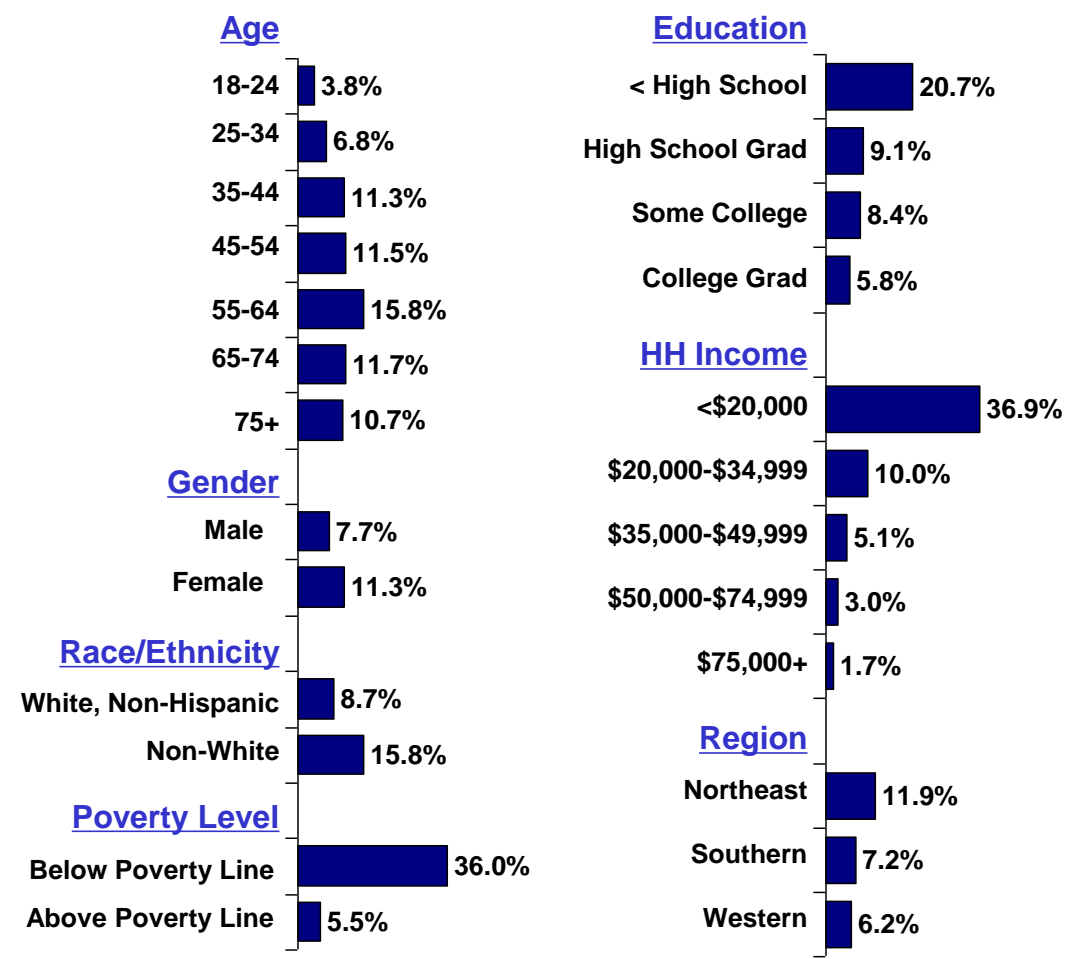
**Activity Limitation**

**Activity Limitation\*  
(Total Sample)**



\*Among all adults, the proportion who reported 14 or more days in the past 30 days in which either poor physical health or poor mental health kept respondents from doing their usual activities, such as self-care, work, and recreation.

**Activity Limitation by Demographics**



More than three-fourths (77.8%) of St. Clair County adults are considered to be mentally healthy according to the Kessler 6 Psychological Distress Questionnaire. Conversely, 18.5% experience mild to moderate psychological distress, and 3.7% are severely distressed.

**Psychological Distress**

|                             | <i>During the Past 30 Days, About How Often Did You....</i> |                            |  |  |  |                                |
|-----------------------------|---|----------------------------|--|--|--|--------------------------------|
| <i>Frequency of Feeling</i> | Feel Nervous<br>(1,169)                                     | Feel Hopeless<br>(n=1,171) | Feel Restless<br>or Fidgety<br>(n=1,171) | Feel So Depressed That<br>Nothing Could<br>Cheer You Up<br>(n=1,168) | Feel That<br>Everything Is<br>An Effort<br>(n=1,163) | Feel<br>Worthless<br>(n=1,169) |
| <b>None of the time</b>     | 45.3%   | 79.1%                      | 51.7%                                    | 82.6%  | 61.2%  | 85.5%                          |
| <b>A Little</b>             | 28.5%   | 11.8%                      | 19.6%                                    | 7.2%   | 13.7%  | 6.3%                           |
| <b>Some of the time</b>     | 20.8%   | 4.7%                       | 20.8%                                    | 8.5%   | 16.3%  | 4.2%                           |
| <b>Most of the time</b>     | 3.2%  | 3.1%                       | 3.1%                                     | 1.4%   | 3.1%   | 3.0%                           |
| <b>All of the time</b>      | 2.2%  | 1.2%                       | 4.9%                                     | 0.2%   | 5.6%   | 1.0%                           |

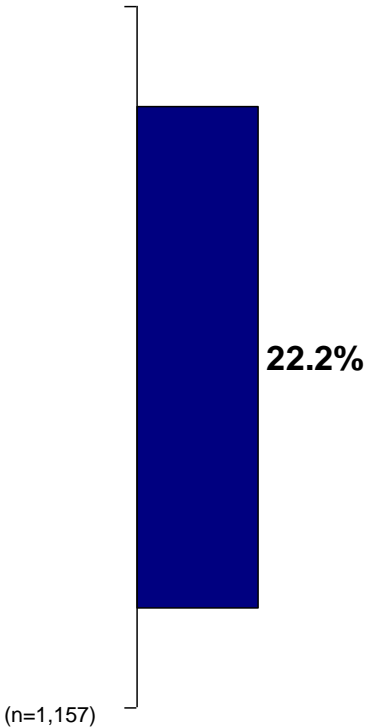
**Mentally Healthy (Well) = 77.8%**  
**Mild to Moderate Psychological Distress = 18.5%**  
**Severe Psychological Distress = 3.7%**

\*Calculated from responses to Q. 22.1- 22.6, where none of the time = 1, a little = 2, some of the time = 3, most of the time = 4, and all of the time = 5. Responses were summed across all six questions with total scores representing the above categories: mentally well (6-11), mild to moderate psychological distress (12-19), and severe psychological distress (20+).

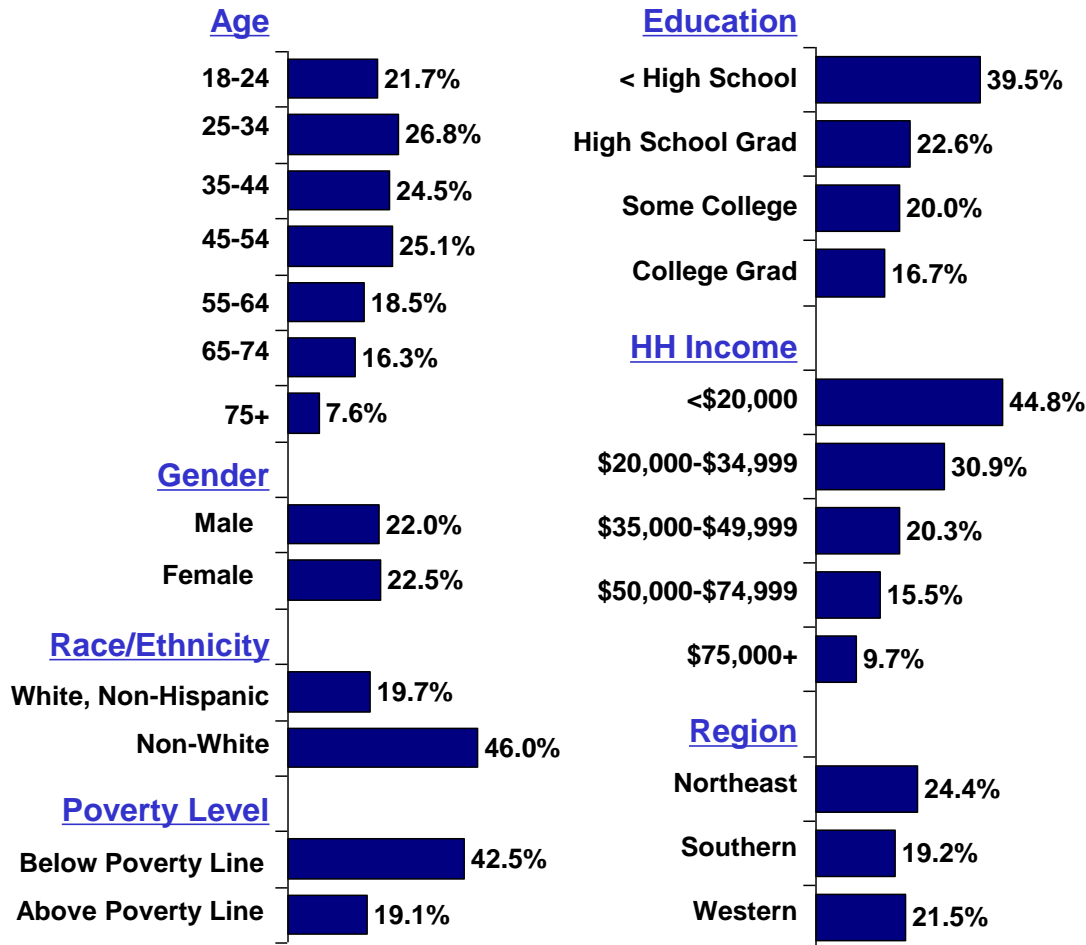
Among St. Clair County adults, the groups most likely to be diagnosed with mild to severe psychological distress include those who: are non-White, have less than a high school education, have household incomes less than \$20K and/or live below the poverty line. To this last point, one glaring difference is between those who live below the poverty line (42.5%) and those who live above it (19.1%)

**Psychological Distress**

**Mild to Severe Psychological Distress\*  
(Total Sample)**



**Mild to Severe Psychological Distress by Demographics**

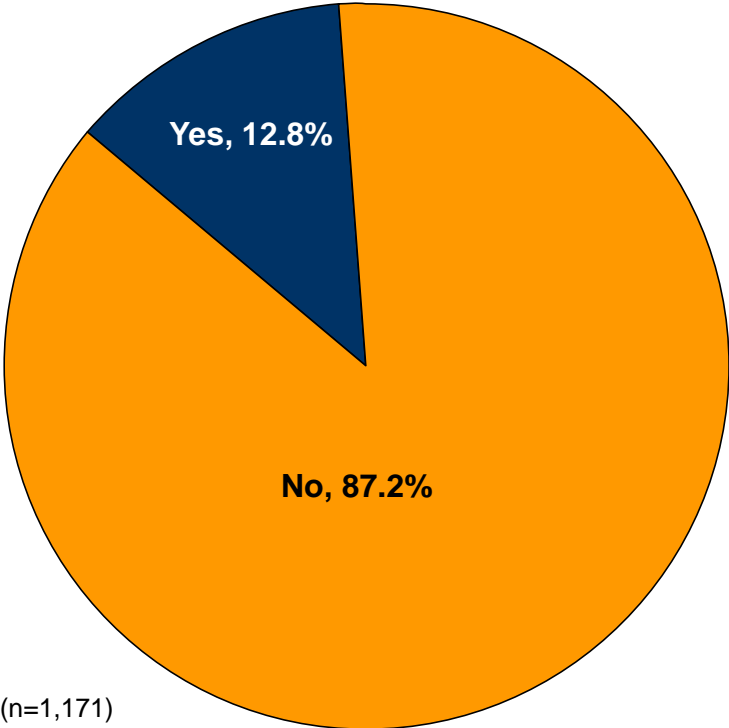


\*Calculated from responses to Q. 22.1- 22.6 where respondents scored 12 or more across the six items on the Kessler 6 scale.

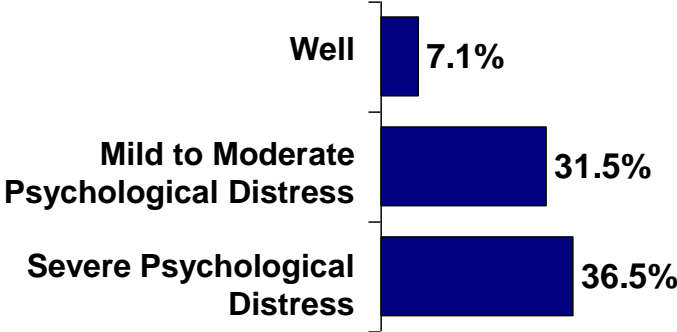
Of all St. Clair County adults, 12.8% currently take medication or receive treatment for a mental health condition or emotional problem. However, those who could benefit the most from medication/treatment are not getting it: fewer than four in ten of those classified as having “severe psychological distress” (36.5%) or “poor mental health” (34.6%) currently take medication and/or receive treatment for their mental health issues.

**Medication and Treatment for Psychological Distress**

**Taking Medication or Receiving Treatment for Mental Health Condition or Emotional Problem**



**Percent Taking Medication/Receiving Treatment by Psychological Distress Category**



**Percent Taking Medication/Receiving Treatment by “Poor Mental Health” Classification**



Q22.7: Are you now taking medicine or receiving treatment from a doctor or other health care professional for any type of mental health condition or emotional problem?

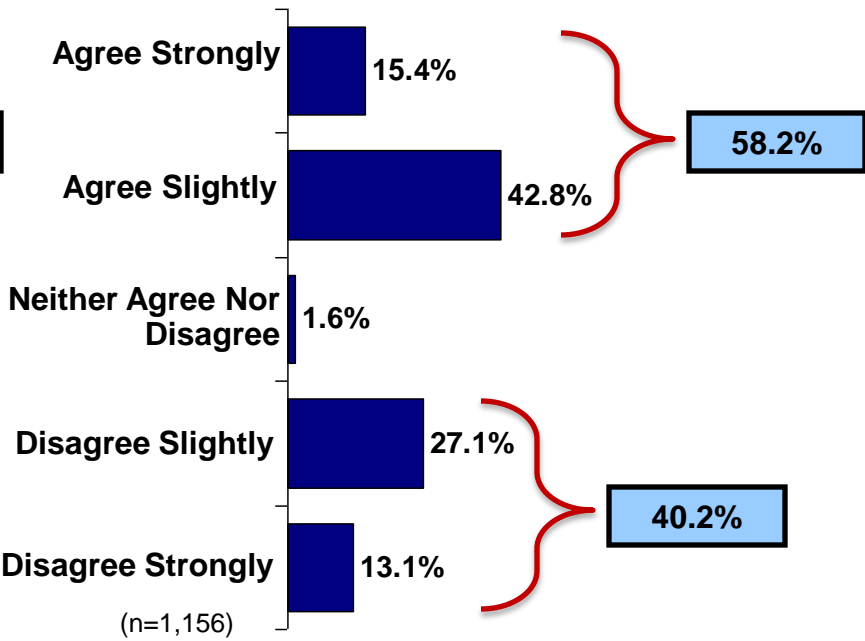
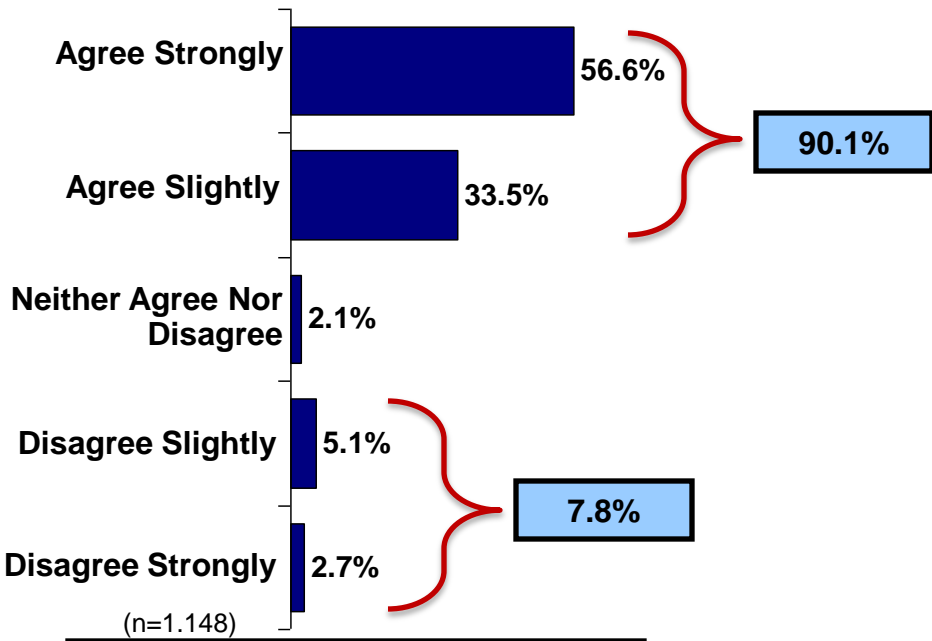


The vast majority (90.1%) of St. Clair County adults believe treatment can help people with mental illness lead normal lives. On the other hand, fewer than six in ten (58.2%) think people are generally caring and sympathetic to people with mental illness, and this drops to 43.2% among those with severe psychological distress. This stigma could be a reason that although a large majority of people with mild to severe psychological distress believe treatment works, far fewer seek it.

**Perceptions of Mental Health Treatment and Mental Illness**

**“Treatment Can Help People With Mental Illness Lead Normal Lives”**

**“People Are Generally Caring and Sympathetic to People With Mental Illness”**



**Agree by Psychological Distress**  
 Well (92.2%)  
 Mild to Moderate (83.6%)  
 Severe (79.5%)

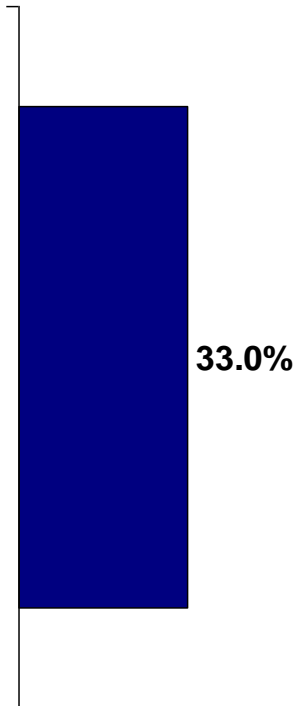
**Agree by Psychological Distress**  
 Well (60.8%)  
 Mild to Moderate (49.4%)  
 Severe (43.2%)

22.8 What is level of agreement with the following statement? “Treatment can help people with mental illness lead normal lives.” Do you – agree slightly or strongly, or disagree slightly or strongly?  
 22.9 What is your level of agreement with the following statement? “People are generally caring and sympathetic to people with mental illness.” Do you – agree slightly or strongly, or disagree slightly or strongly?

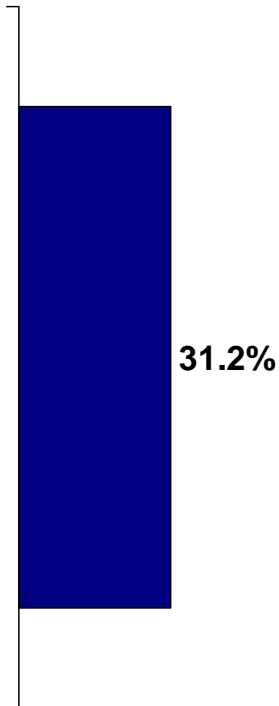
Almost two-thirds (64.2%) of St. Clair County adults are considered to be either overweight or obese per their BMI. Slightly less than one-third (32.9%) are at a healthy weight.

Weight Status

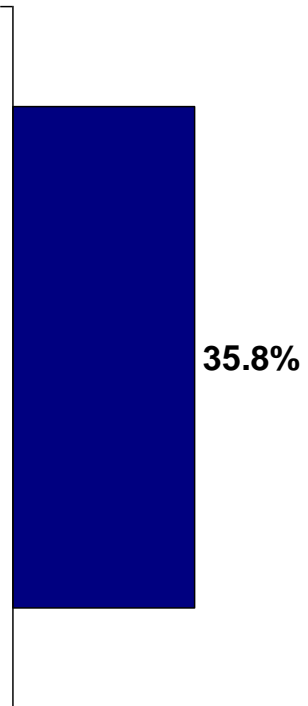
Obese\*  
(Total Sample)



Overweight\*  
(Total Sample)



Not Overweight or Obese\*  
(Total Sample)



\*Among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.

\*Among all adults, the proportion of respondents whose BMI was greater than or equal to 25.0, but less than 30.0

**Healthy Weight = 32.9%**  
**Underweight = 2.9%**

\*Among all adults, the proportion of respondents whose BMI was less than 25.0.

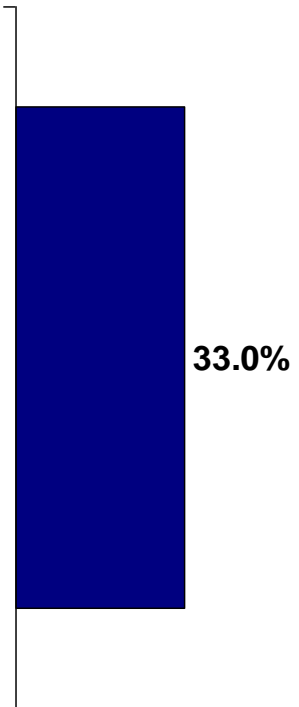
Q13.10: About how much do you weigh without shoes?  
Q13.11: About how tall are you without shoes?

(n=1,179)

Obesity is a condition that affects adults regardless of socioeconomic or socio-demographic characteristics. That said, college graduates and those with annual incomes of \$75,000 or more are less likely to be obese than other groups. Obesity tends to be a health problem for adults between the ages of 25-74.

Weight Status (Continued)

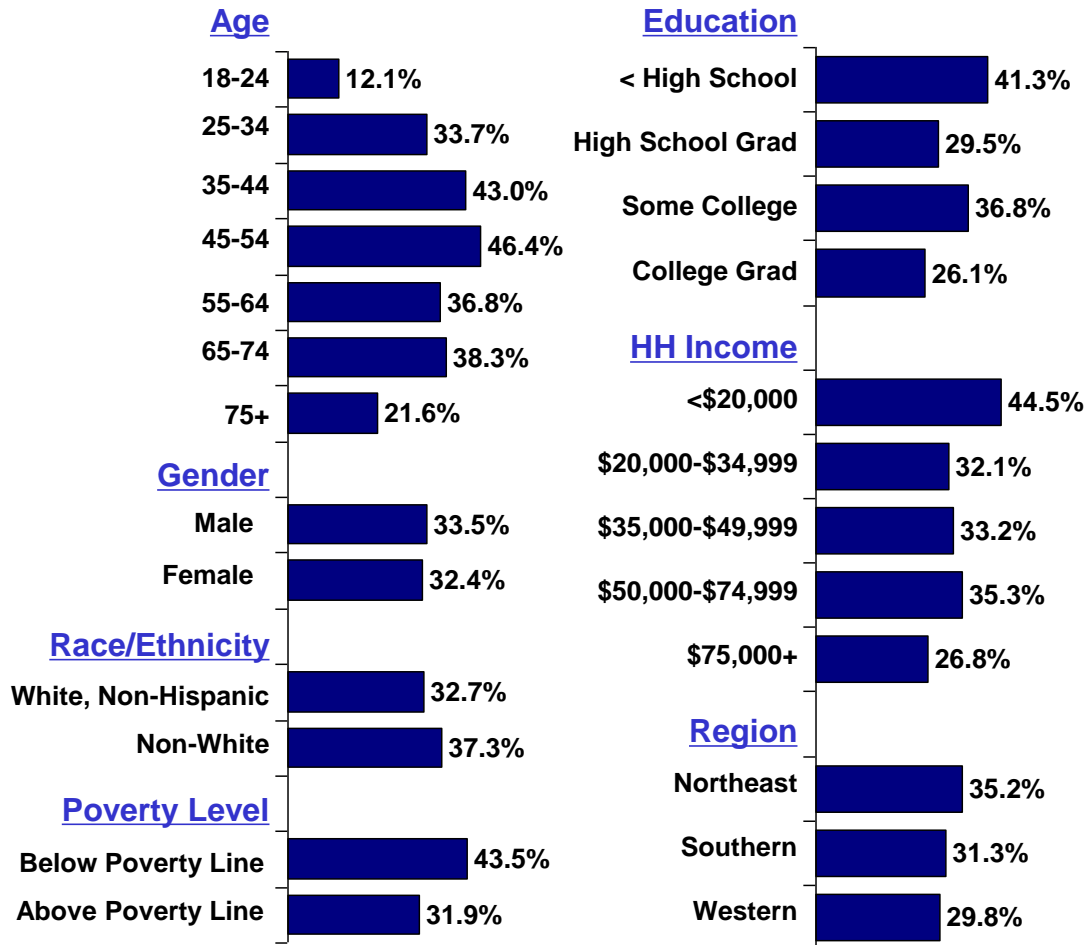
**Obese\*  
(Total Sample)**



(n=1,179)

\*Among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.

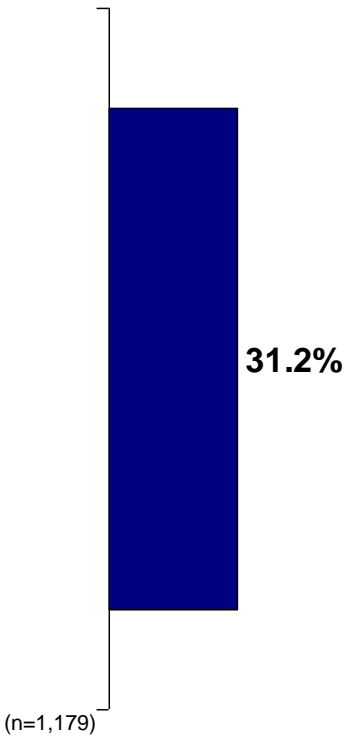
**Obese by Demographics**



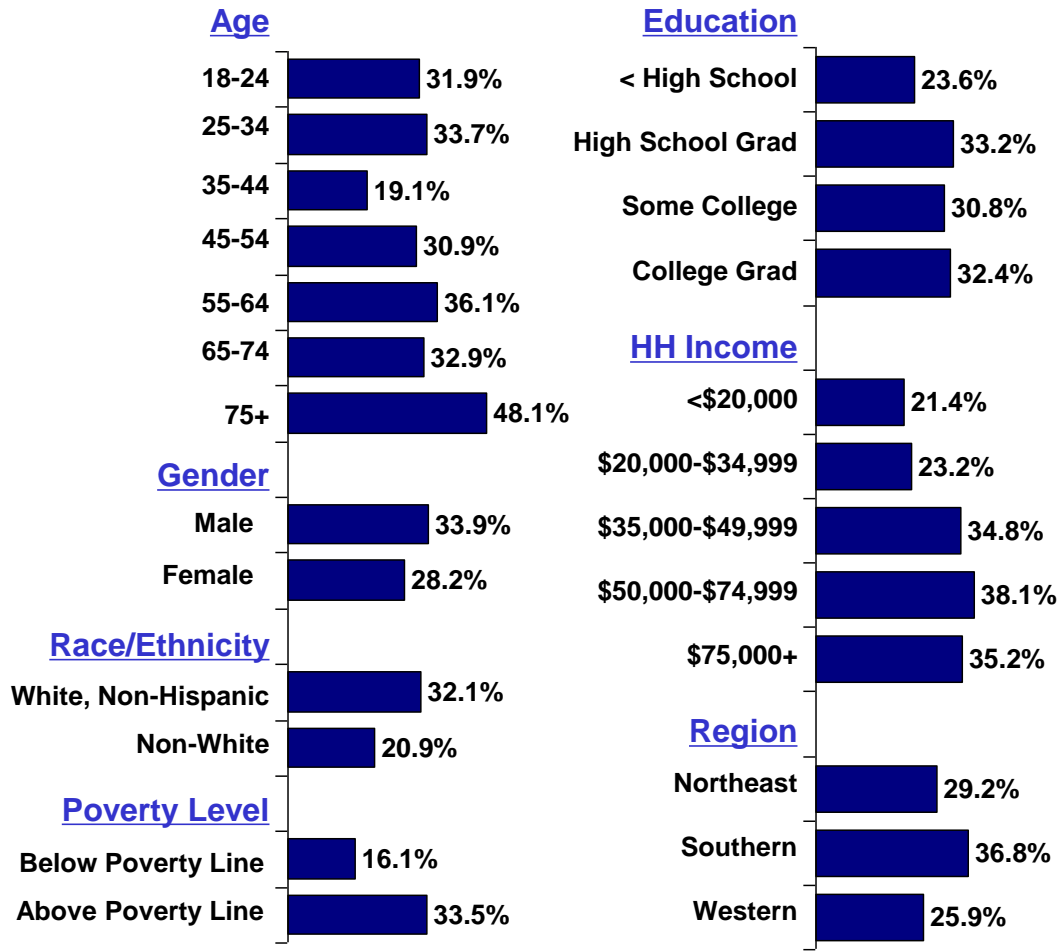
White adults are more likely to be considered overweight (but not obese) than non-White adults. Those better off financially – above the poverty line and/or having incomes of at least \$35K – are more likely to be overweight than those less financially well off. Adults living in southern (downriver) St. Clair County are more likely to be overweight compared to residents living elsewhere.

**Weight Status (Continued)**

**Overweight\*  
(Total Sample)**



**Overweight by Demographics**

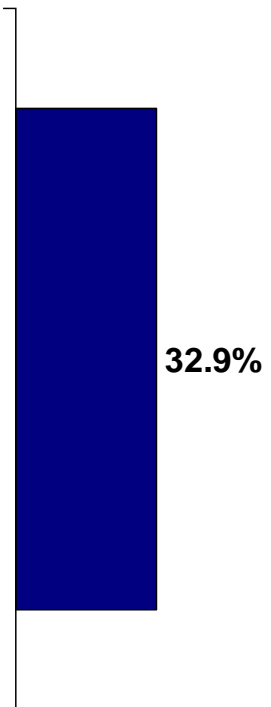


\*Among all adults, the proportion of respondents whose BMI was greater than or equal to 25.0, but less than 30.0.

Women are more likely than men to be at a healthy weight, as are people under age 25 compared to those older. Residents living below the poverty line are more likely to be at a healthy weight than those living above the poverty line. Adults living in the western (rural) region are more likely to be at a healthy weight than those living elsewhere.

Weight Status (Continued)

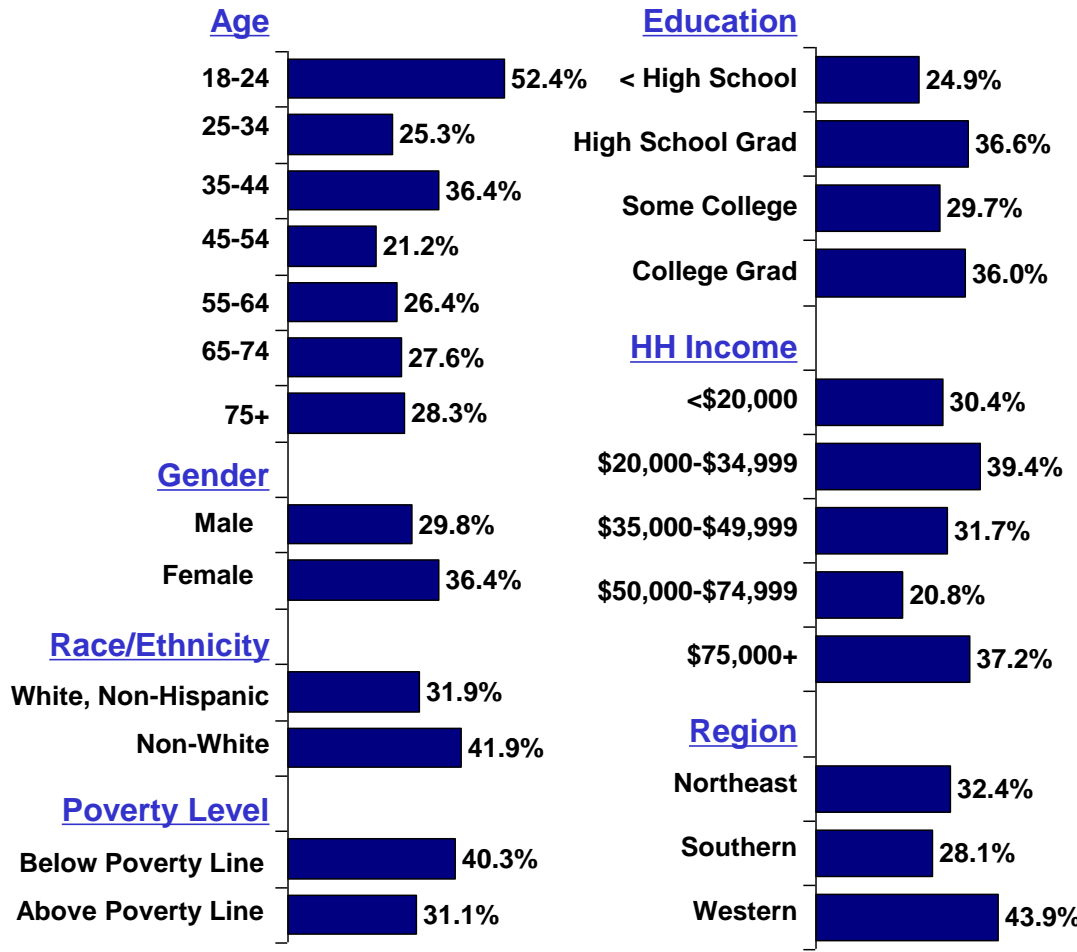
Healthy Weight\*  
(Total Sample)



(n=1,179)

\*Among all adults, the proportion of respondents whose BMI was greater than 18.5 but less than 25.0.

Healthy Weight by Demographics



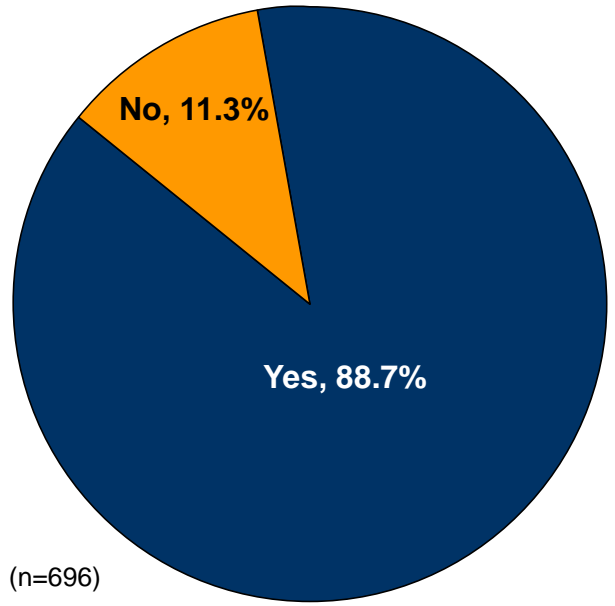
# ***Health Care Access***

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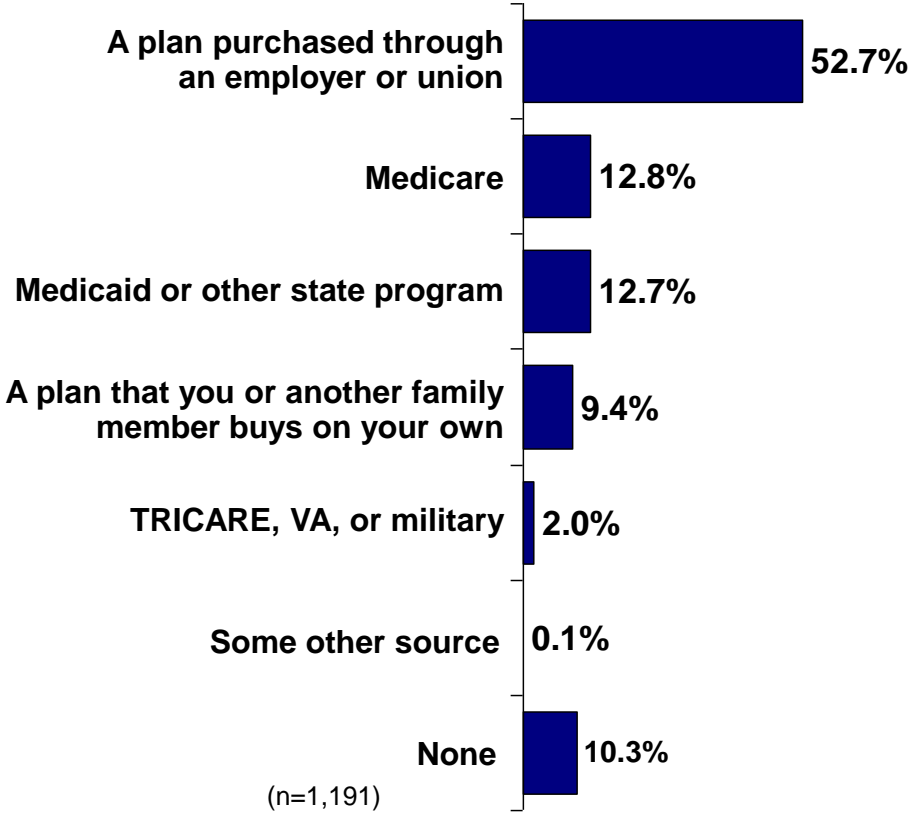
Almost nine in ten (88.7%) adults under age 65 have health care coverage. The primary source of health coverage for all adults, by far, is a plan purchased through an employer or union. Fewer than one in ten (9.4%) purchase health coverage on their own.

Health Care Coverage

**Currently Have Health Coverage  
(Among Adults 18-64)**



**Primary Source of Health Coverage  
(Total Sample)**

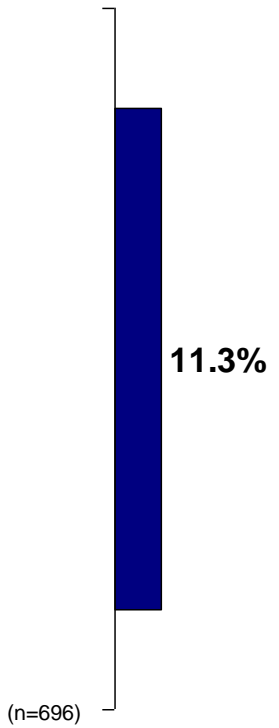


Q3.1: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?  
 Q3.2: What is the primary source of your health coverage? Is it...?

St. Clair County adults aged 18-64 least likely to have health care coverage include those that are younger than age 35, are male, have less than a college degree, and/or have household incomes below \$50K. However, the greatest discrepancy is found between White adults (9.2%) and Non-White adults (30.2%). Adults in the western (rural) region are more likely to have coverage than adults living elsewhere.

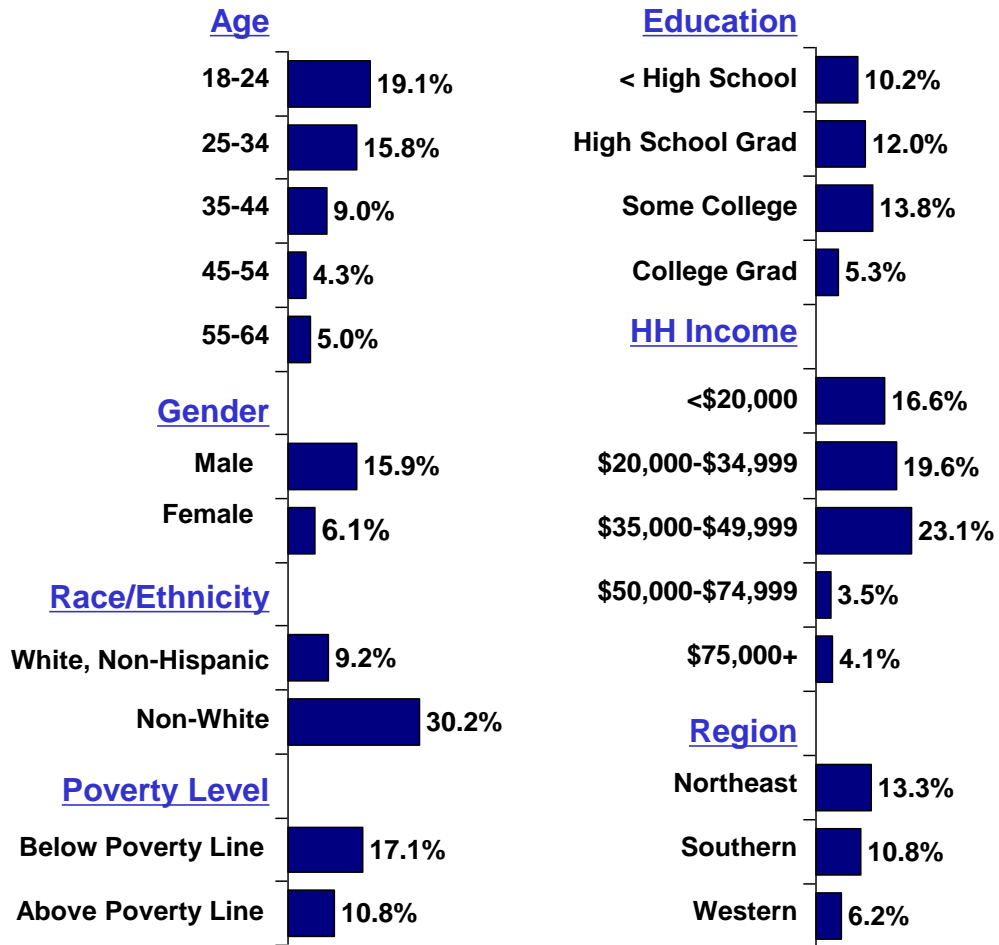
**Health Care Coverage Among Adults Aged 18-64 Years**

**No Health Care Coverage\*  
(Among Adults 18-64)**



\*Among adults aged 18-64, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare.

**No Coverage by Demographics**

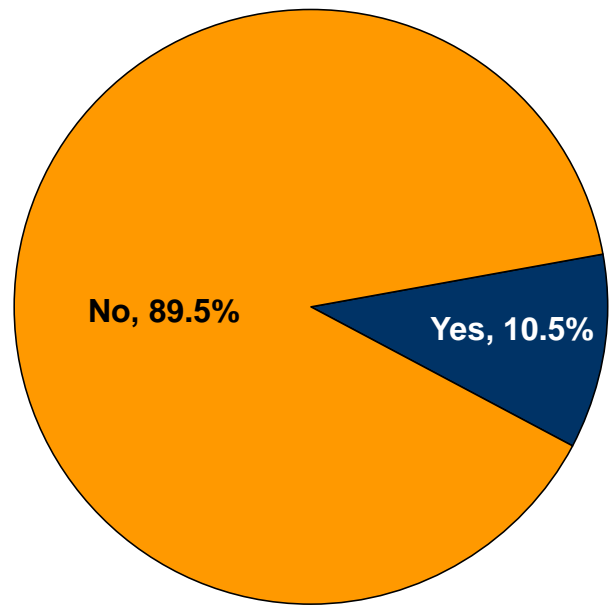




One in ten (10.5%) St. Clair County adults have foregone a needed doctor visit in the past 12 months because of cost. For those who delayed needed medical care this past year, there are myriad reasons cited; however, the greatest factors were the inability to get an appointment soon enough and **costs**, either in general terms or for co-pays and deductibles. Further, 5.8% could not take prescribed medication due to cost.

**Problems Receiving Healthcare**

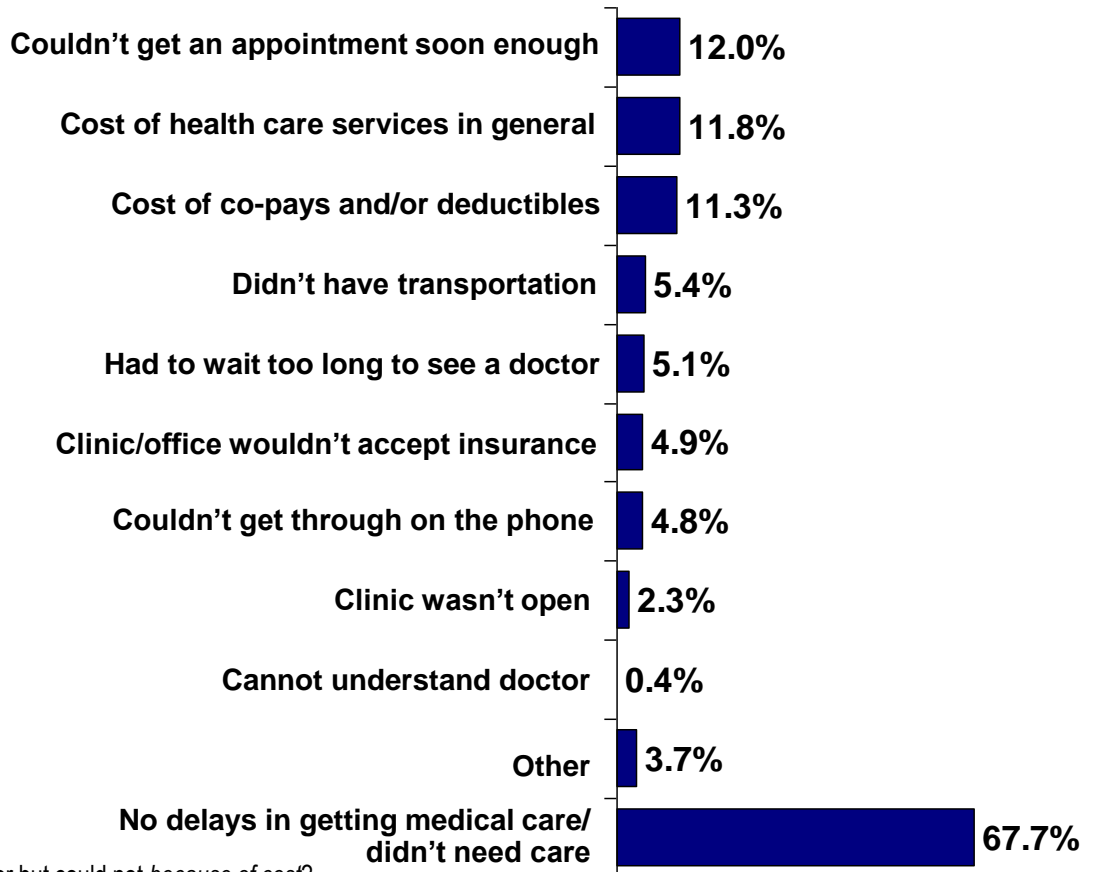
**Could Not Visit Doctor in Past 12 Months Due to Cost**



**Could Not Take Medication Due to Cost = 5.8%**

(n=1,204)

**Reasons for Delays in Getting Needed Medical Care**

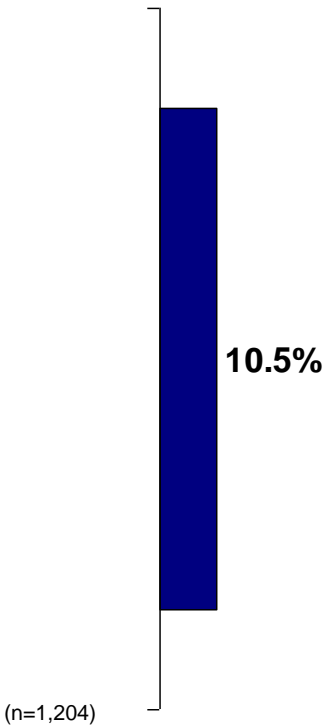


Q3.4: Was there a time in the past 12 months that you needed to see a doctor but could not *because of cost*?  
 Q3.5: There are many reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months?  
 Q3.9: Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over the counter (OTC) medication.

The barrier of health care costs prevents certain subpopulations from seeking needed doctor visits more than others. For example, costs are more likely to be a barrier for: adults aged 25-44, non-Whites, and those with low incomes or below the poverty line.

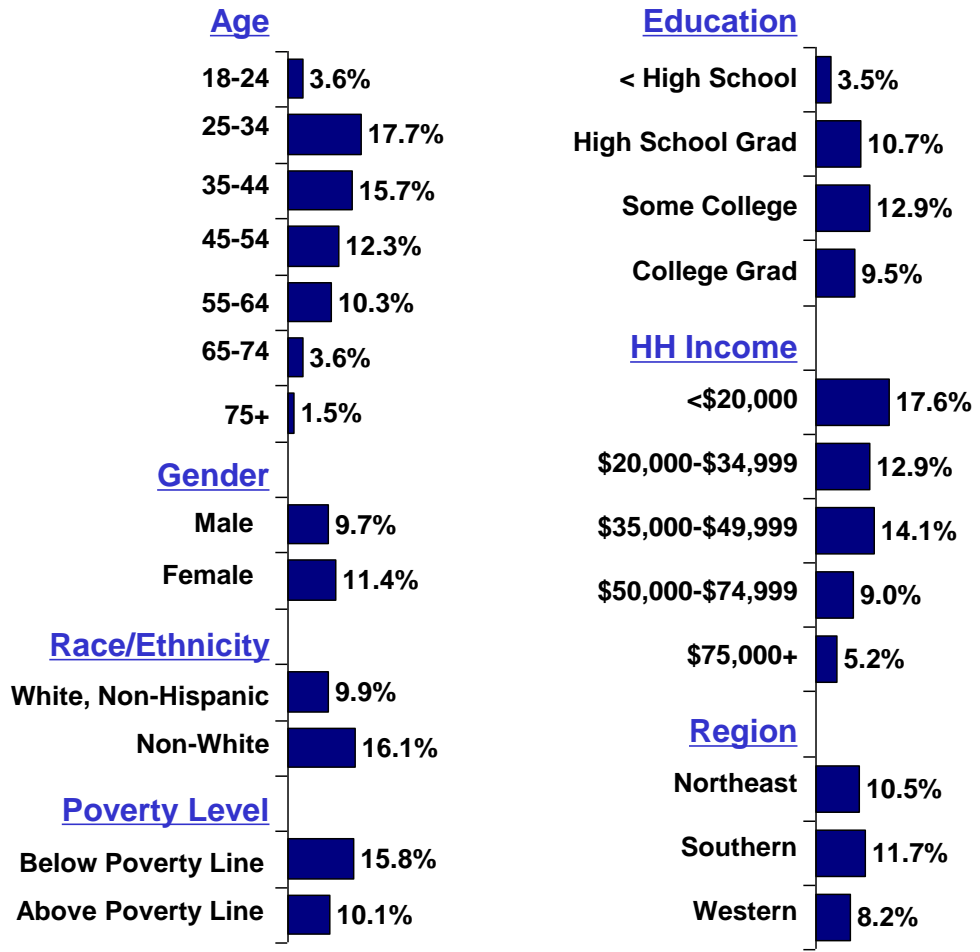
**Problems Visiting Doctor Due to Cost**

**Inability to Visit Doctor During Past 12 Months Due to Cost\***  
**(Total Sample)**



\*Among all adults, the proportion who reported that in the past 12 months, they could not see a doctor when they needed to due to the cost.

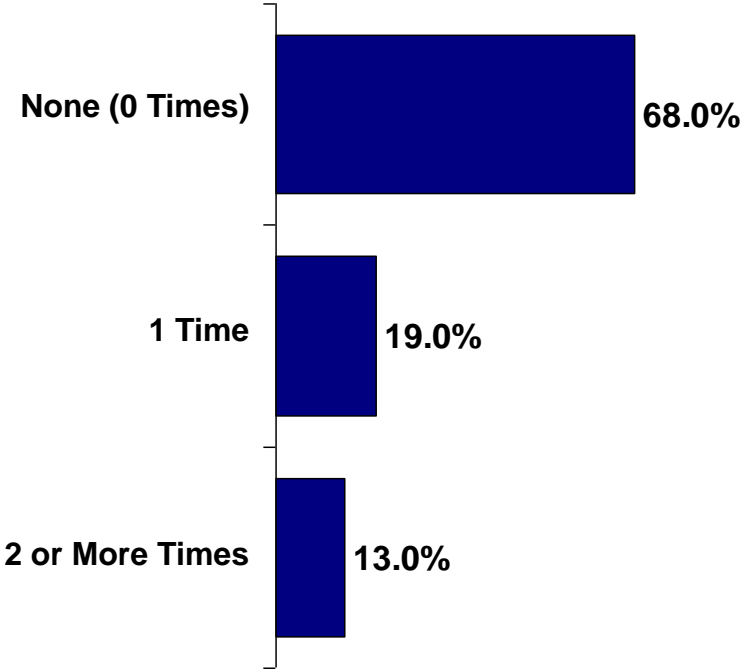
**Inability to Access Needed Health Care Due to Cost by Demographics**



Among St. Clair County adults, 32.0% and 28.4% have visited an Urgent Care Center and an Emergency Room, respectively, in the past 12 months. Those who used these facilities averaged roughly two visits during the year. One in ten used them two or more times.

**Use of Urgent Care and Emergency Rooms**

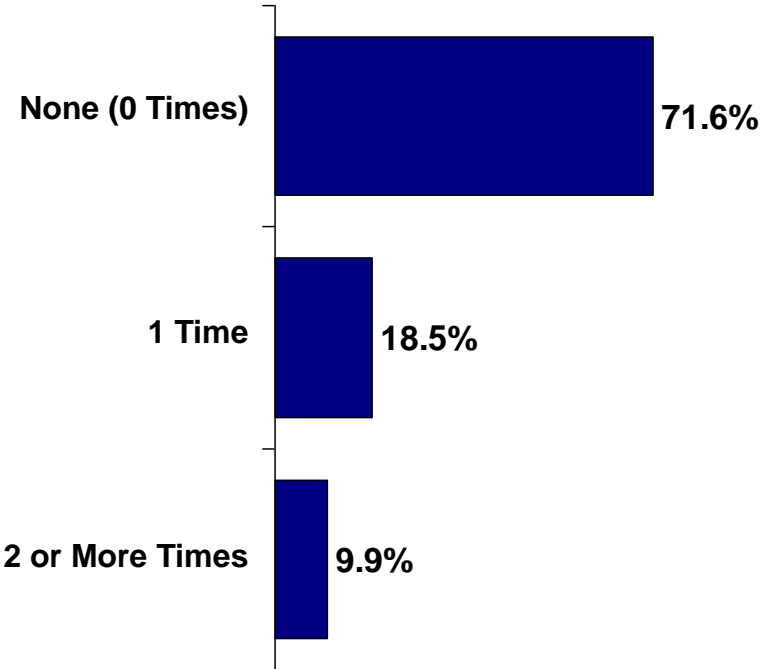
**Number of Times Visited Urgent Care Center in Past 12 Months**



**Mean Days (Including Zero) = 0.6**  
**Mean Days (Without Zero) = 1.9**

(n=1,199)

**Number of Times Visited ED/ER in Past 12 Months**



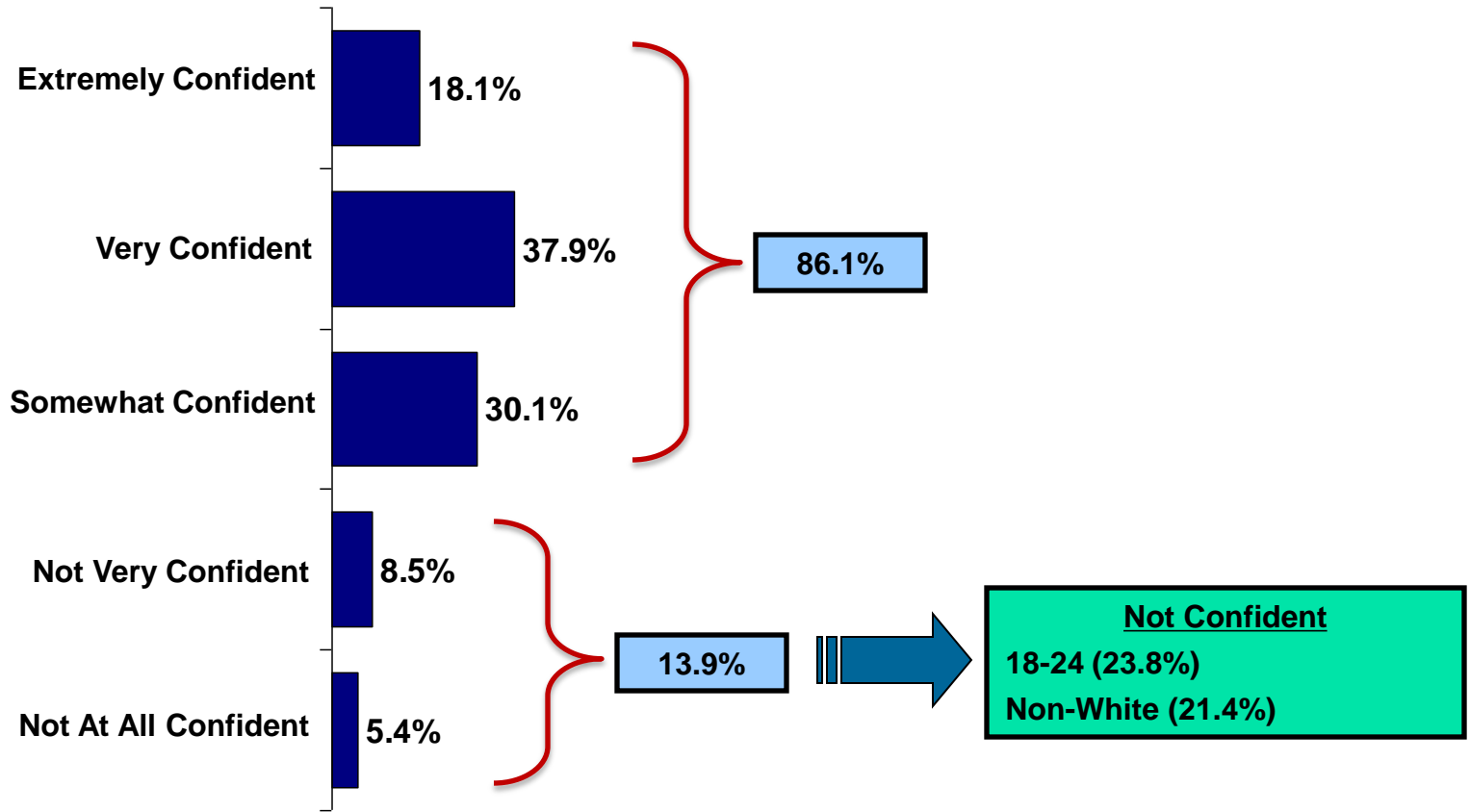
**Mean Days (Including Zero) = 0.5**  
**Mean Days (Without Zero) = 1.7**

(n=1,202)

Q3.7: How many times have you been to an Urgent Care Center in the past 12 months?  
 Q3.8: How many times have you been to an Emergency Department/Room in the past 12 months?

A large majority (86.1%) of adults are at least somewhat confident they can successfully navigate the health care system; however, 13.9% are not very or not at all confident. The least confident groups are those between the ages of 18-24 and non-Whites.

### Confidence in Navigating the Health Care System



(n=1,197)

Q3.10: How confident are you that you can successfully navigate the health care system? Would you say....?

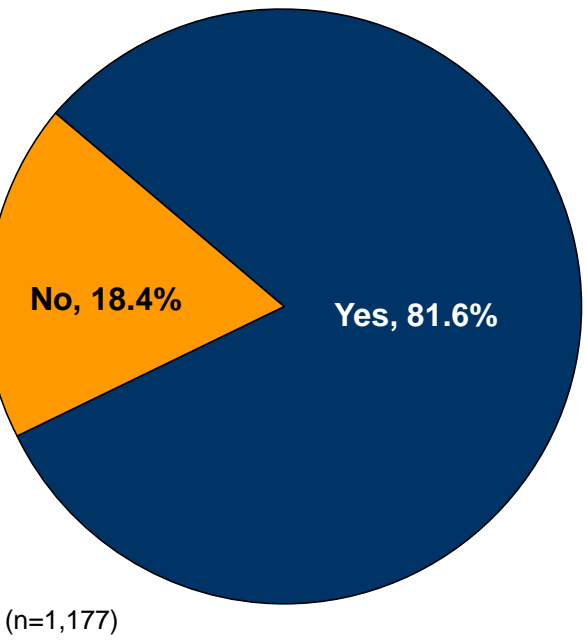
# ***Risk Behavior Indicators***

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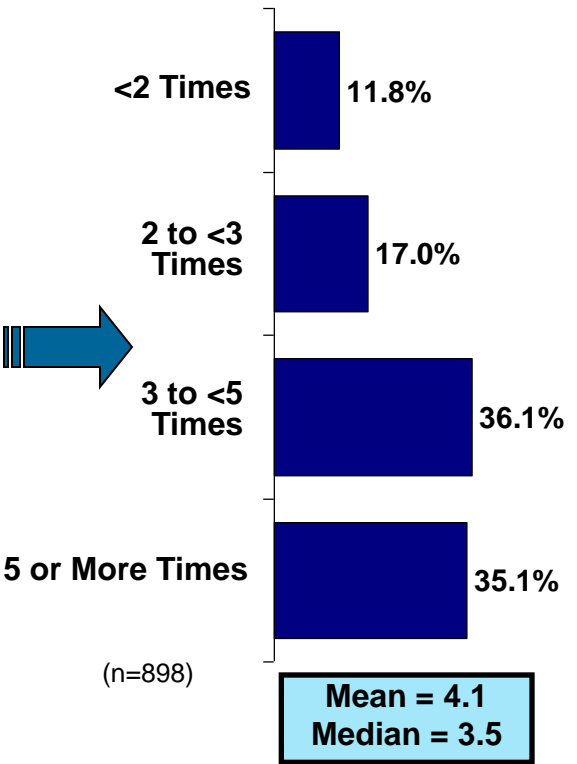
Eight in ten (81.6%) adults participate in leisure time physical activity such as running, walking, or golf. Of those who do, 71.2% participate at least three times per week. Half (52.5%) participate for less than four hours per week, while one-third (34.2%) participate for six hours or more.

**Participation in Physical Activity**

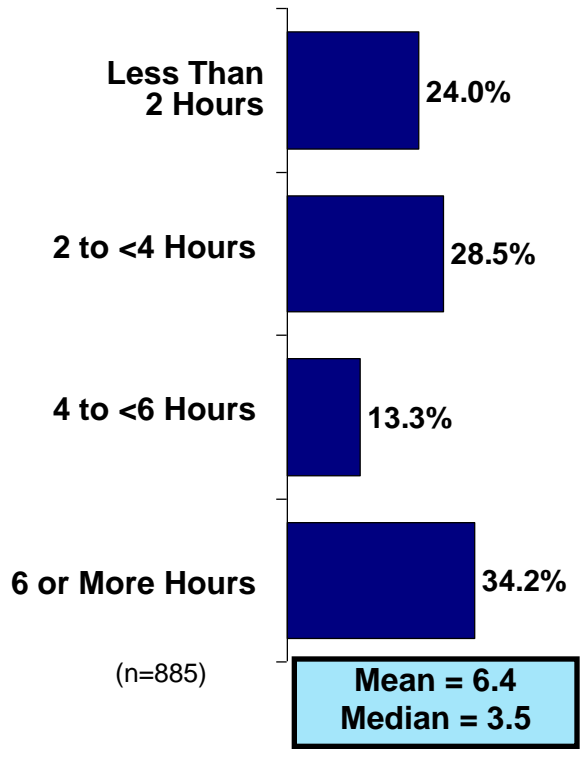
**Participation in Leisure Time Physical Activity/Exercise**



**Number of Times Performed Physical Activity Per Week (Among Those Who Participate)**



**Number of Hours Performed Physical Activity Per Week (Among Those Who Participate)**

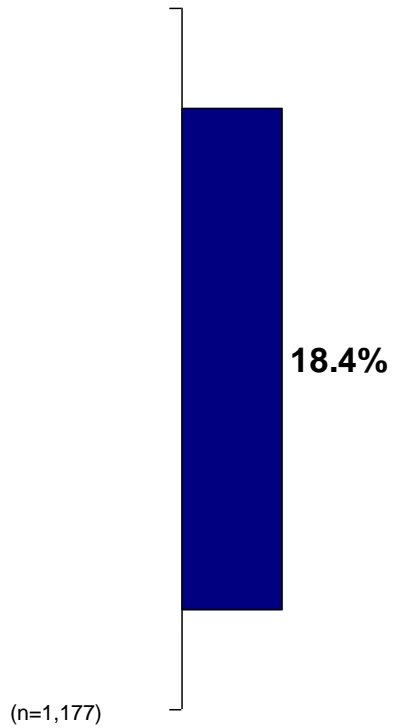


Q18.1: During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?  
 Q18.2: (If yes) How many times per week or per month did you take part in physical activity during the past month?  
 Q18.3: And when you took part in physical activity, for how many minutes or hours did you usually keep at it?

Lack of leisure time physical activity is inversely related to education and income; adults with the lowest levels of education and income are less likely to engage in leisure time physical activity compared to adults with more education and higher incomes. Non-White adults are also less likely to engage in physical activity compared to White adults.

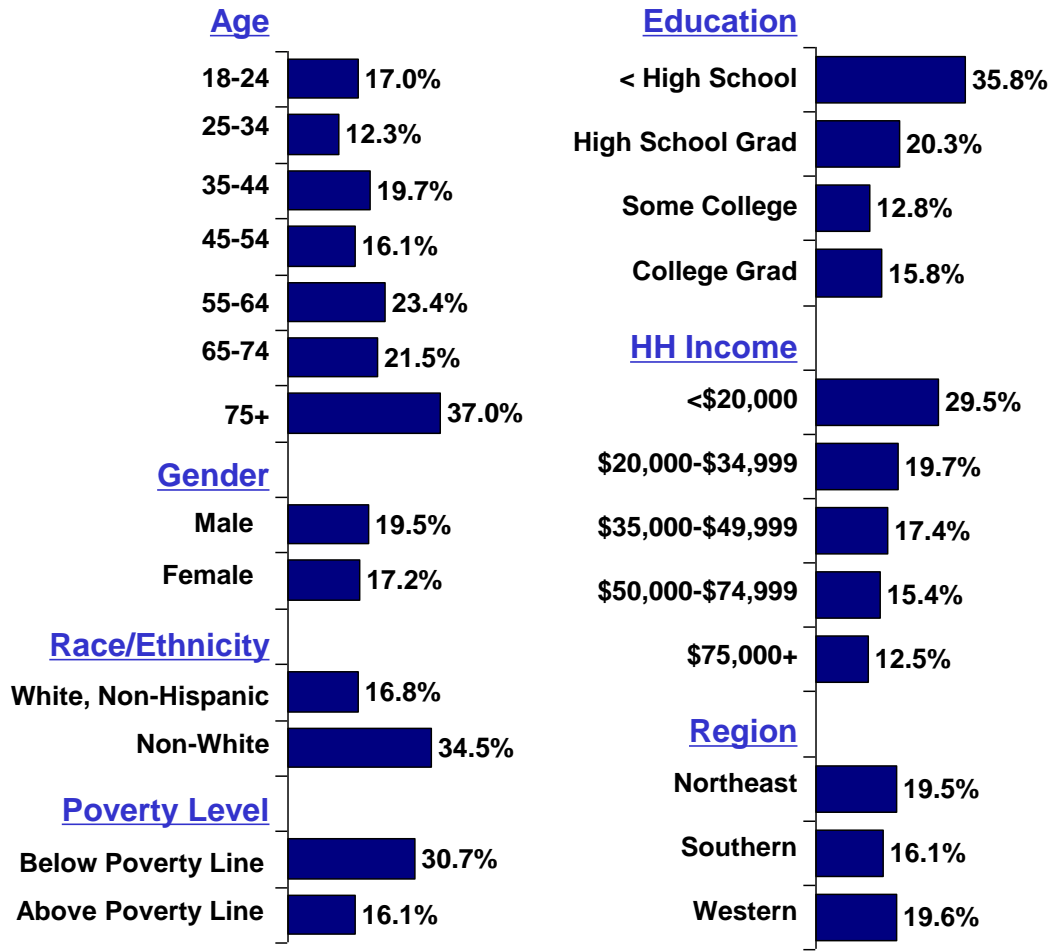
**Leisure Time Physical Activity**

**No Leisure Time Physical Activity\***  
**(Total Sample)**



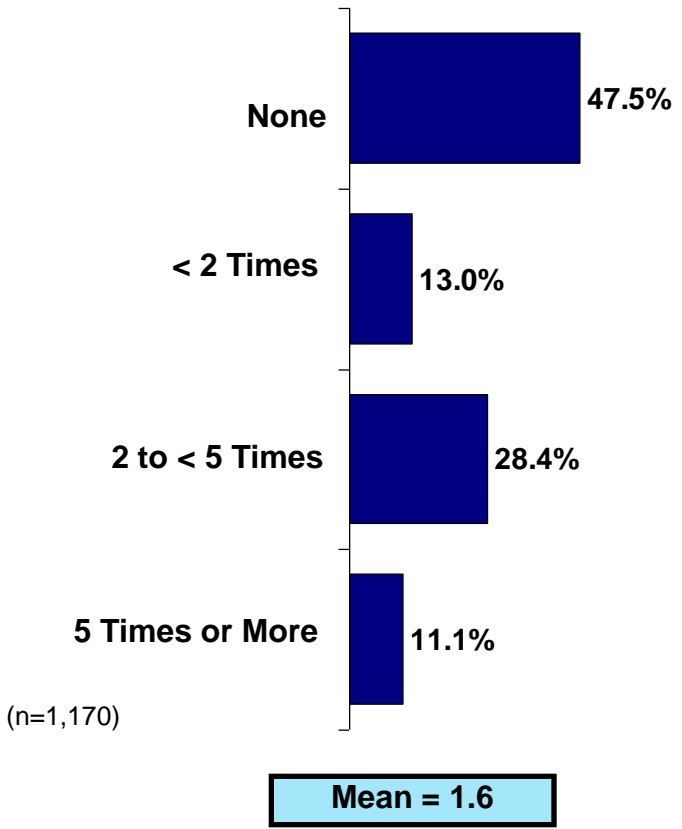
\*Among all adults, the proportion who reported not participating in any leisure-time physical activities or exercises, such as running, calisthenics, golf, gardening, or walking, during the past month.

**No Leisure Time Activity by Demographics**



Among St. Clair County adults, almost half (47.5%) do not engage in muscle strengthening activities. On the other hand, four in ten (39.5%) perform muscle-strengthening activities at least twice a week.

**Number of Times Performed Physical Activities to Strengthen Muscles Per Week in Past Month**



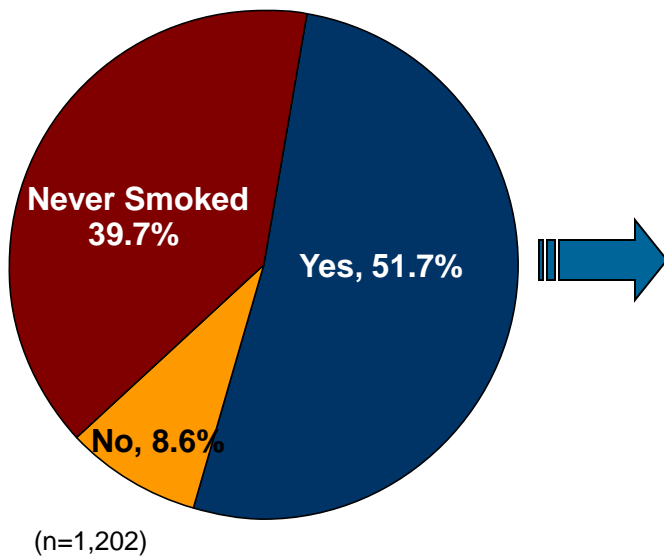
Q18.4: During the past month, how many times per week, or per month, did you do physical activities or exercises to STRENGTHEN your muscles? DO NOT count aerobic activities like walking, running, or bicycling. Count activities using your body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.



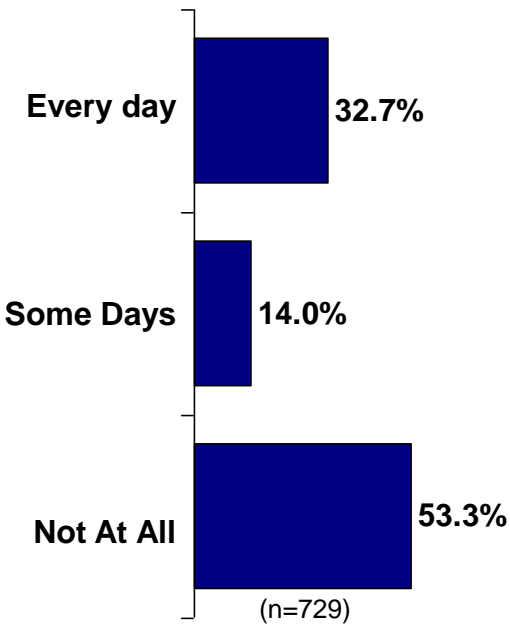
Half (51.7%) of St. Clair County adults have smoked at least 100 cigarettes in their lifetime. Of these, 32.7% currently smoke every day and 14.0% smoke some days; these people are classified as smokers. More than one-fourth (28.1%) of St. Clair County adults are smokers and 23.6% are considered former smokers (smoked at least 100 cigarettes in their life but currently do not smoke at all).

**Cigarette Smoking**

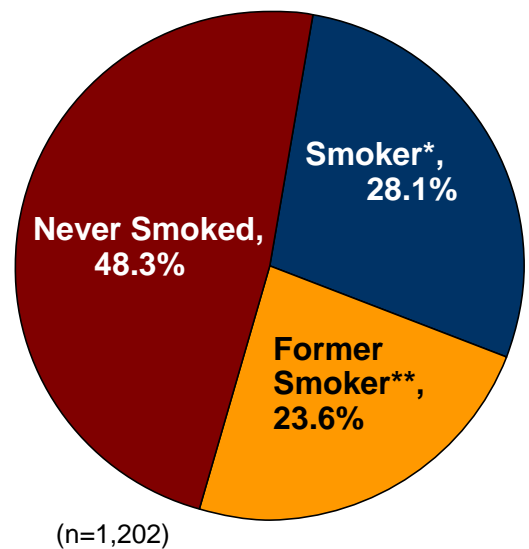
**Smoked 100 Cigarettes in Lifetime**



**Frequency of Current Use  
(Among Those Who Smoked at  
Least 100 Cigarettes in Their  
Lifetime)**



**Smoking Status**



\*Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or on some days.

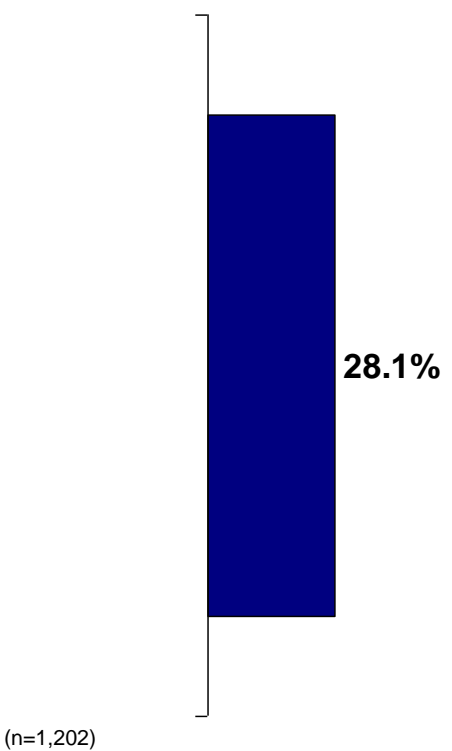
\*\*Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life but they do not smoke now.

Q12.1: Have you smoked at least 100 cigarettes in your entire life?  
 Q12.2: Do you now smoke cigarettes everyday, some days, or not at all?

For the most part, cigarette smoking is inversely related to age, education, and income. Roughly six in ten adults with the lowest incomes are smokers, as are roughly four in ten of those aged 25-44 and those with no high school diploma. Smoking is also more common among men than women, more common among non-Whites than Whites, and more common among adults living in the northeast or southern regions than among those living in the western region.

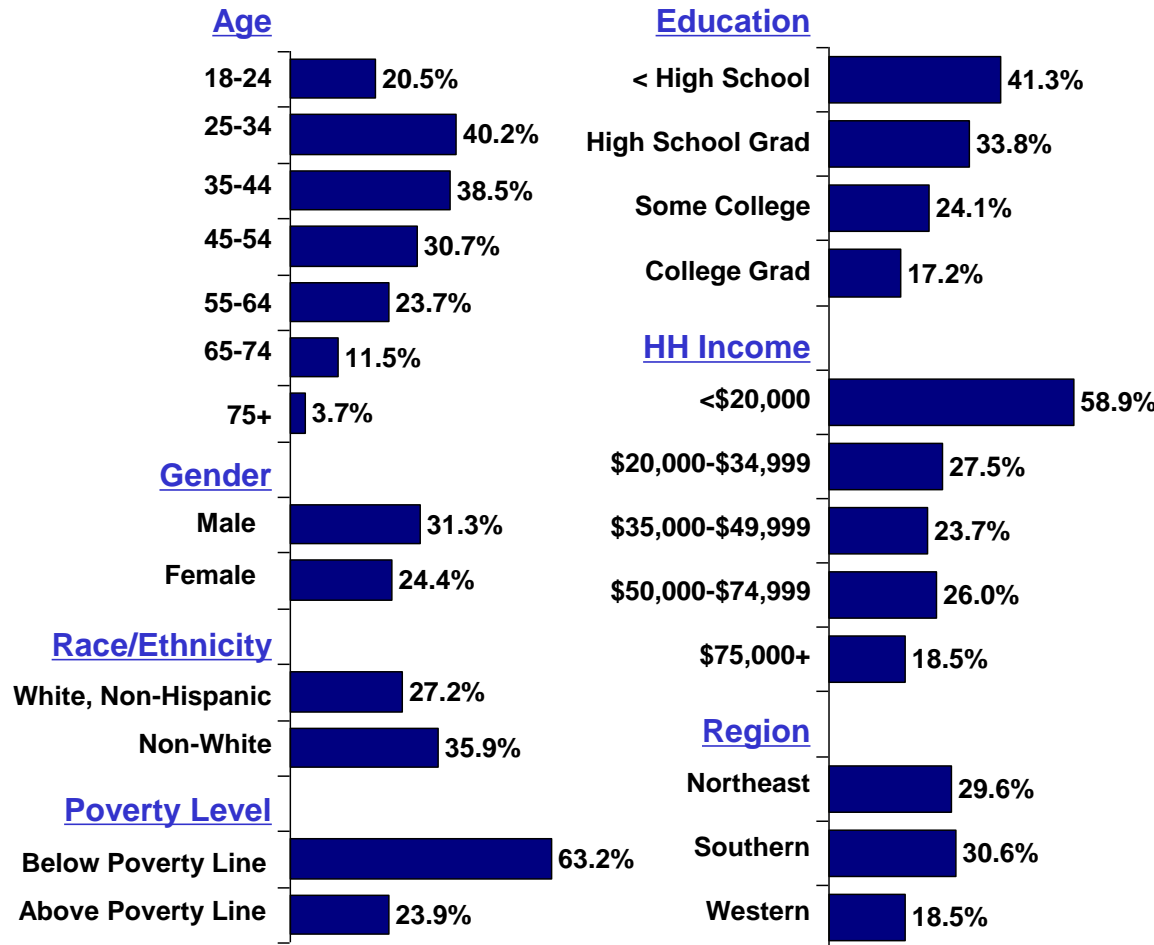
**Cigarette Smoking (Continued)**

**Current Cigarette Smoking\***  
**(Total Sample)**



\*Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or on some days.

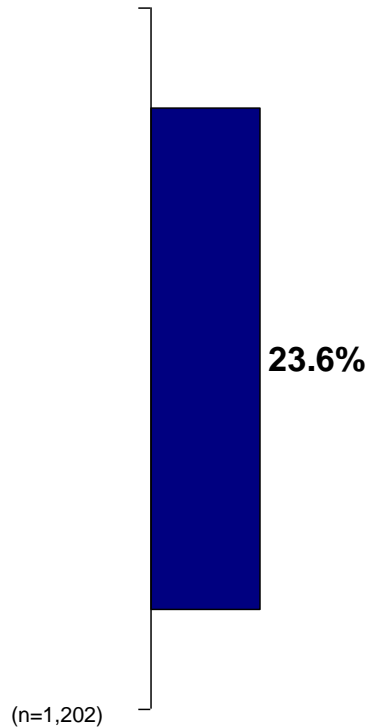
**Current Cigarette Smoking by Demographics**



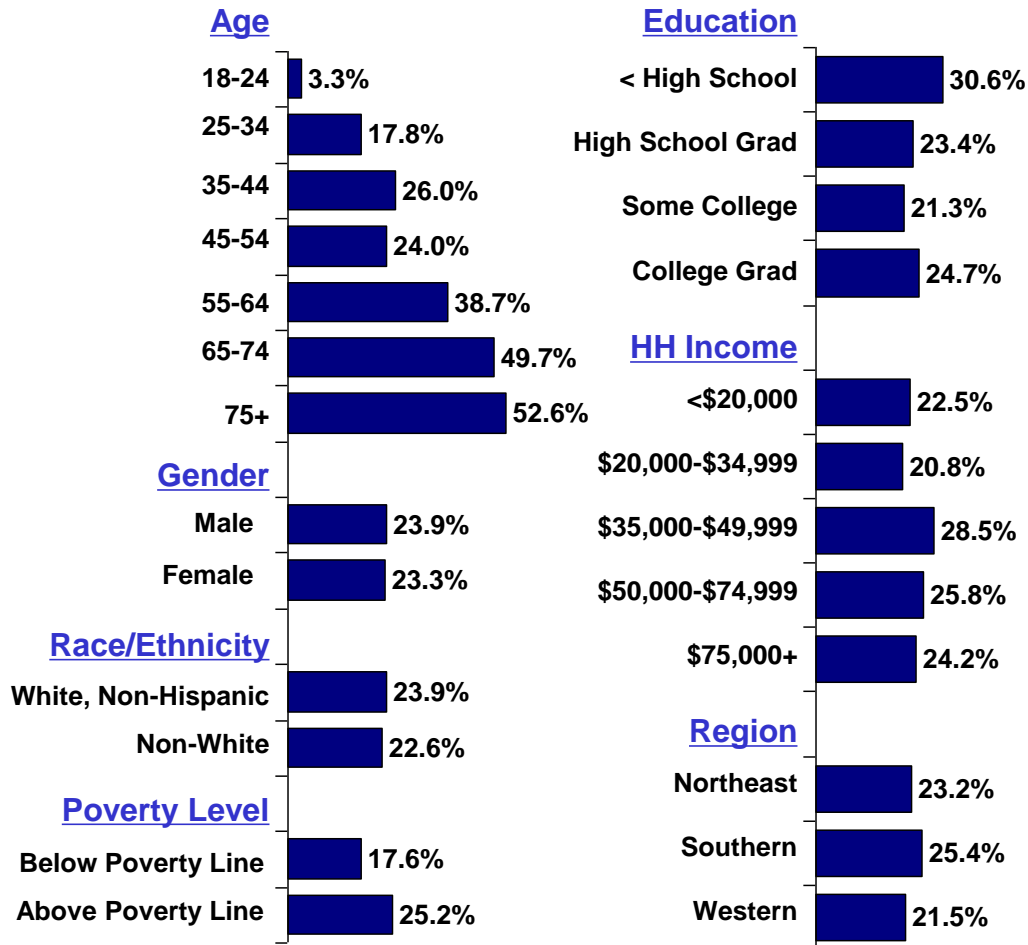
Area adults age 55 or older are more likely to be former smokers than younger adults. Also, adults living above the poverty line are more likely to be former smokers compared to adults living below the poverty line.

**Cigarette Smoking (Continued)**

**Former Cigarette Smoking\*  
(Total Sample)**



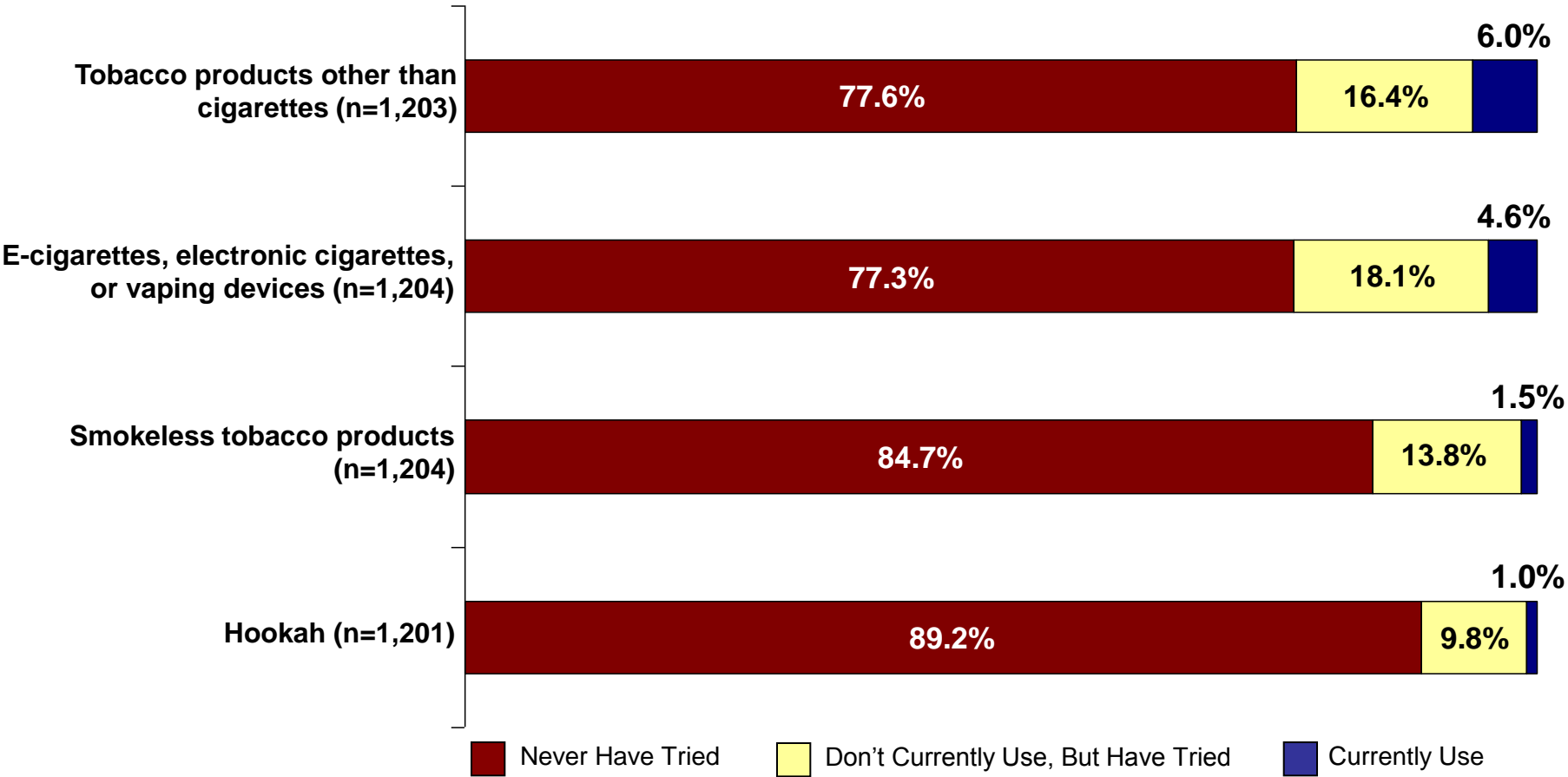
**Former Cigarette Smoking by Demographics**



\*Among all adults, the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life but do not smoke now.

Very few St. Clair County adults report current use of non-cigarette tobacco products, smokeless tobacco, hookah, or vaping. Almost one in five (18.1%) have tried, but don't currently use, vaping/e-cigarettes, and one in ten have tried, but don't currently use, hookah.

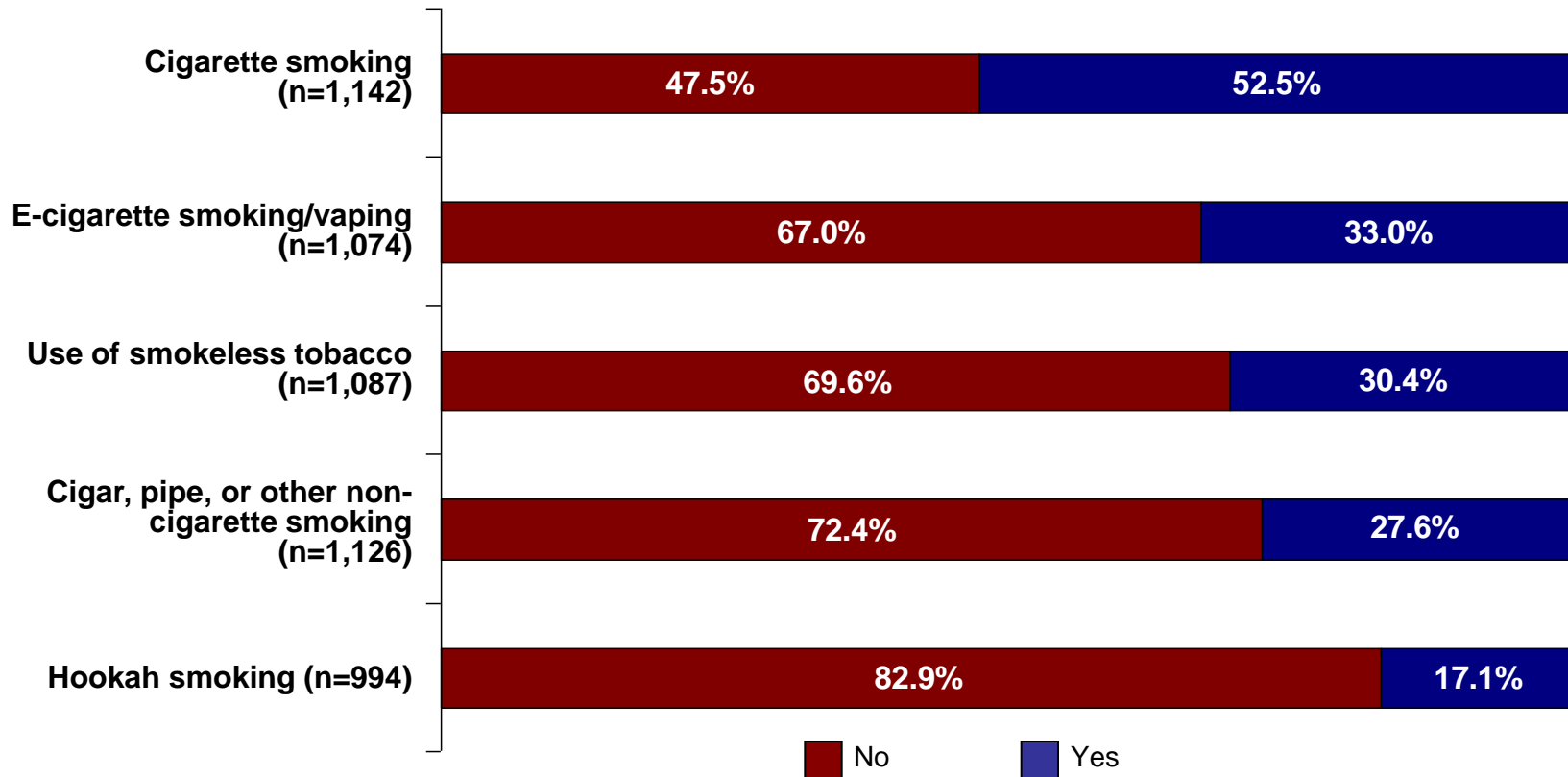
**Non-Cigarette Tobacco Use and Smoking**



Q12.3: Do you currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, or any other tobacco product?  
 Q12.4: Do you currently use any smokeless tobacco products such as chewing tobacco, snuff, dip, or snus?  
 Q12.5: Do you currently smoke, or have you ever smoked, hookah (waterpipe, nargilla, hubble-bubble)?  
 Q12.6: Do you currently smoke, or have you ever smoked, electronic cigarettes, e-cigarettes, or other vaping devices such as e-hookah, hookah pens or vape pens?

Slightly more than half of area adults view cigarette smoking as a community problem, while one-third see vaping (e.g., e-cigarettes) as a problem. More than one-fourth perceive the use of smokeless tobacco and non-cigarette smoking (e.g., cigars, pipes) as problems. Fewer than one in five perceive hookah smoking as a community problem.

### Smoking Behaviors Perceived As Community Problems



With regard to the following smoking behaviors, which do you think are a **problem** in your community today?

Q12.7: Cigarette smoking?

Q12.8: Cigar, pipe, or other non-cigarette smoking?

Q12.9: Hookah smoking?

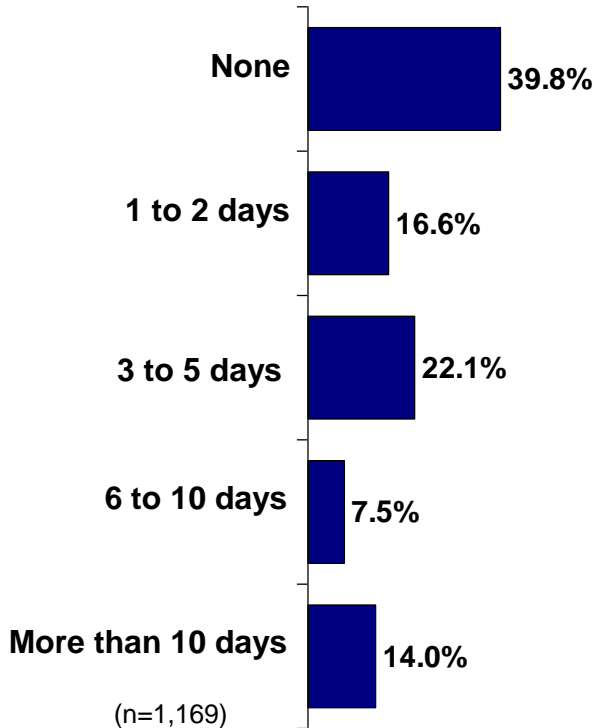
Q12.10: E-cigarette smoking or vaping?

Q12.11: Use of smokeless tobacco such as chew?

With regard to alcohol consumption, four in ten St. Clair County adults are non-drinkers and half (51.6%) are light to moderate drinkers. Heavy drinkers comprise 8.6% of St. Clair County adults, consuming an average of more than seven (if female) or fourteen (if male) drinks per week.

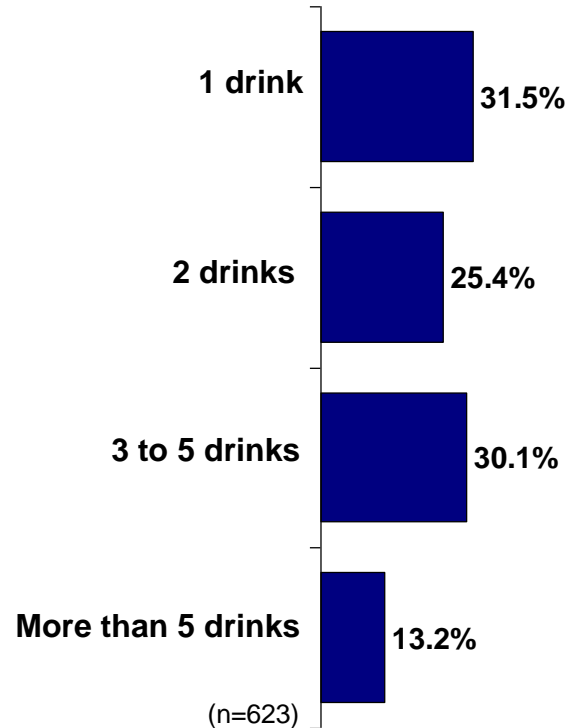
**Alcohol Consumption in Past 30 Days**

**Number of Days Drank Alcohol in Past 30 Days**



**Mean (All) = 4.6**  
**Mean (Drinkers) = 7.6**

**Average Number of Drinks When Drinking**



**Mean = 3.2**

**Drinking Status**

|                               |              |
|-------------------------------|--------------|
| <b>Non Drinker</b>            | <b>39.8%</b> |
| <b>Light/Moderate Drinker</b> | <b>51.6%</b> |
| <b>Heavy Drinker</b>          | <b>8.6%</b>  |

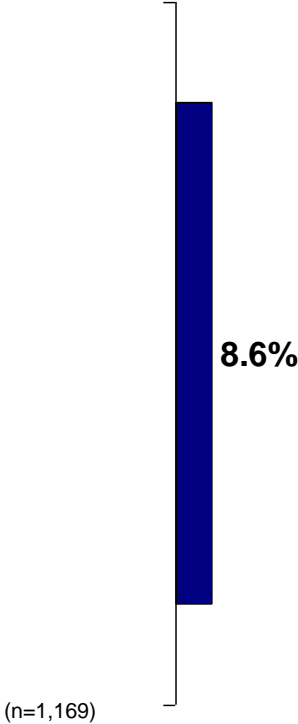
(n=1,169)

Q20.1: During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?  
 Q20.2: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

Adults between the ages of 25-54 are more likely to engage in heavy drinking than adults of other age groups. Heavy drinking is more common in adults who are more economically well off compared to those less well off. White adults are more likely to drink heavily than non-White adults.

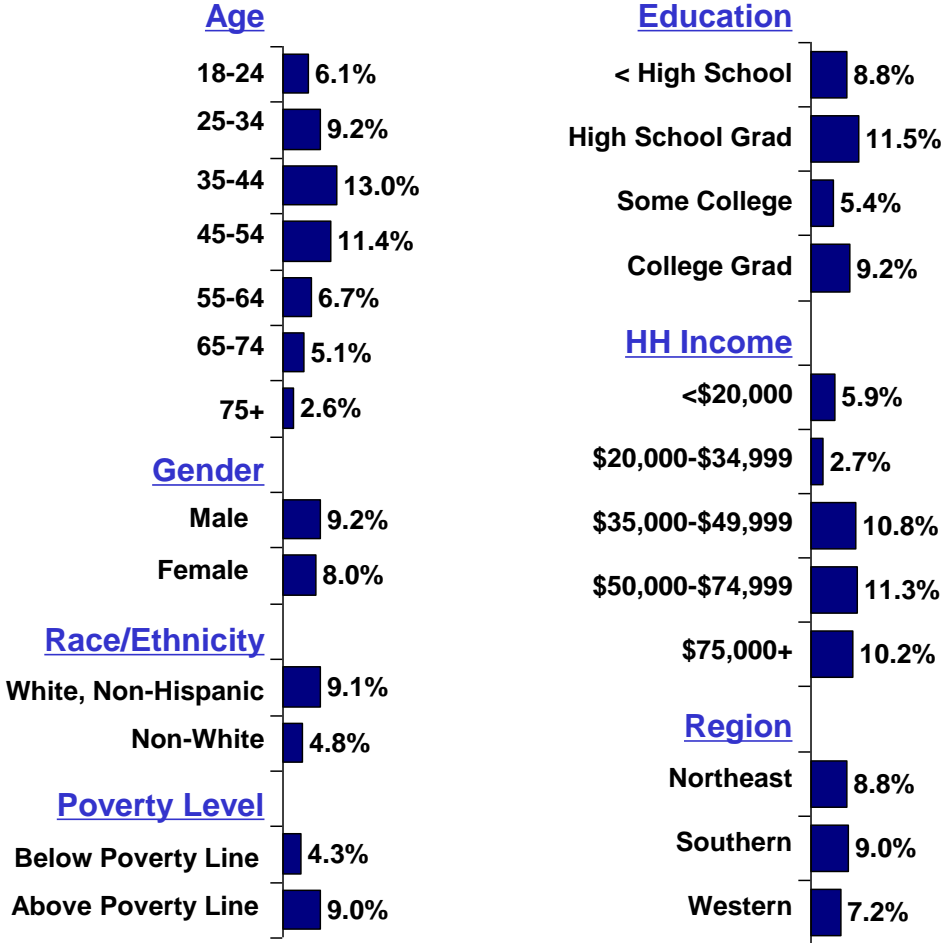
**Alcohol Consumption (Continued)**

**Heavy Drinking\*  
(Total Sample)**



\*Among all adults, the proportion who reported consuming an average of more than two alcoholic drinks per day for men and one per day for women in the previous month.

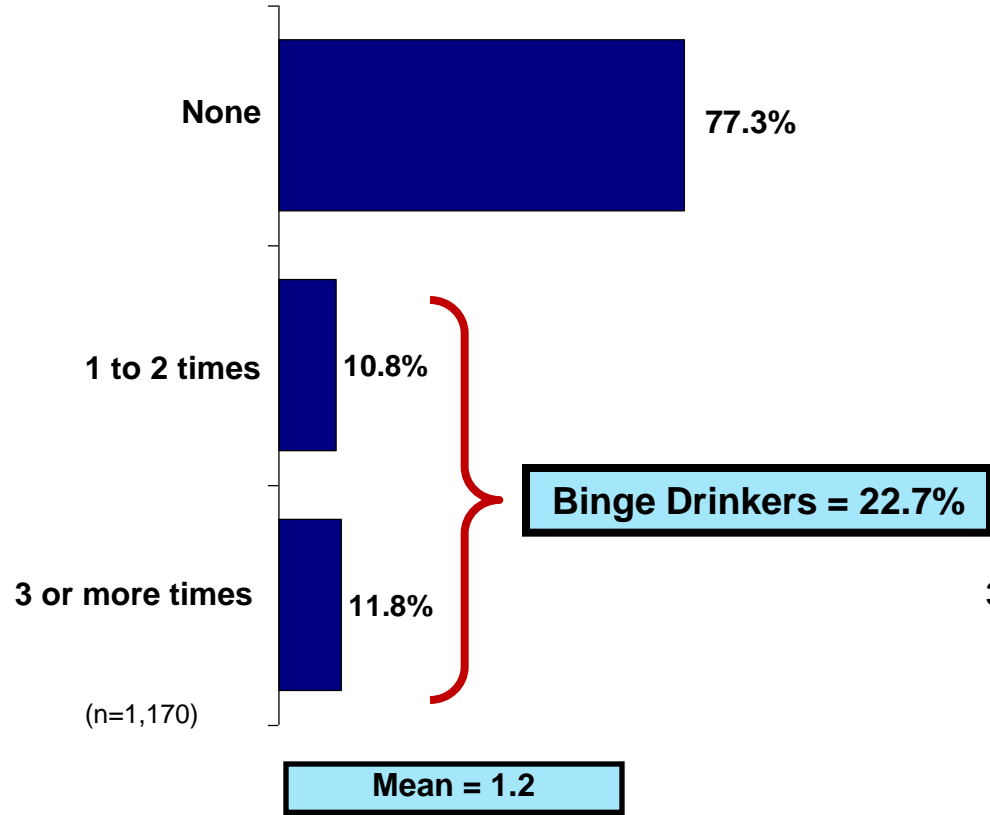
**Heavy Drinking by Demographics**



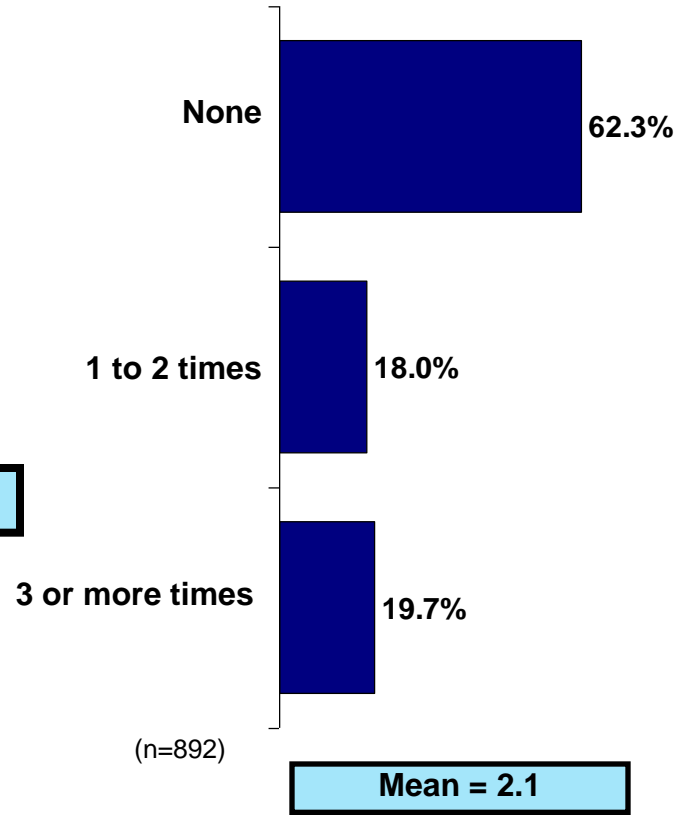
Among all adults, more than one in five (22.7%) have engaged in binge drinking in the past 30 days. Among those who drink, this proportion rises to 37.7%.

**Binge Drinking**

**Number of Times Consumed 5 or More (Men)/4 or More (Women) Drinks on an Occasion in Past 30 Days (All Adults)**



**Number of Times Consumed 5 or More (Men)/4 or More (Women) Drinks on an Occasion in Past 30 Days (Drinkers)**



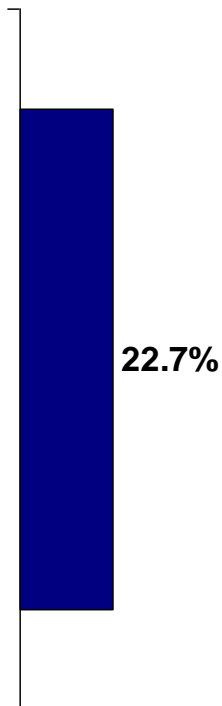
Q20.3: Considering all types of alcoholic beverages, how many times during the past 30 days did you have X (x=5 for men, x=4 for women) or more drinks on an occasion?



The prevalence of binge drinking is higher among men than women and higher among adults younger than 45 years of age vs. older adults. Binge drinking is more prevalent among White adults than non-White adults. Similar to heavy drinking, binge drinking tends to be more common among those better off economically, compared to those less well off.

**Binge Drinking (Continued)**

**Binge Drinking\*  
(Total Sample)**

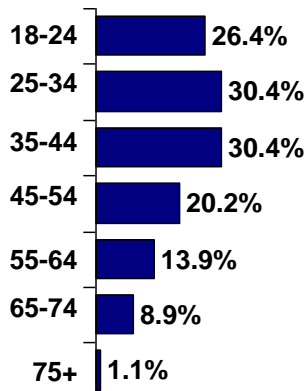


(n=1,170)

\*Among all adults, the proportion who reported consuming five or more drinks per occasion (for men) or four or more drinks per occasion (for women) at least once in the previous month.

**Binge Drinking by Demographics**

**Age**



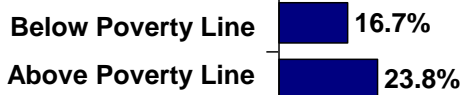
**Gender**



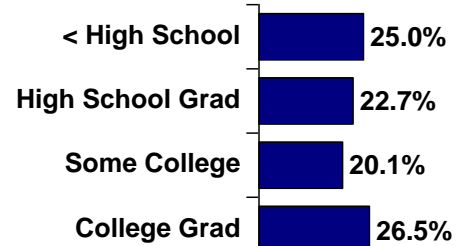
**Race/Ethnicity**



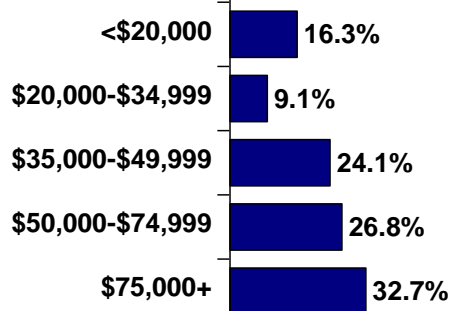
**Poverty Level**



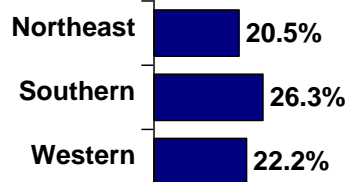
**Education**



**HH Income**

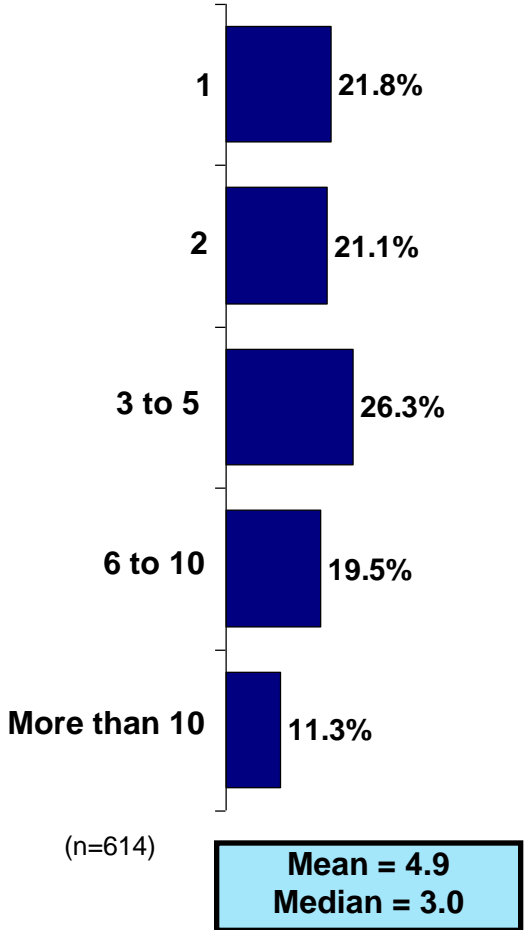


**Region**



Among St. Clair County adults who drink alcohol, four in ten (42.9%) have at most consumed one to two drinks on any occasion in the past 30 days, while 30.8% have consumed six or more drinks.

**Largest Number of Drinks Consumed on One Occasion in Past 30 Days  
(Among Drinkers)**

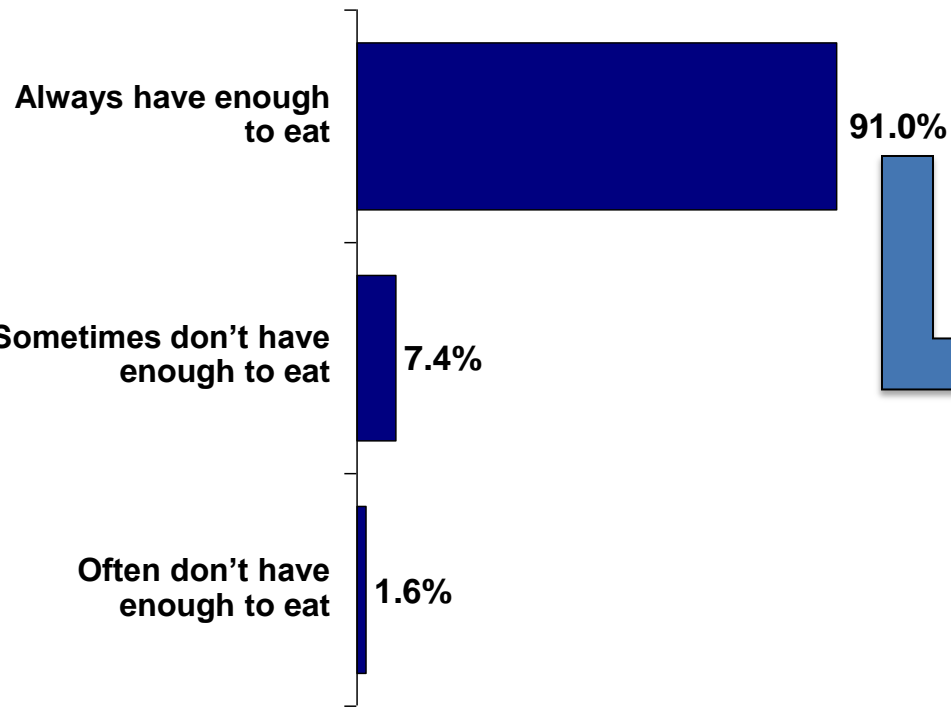


Q20.4: During the past 30 days, what is the largest number of drinks you had on any occasion?

Nine in ten adults (91.0%) say they always have enough to eat and, of those, a similar proportion say they are able to eat the foods they want (86.2%).

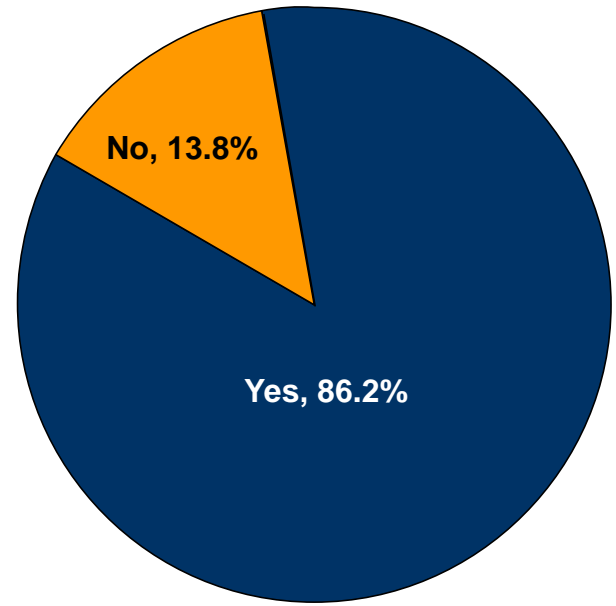
Food Sufficiency and Access

Food Sufficiency



(n=1,186)

Access to Foods Wanted



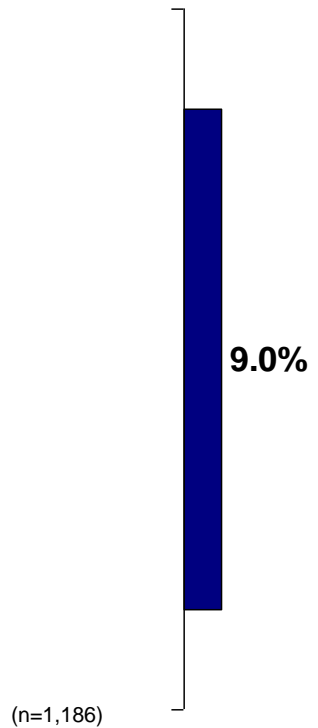
(n=1,113)

Q17.1: Which of the following statements best describes the food eaten in your household within the last 12 months? Would you say that...  
Q17.2: Were these foods always the kinds of foods that you wanted to eat?

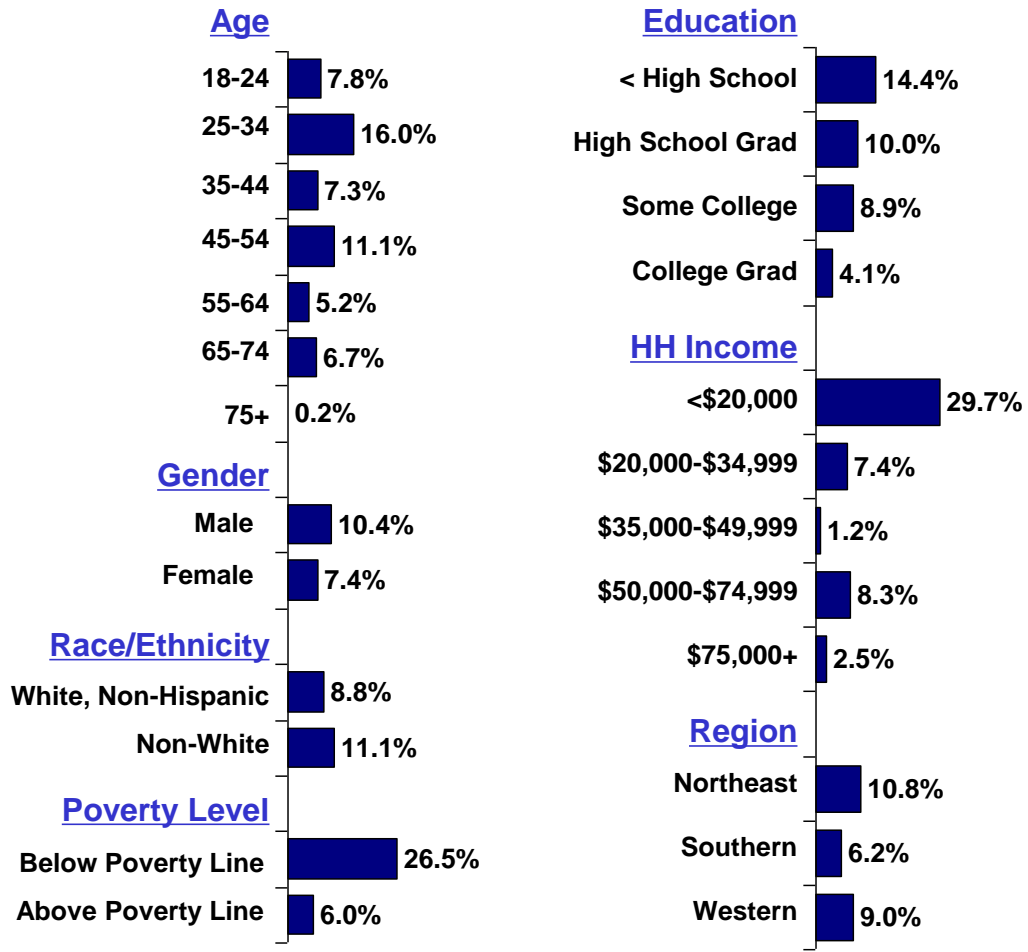
Among St. Clair County adults, those most likely to experience food insufficiencies are from lower socioeconomic groups (below poverty line, household income less than \$20K). Food insufficiency is also inversely related to education.

**Food Sufficiency (Continued)**

**Sometimes/Often Don't Have Enough to Eat\* (Total Sample)**



**Sometimes/Often Don't Have Enough to Eat by Demographics**

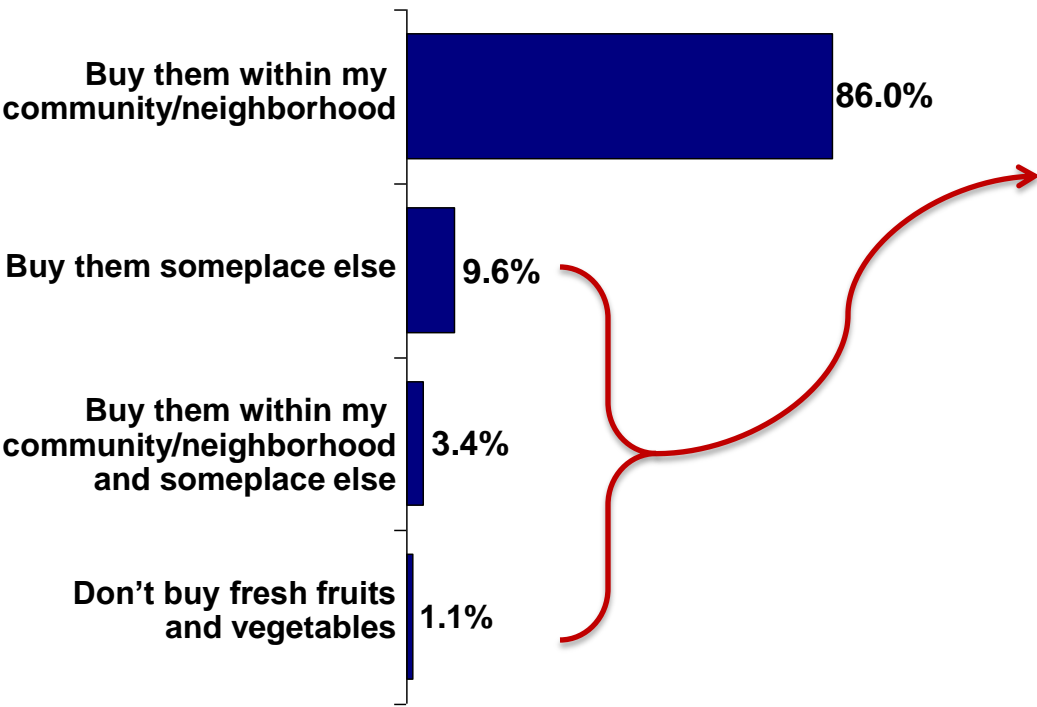


\*Among all adults, the proportion who reported that they sometimes or often do not have enough to eat.

Almost nine in ten adults (86.0%) say they purchase fresh fruits and vegetables within their community. By far, the main reason for not purchasing within the community is that the *local produce is inferior quality*. Many also noted that stores in their community are *too expensive* or that there are *no stores in their community that sell produce*.

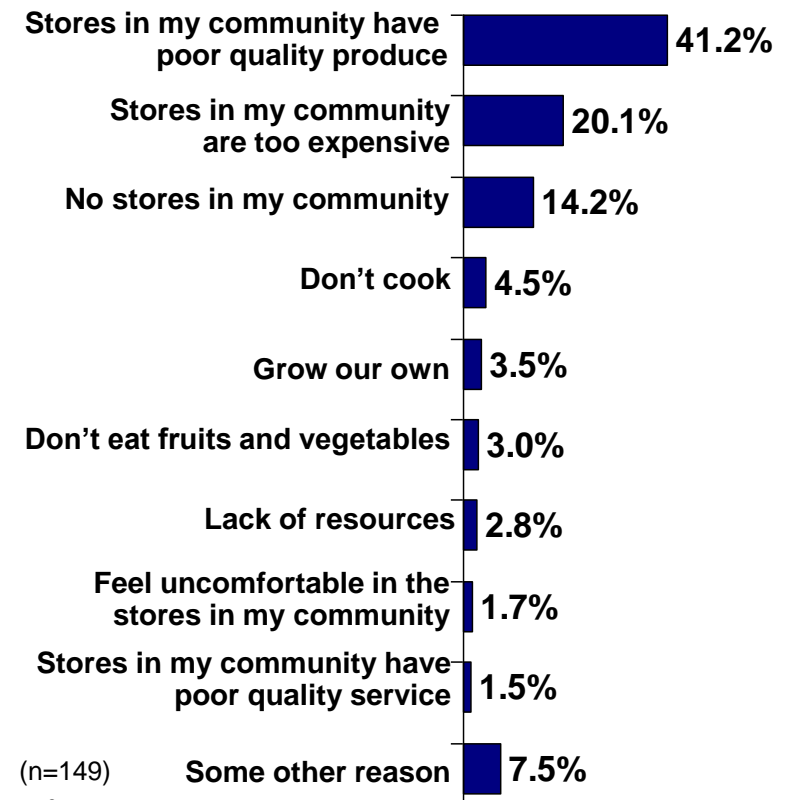
### Purchasing Fresh Fruits and Vegetables

#### Location of Fresh Fruits/ Vegetables Purchased



(n=1,184)

#### Reasons for Not Purchasing All Fresh Produce Locally



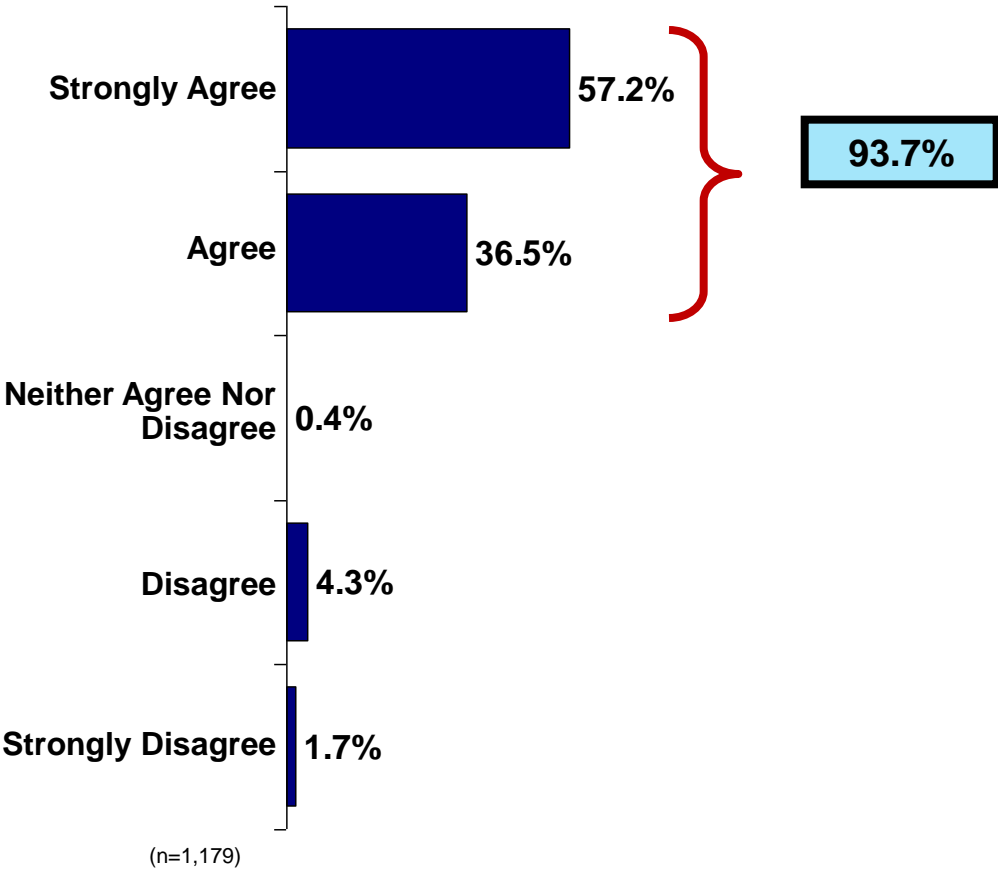
(n=149)

Q17.3: When you or someone in your household shops for fresh fruits and vegetables, would you say that you...?

Q17.4 What is the main reason you or someone in your household does not buy all your fresh fruits and vegetables within your community or neighborhood?

Nearly all (93.7%) report that fresh fruits and vegetables are easy to find in their community or neighborhood.

Availability of Fresh Fruits and Vegetables in the Community

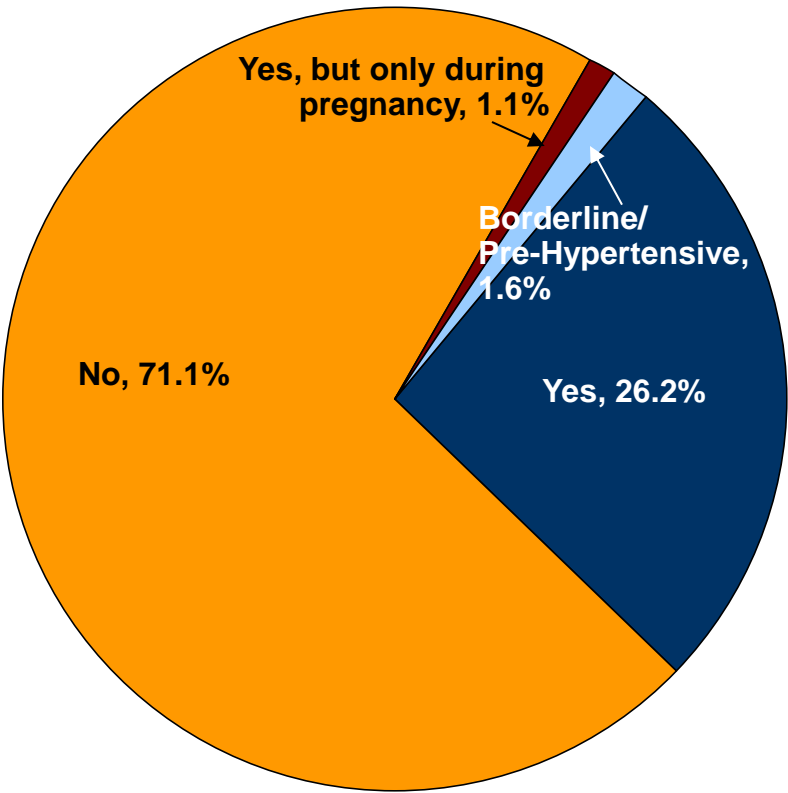


Q17.5: Please tell me how much you agree or disagree with the following statement. "It is easy to find fresh fruits and vegetables within your community or neighborhood."  
Would you say that you...

Just over a quarter (26.2%) of St. Clair County adults have been told by a health care professional they have high blood pressure (HBP). Among those who have HBP, fewer than two-thirds (64.3%) are currently taking medication for it.

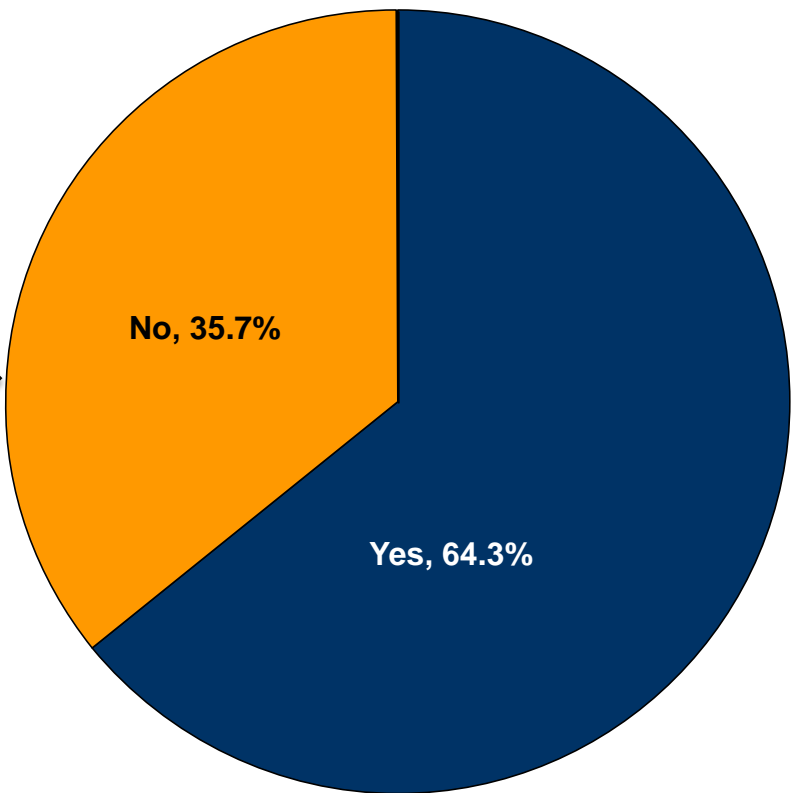
### Hypertension Awareness

**Ever Been Told You Have High Blood Pressure  
(Total Sample)**



(n=1,203)

**Currently Taking Medication for HBP  
(Among Those Who Have Been Told They Have HBP)**



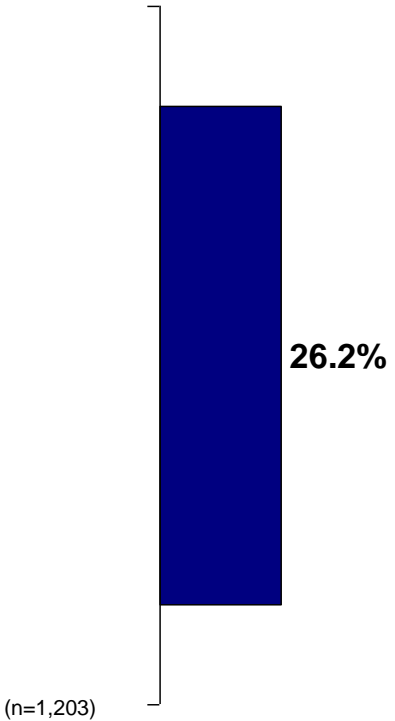
(n=548)

Q4.1: Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?  
Q4.2: (IF YES) Are you currently taking medicine for your high blood pressure?

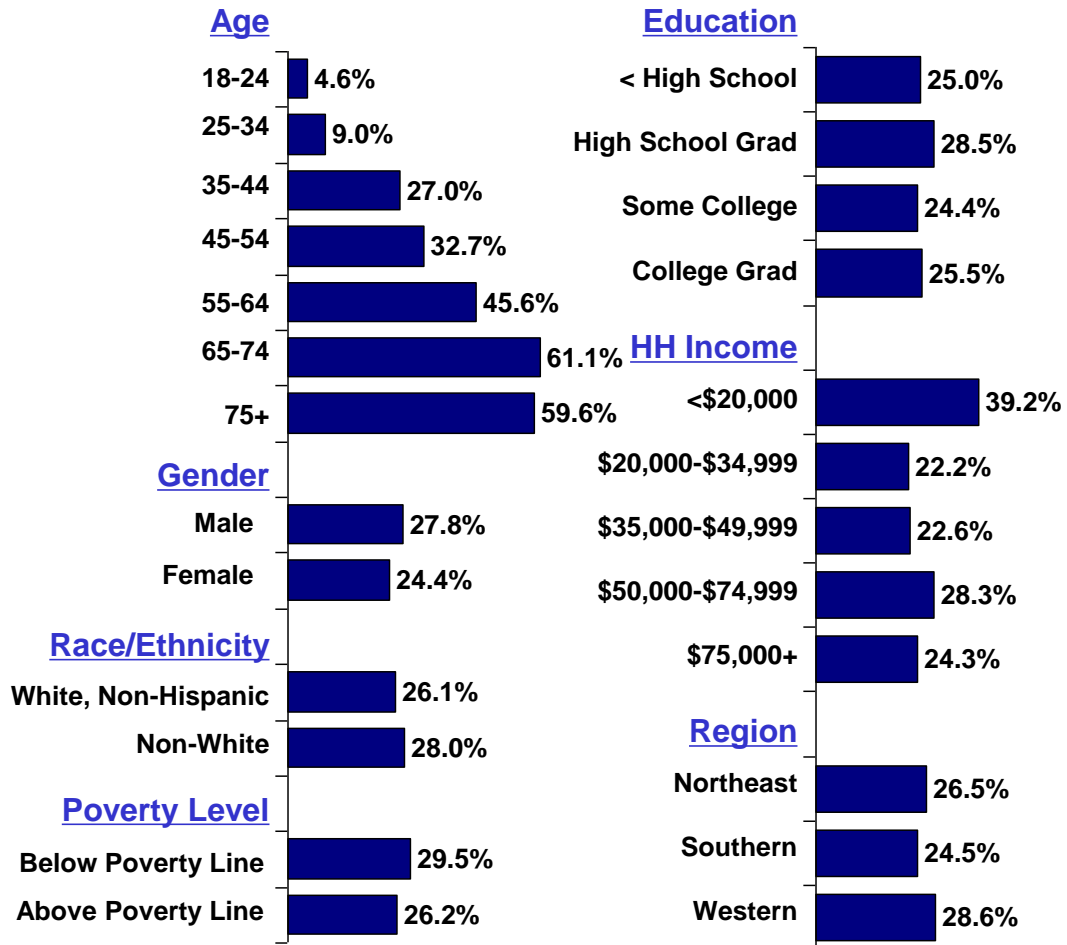
HBP is directly related to age. It is also more common in adults with household incomes below \$20K compared to those with higher incomes.

**Hypertension Awareness (Continued)**

**Ever Told Had High Blood Pressure (HBP)\*  
(Total Sample)**



**Ever Told HBP by Demographics**



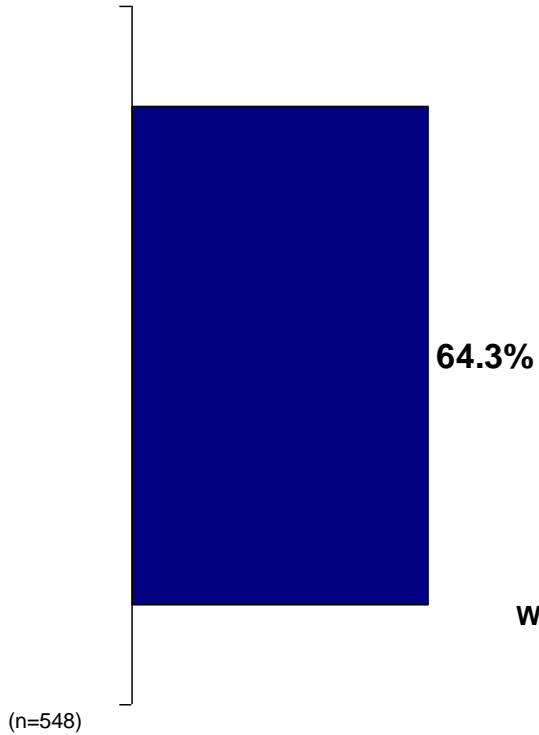
\*Among all adults, the proportion who reported that they were ever told by a health care professional that they have high blood pressure (HBP). Women who had high blood pressure only during pregnancy and adults who were borderline hypertensive were considered not to have been diagnosed.



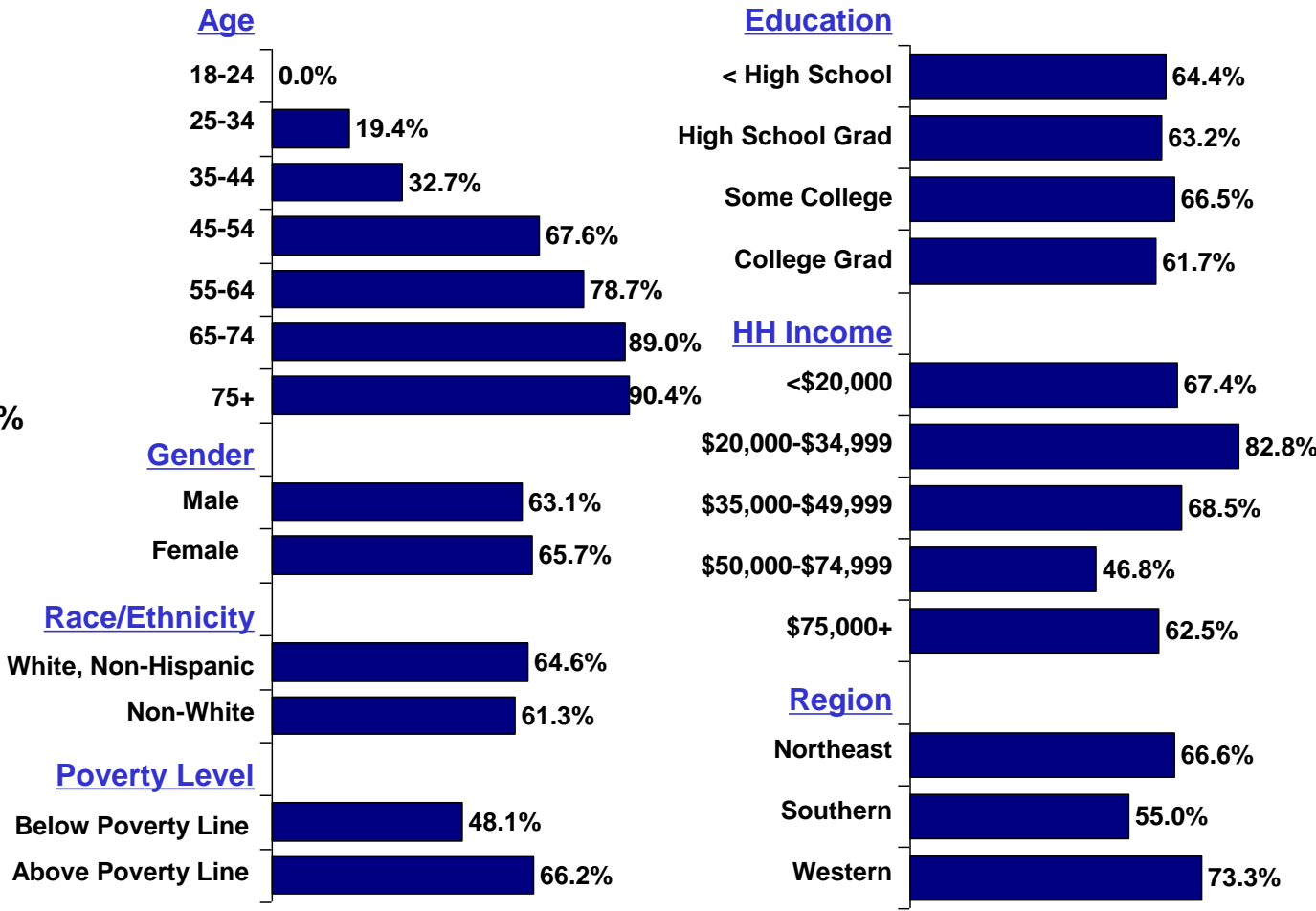
St. Clair County adults most likely to take medication for their HBP include those who are: 55 years or older, living above the poverty line, and/or living in the western (rural) region of the county.

Hypertension Awareness (Continued)

Currently Take Medication for High Blood Pressure (HBP)\* (Total Sample)



Currently Take Medication for HBP by Demographics



\*Among all adults who were ever told they had HBP, the proportion who reported they were currently taking blood pressure (BP) medicines for their HBP.

VIP Research and Evaluation

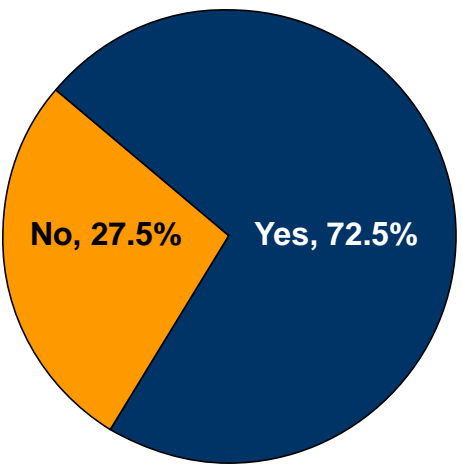
# ***Clinical Preventative Practices***

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Almost three-quarters (72.5%) of area adults have had their cholesterol checked, and a majority of them have had it done within the past year. More than one-third (36.0%) of them have been told by a health care professional that their cholesterol is high. Of these, half (50.1%) are not currently taking medication to lower their high cholesterol.

**Cholesterol Awareness**

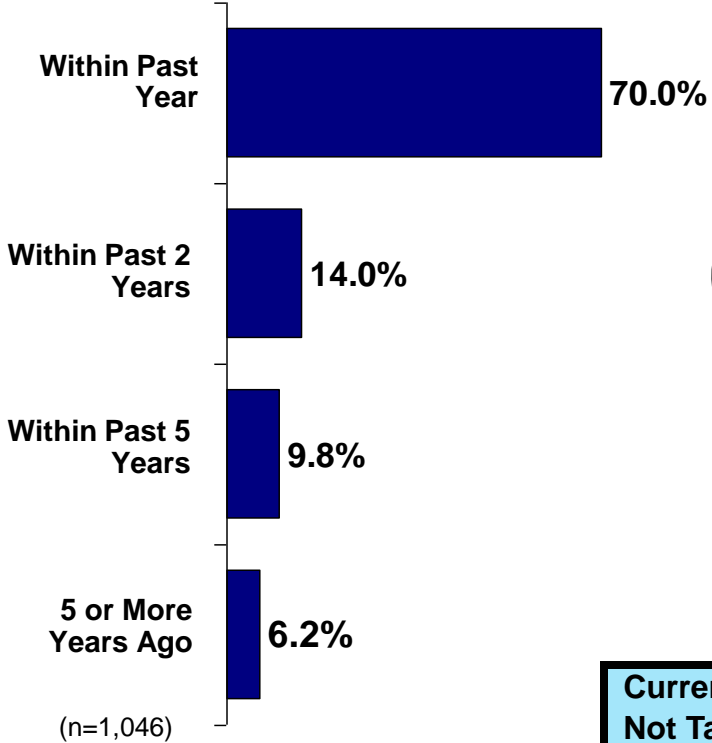
**Ever Had Blood Cholesterol Checked**



(n=1,184)

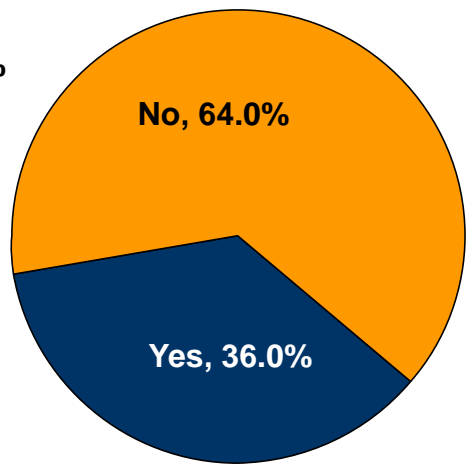


**Last Time Had Blood Cholesterol Checked**



(n=1,046)

**Ever Told Blood Cholesterol is High**



(n=1,046)



**Currently Taking Medication = 49.9%**  
**Not Taking Medication = 50.1%**

(n=489)

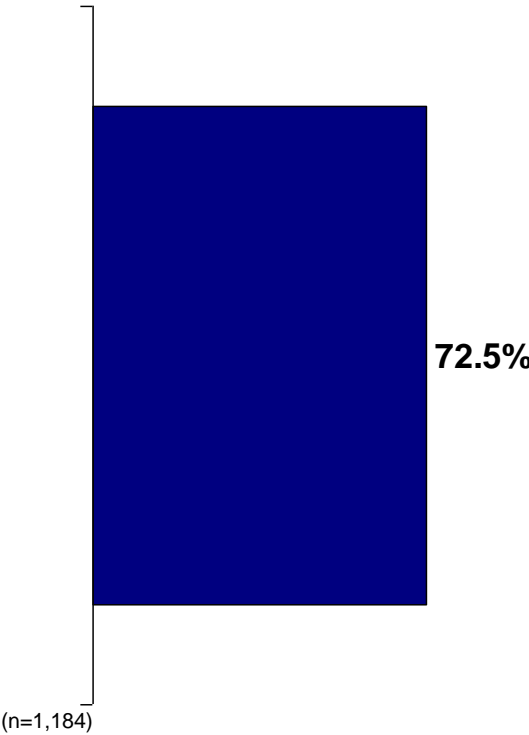
Q5.1: Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?  
 Q5.2: (If yes) About how long has it been since you last had your blood cholesterol checked?  
 Q5.3: (If yes) Have you EVER been told by a doctor, nurse or other health care professional that your blood cholesterol is high?  
 Q5.4: (If yes) Are you currently taking medicine for your high cholesterol?

The largest proportions of St. Clair County adults who have had their cholesterol checked are found among those age 35 or older. White adults are far more likely to have their cholesterol checked compared to non-Whites.

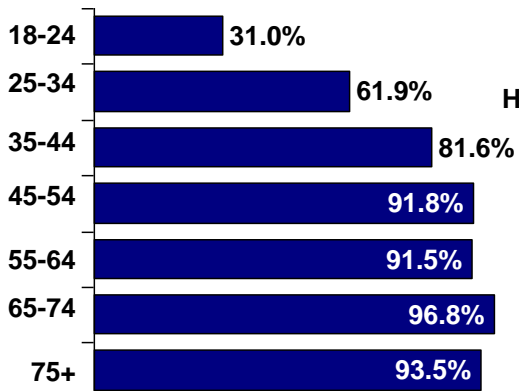
**Cholesterol Awareness (Continued)**

**Ever Had Blood Cholesterol Checked\*  
(Total Sample)**

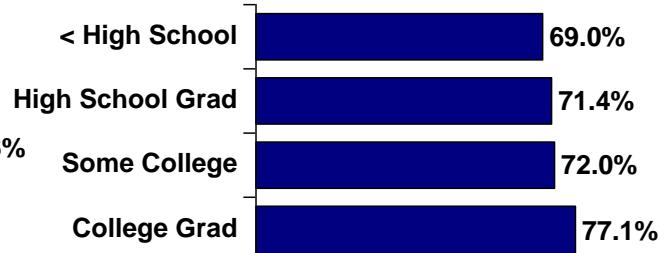
**Ever Had Blood Cholesterol Checked  
by Demographics**



**Age**



**Education**



**Gender**



**HH Income**



**Race/Ethnicity**



**Poverty Level**



**Region**

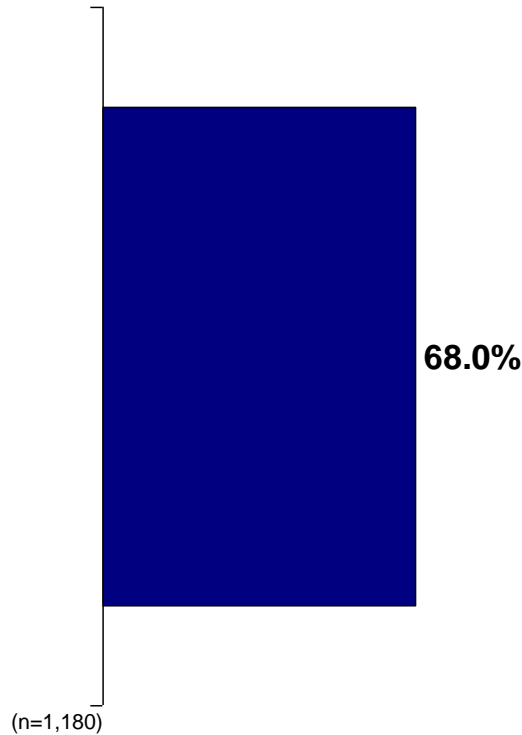


\*Among all adults, the proportion who reported having had their blood cholesterol checked.

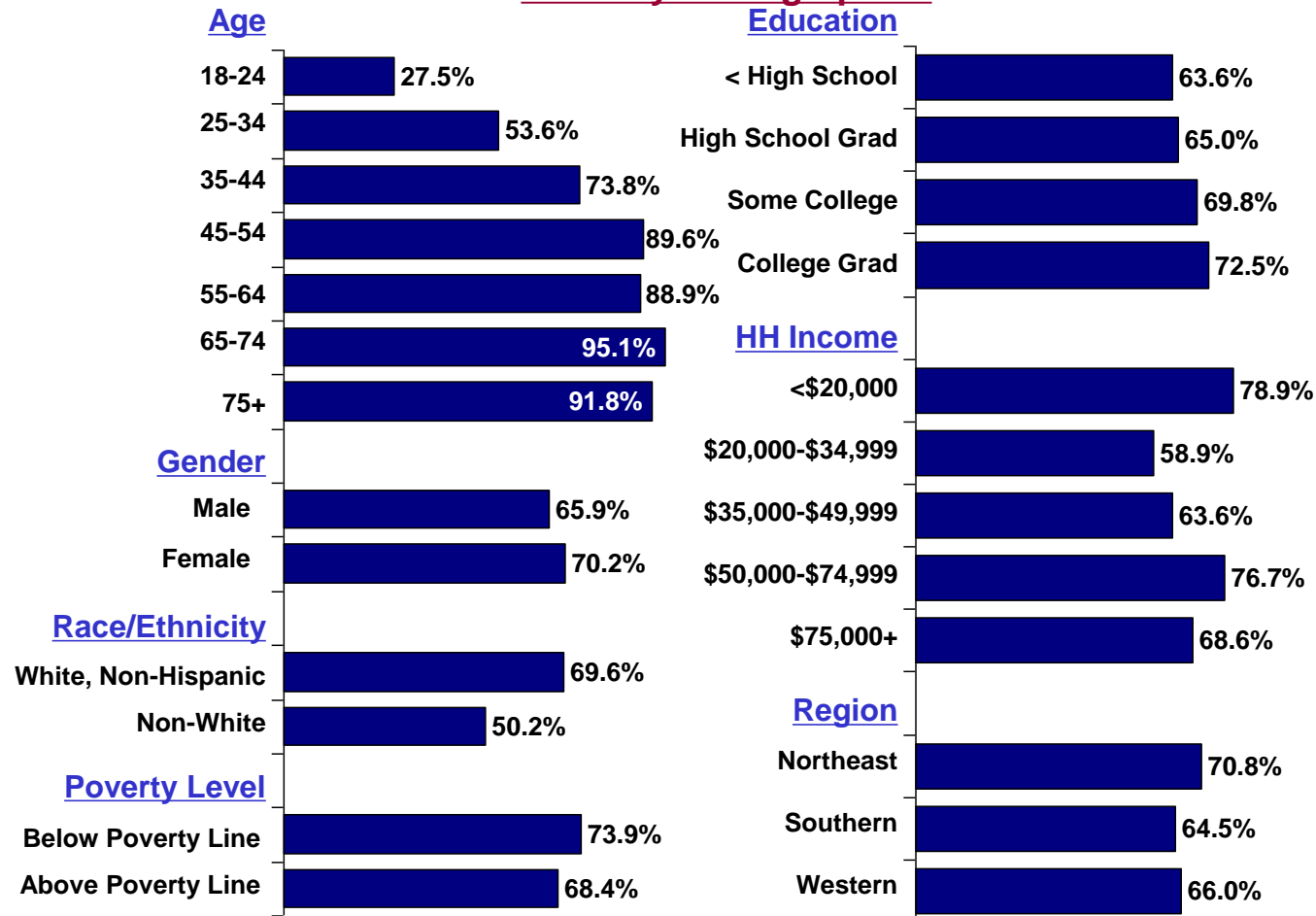
Area adults most likely to have had their cholesterol checked within the past five years are those age 35 or older and those with the lowest incomes. White adults are far more likely than non-White adults to have had their cholesterol checked within the past five years.

### Cholesterol Awareness (Continued)

#### Had Blood Cholesterol Checked Within Past Five years\* (Total Sample)



#### Had Blood Cholesterol Checked Within Past Five Years by Demographics

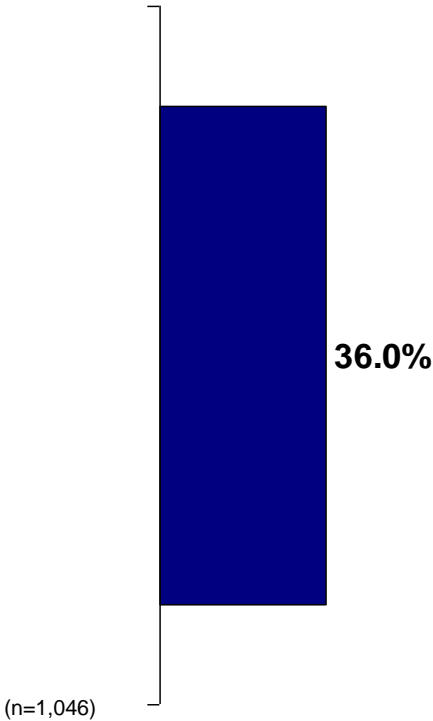


\*Among all adults, the proportion who reported they have had their blood cholesterol checked within the past five years.

St. Clair County adults most likely to have high cholesterol are age 45 or older, live below the poverty line, have household incomes less than \$35K, and/or have less than a high school education. White adults are more likely than non-Whites to have high cholesterol.

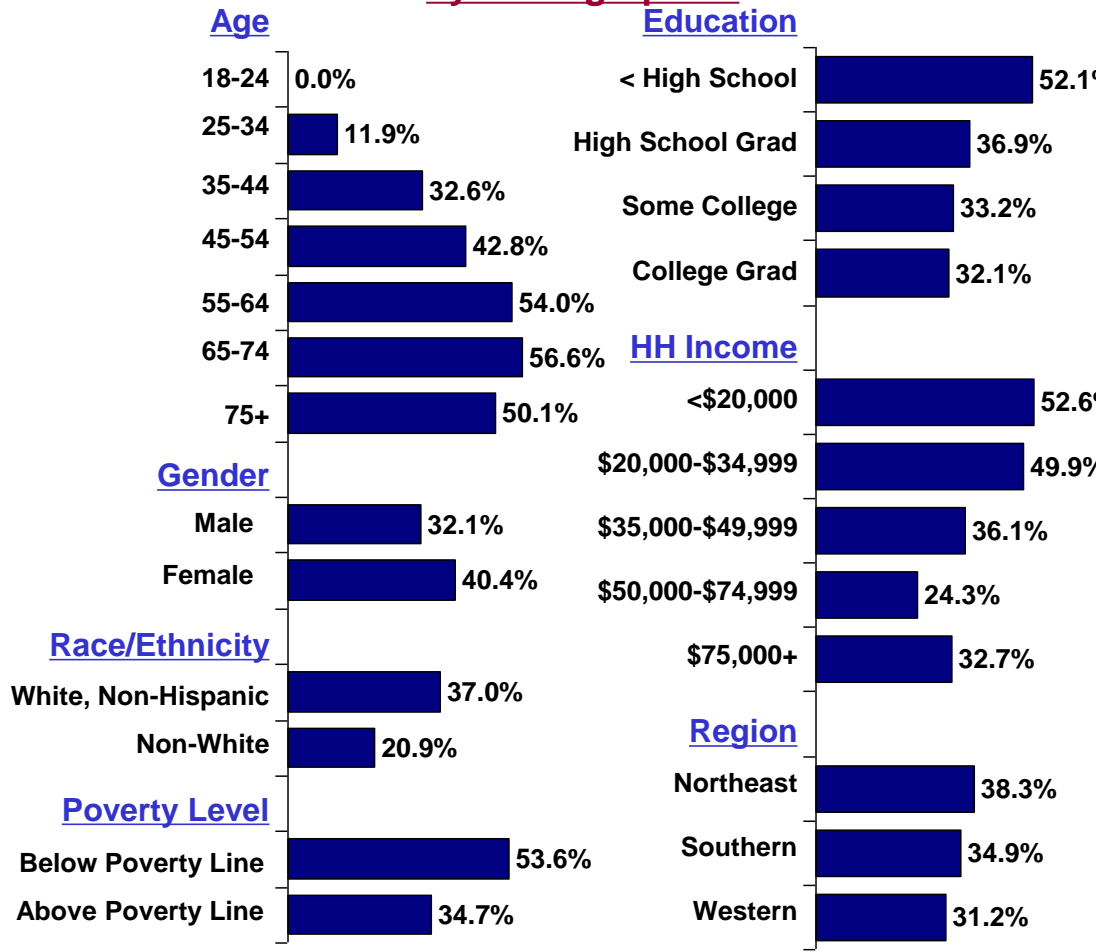
**Cholesterol Awareness (Continued)**

**Ever Told Blood Cholesterol High\***  
**(Total Sample)**



\*Among adults who ever had their blood cholesterol checked, the proportion who reported that a doctor, nurse, or other health professional has told them that their cholesterol was high.

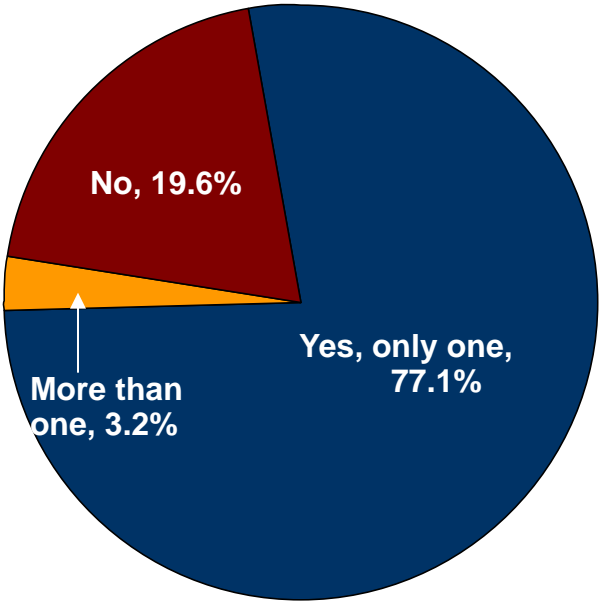
**Ever Told Blood Cholesterol High**  
**by Demographics**



Eight in ten area adults (80.3%) have a medical home (personal physician) and almost two-thirds (63.5%) have visited a physician for a routine checkup within the past year.

Personal Physician and Routine Checkups

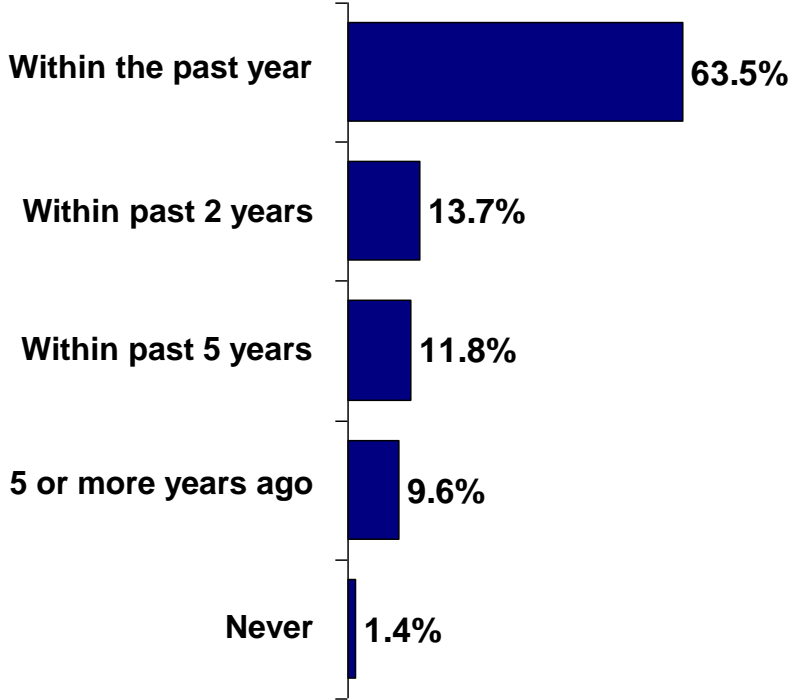
Currently Have Personal Doctor/Health Care Provider



**80.3%** have medical home

(n=1,203)

Last Time Visited Doctor for Routine Checkup



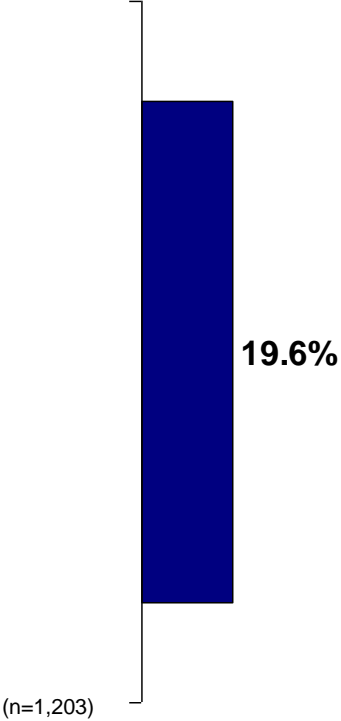
(n=1,200)

Q3.3: Do you have one person you think of as your personal doctor or health care provider?  
Q3.6: About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

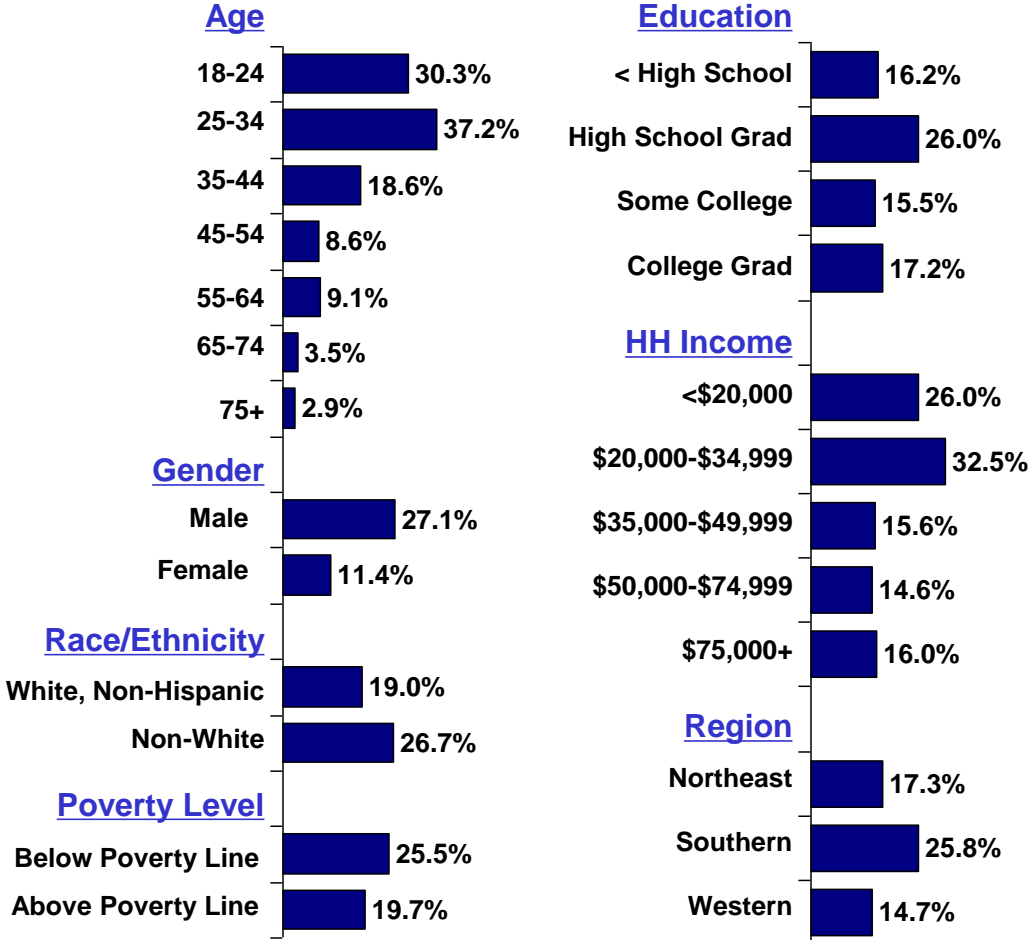
Area adults least likely to have a PCP include those that are under age 35, have household incomes less than \$35K, and/or live in the southern region of the county. Men are far less likely to have a PCP than women.

**Personal Health Care Provider**

**No Personal Health Care Provider\*  
(Total Sample)**



**No Provider by Demographics**



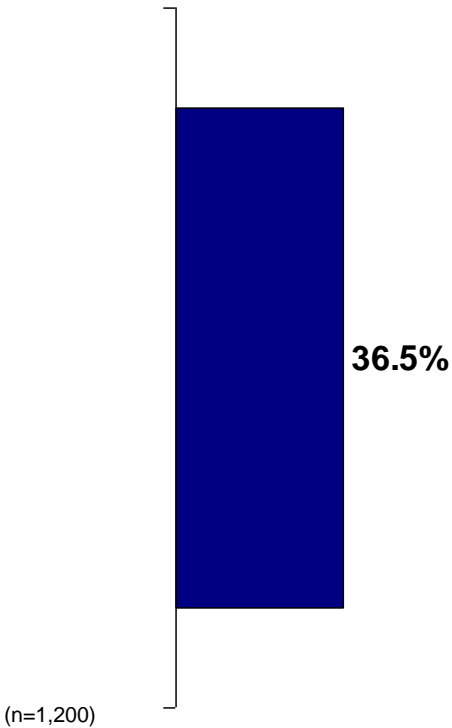
\*Among all adults, the proportion who reported that they did not have anyone that they thought of as their personal doctor or health care provider.



More than one-third (36.5%) of area adults have had no routine physical checkup in the past year. Having a timely routine physical checkup is directly related to age and associated with income; those with household incomes less than \$50K and/or living below the poverty line are less likely to have a timely routine check-up compared to those more well off. Non-White adults and men are less likely to have a timely physical exam compared to White adults and women, respectively.

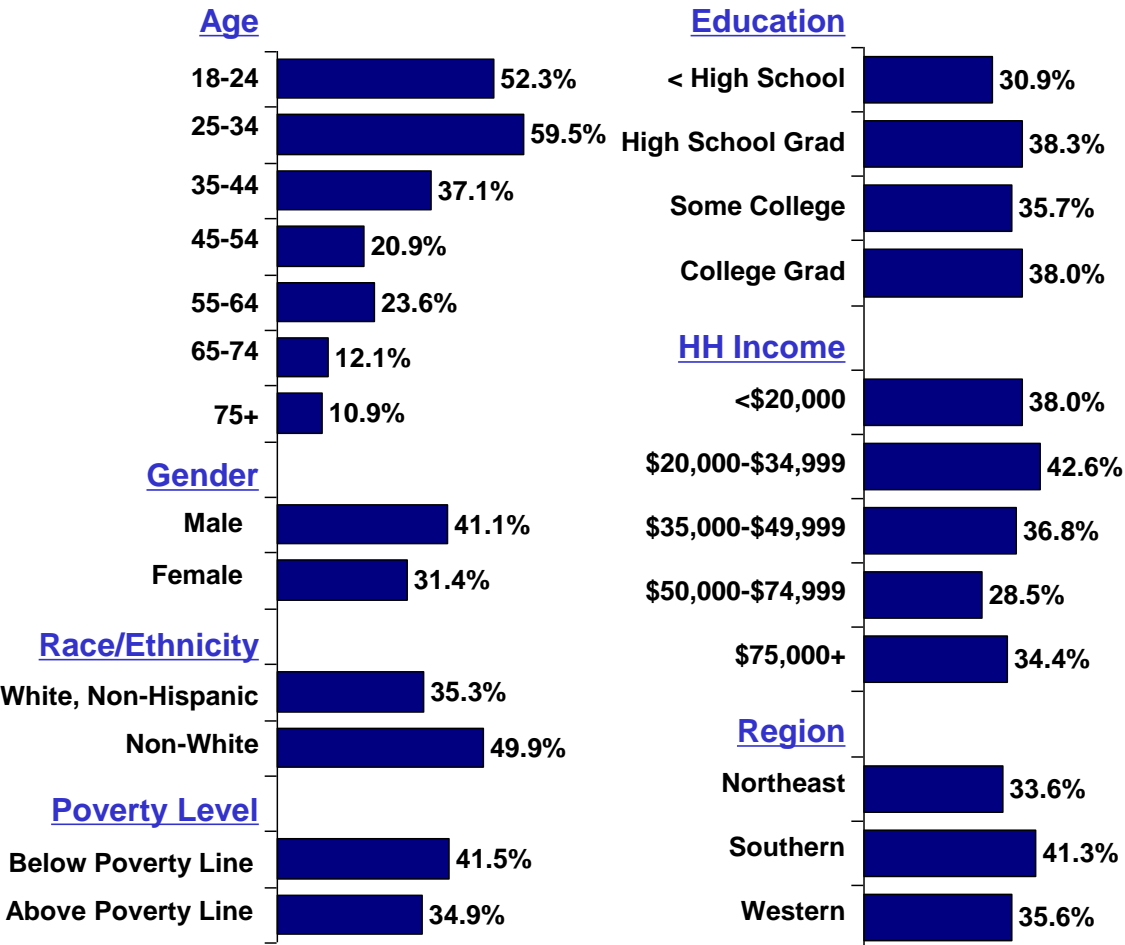
**Routine Physical Checkup in Past Year**

**No Routine Physical Checkup in Past Year\*  
(Total Sample)**



\*Among all adults, the proportion who reported that they did not have a routine checkup in the past year.

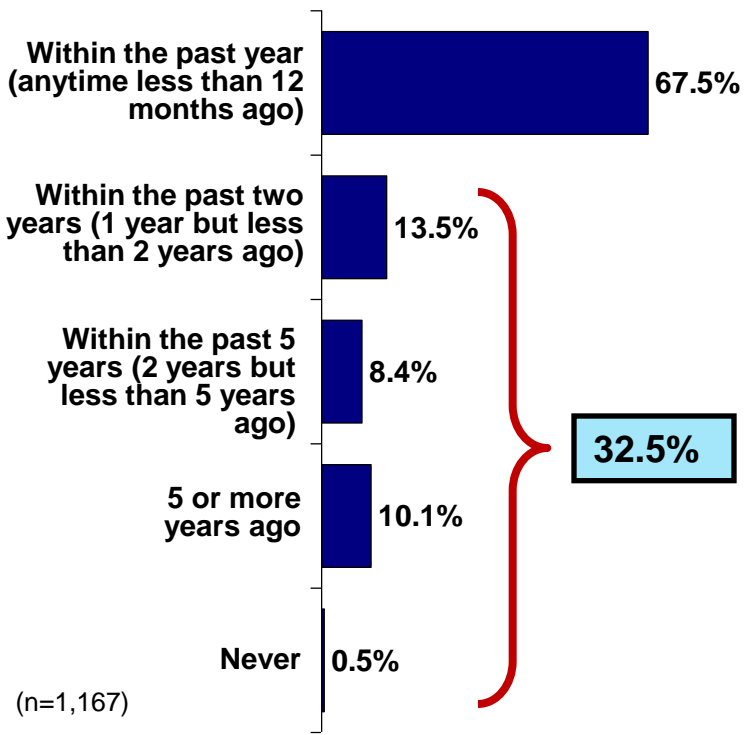
**No Checkup by Demographics**



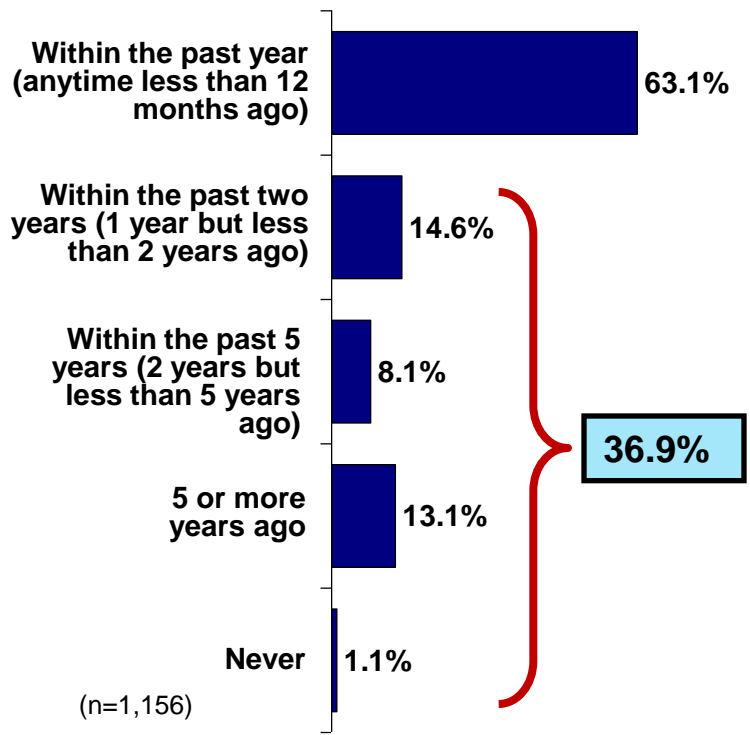
Two-thirds of St. Clair County adults have visited a dentist or dental specialist in the past year. However, more than one-third (36.9%) are not exercising preventive oral health care, in other words have not visited a dentist in the past year for a teeth cleaning.

Oral Health

When Last Visited Dentist for Any Reason



When Last Visited Dentist for Teeth Cleaning

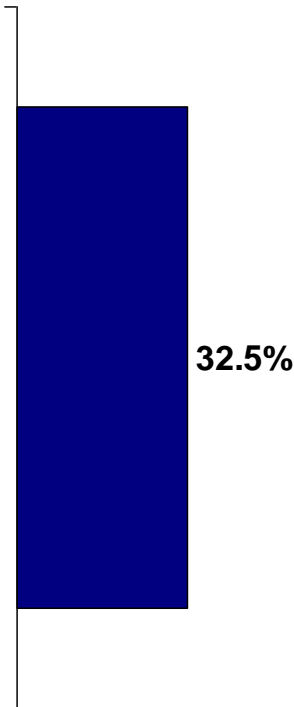


Q23.1: How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists.  
 Q23.2: How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

Visiting a dentist in a timely manner is directly related to education and income. In fact, more than four in ten (43.1%) adults with less than a high school education and an equivalent proportion (45.2%) of those living in a household with income less than \$20K have not visited a dentist in the past year. Further, 43.2% of adults living below the poverty line have not visited a dentist, in comparison to 31.8% of those living above the poverty line. Non-White adults and those living in the northeast and southern regions are also less likely to have a timely dental visit/check-up compared to White adults and those living in the western region, respectively.

**Oral Health (Continued)**

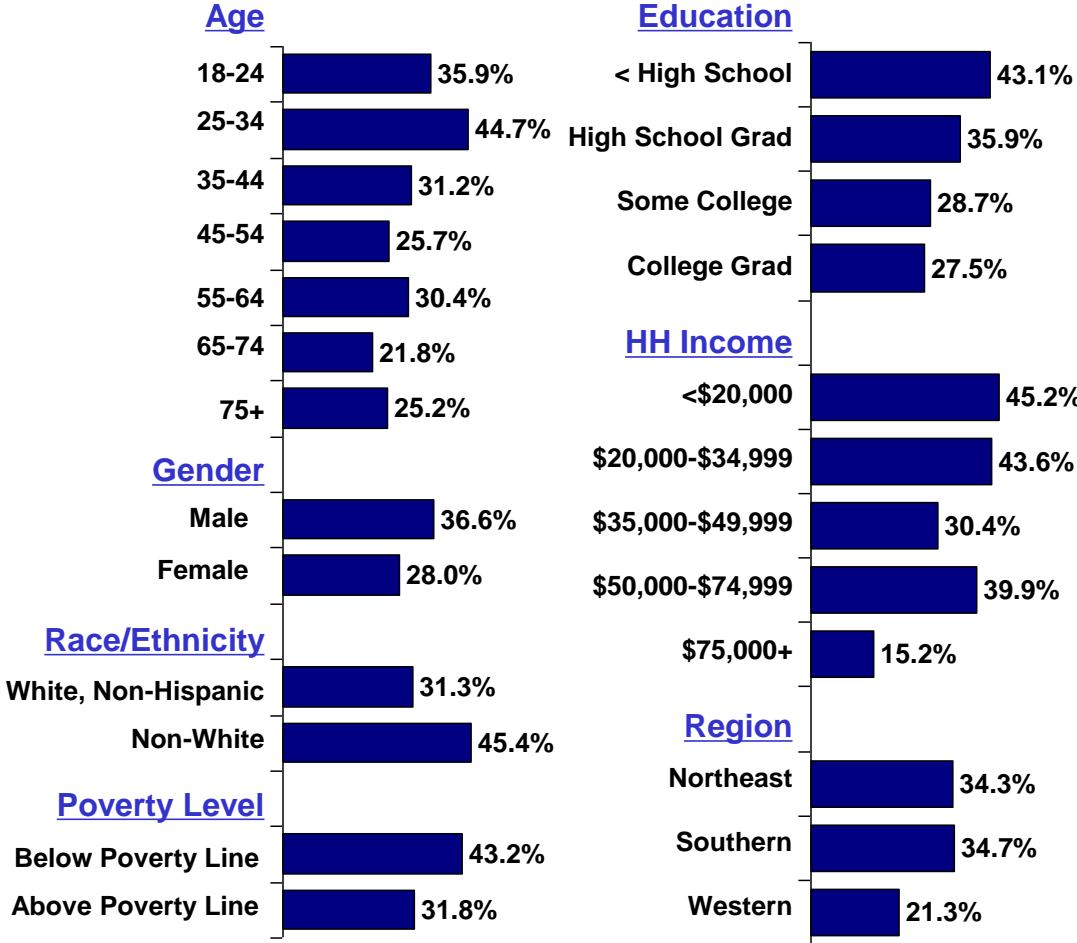
**No Dental Visit in Past Year\***  
**(Total Sample)**



(n=1,167)

\*Among adults, the proportion who reported that they had not visited a dentist or dental clinic for any reason in the previous year.

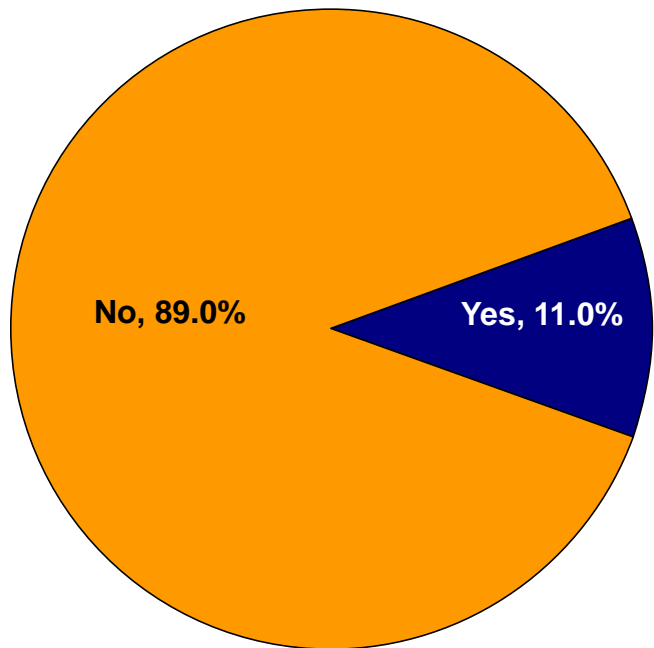
**No Dental Visit in Past Year by Demographics**



Approximately one in ten (11.0%) area adults have experienced problems receiving needed dental care in the past year. Those who have had problems cite an inability to pay for services and lack of insurance as the top barriers to receiving dental care.

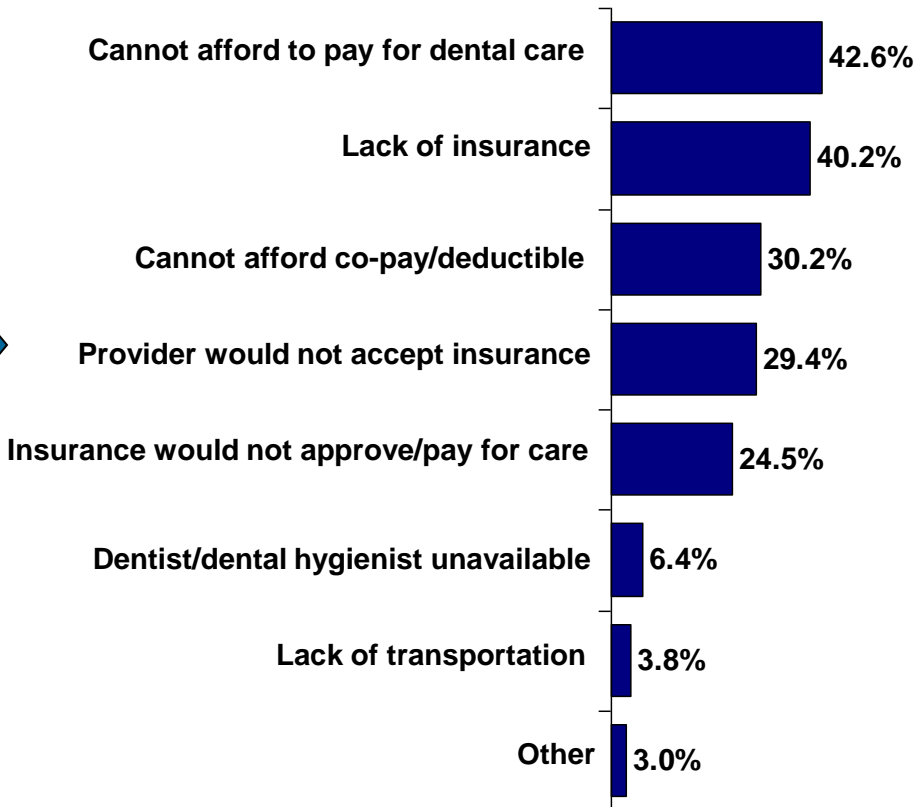
**Barriers to Dental Care**

**Problems Getting Needed Dental Care**



(n=1,167)

**Reasons for Difficulty in Getting Dental Care**

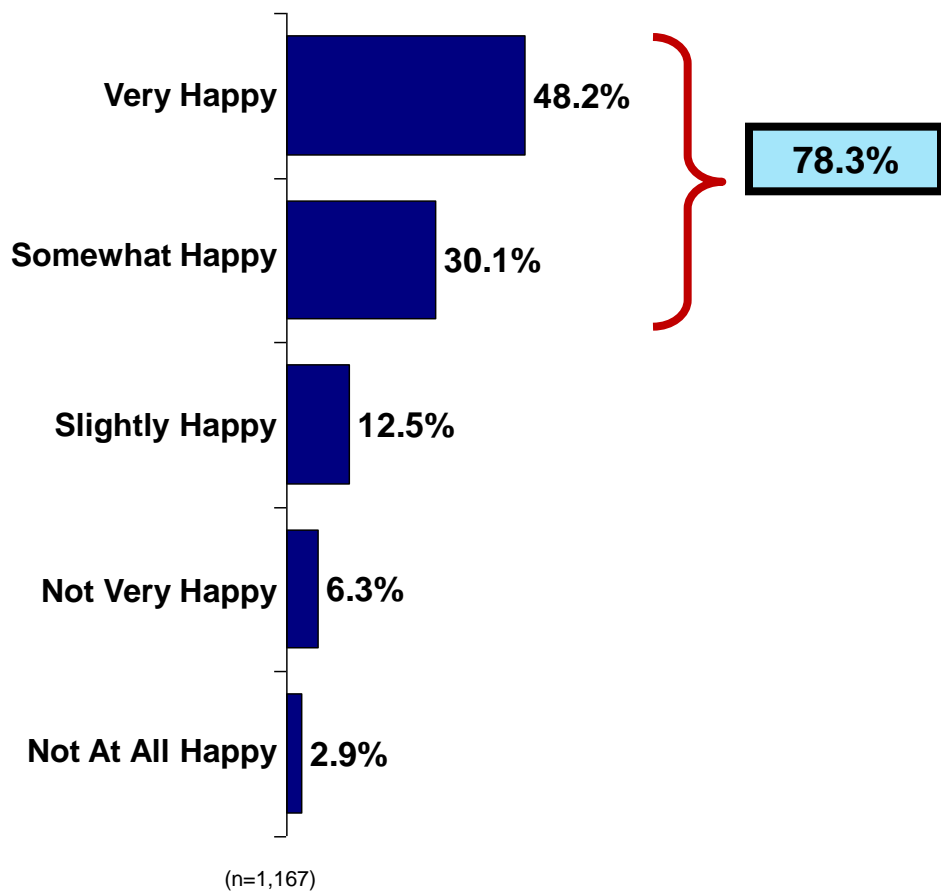


(n=91)

Q23.3: In the past 12 months, have you had problems getting needed dental care?  
 Q23.4: Please provide the reason(s) for the difficulty in getting dental care. (Multiple responses allowed)

Generally, when people are happy with their smiles they are satisfied with their teeth or dental structure. That said, more than three-fourths of St. Clair County adults are somewhat or very happy with their smile. Conversely, 9.2% are not happy with their smile.

Level of Happiness with One's Smile



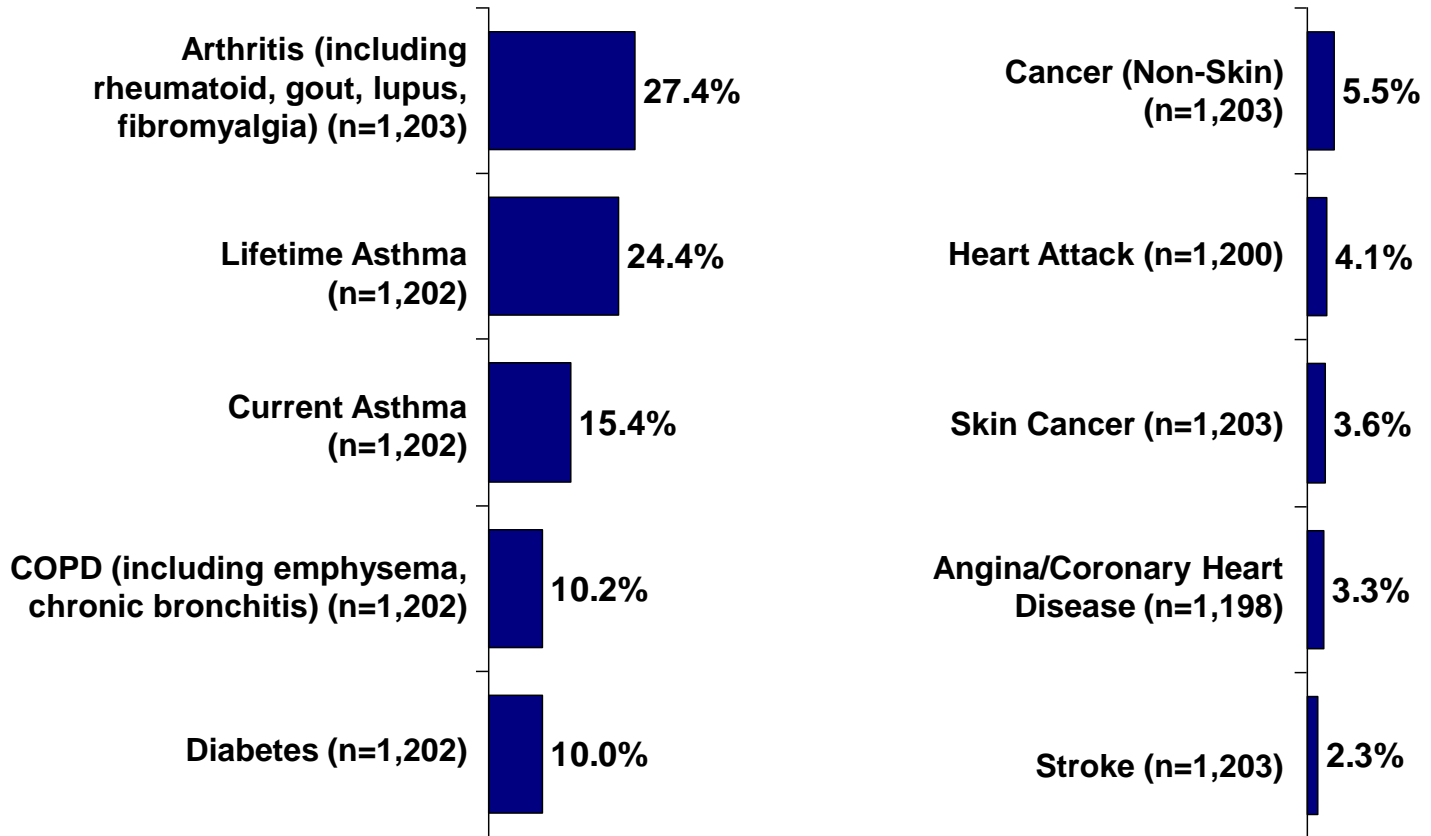
Q23.5: How happy are you with your smile?

# ***Chronic Conditions***

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Arthritis-related conditions are the most prevalent chronic conditions among St. Clair County adults, followed by asthma, COPD, and diabetes. Prevalence is low for heart conditions and stroke.

**Prevalence of Chronic Health Conditions**  
**(% Have Been Told They Have)**

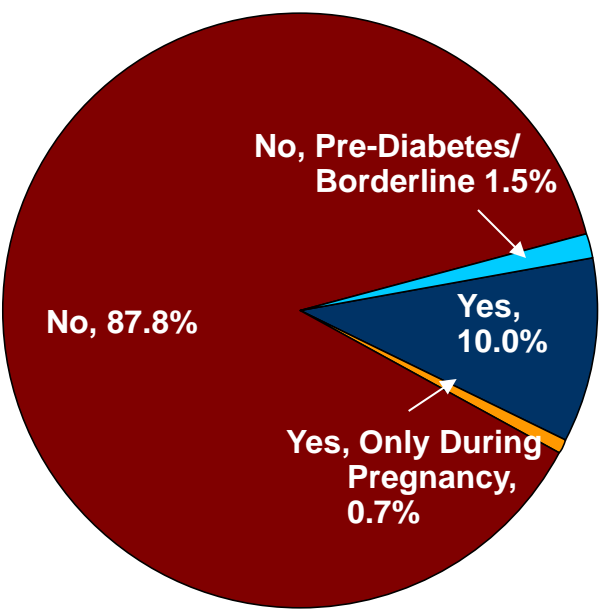


Q9.1-Q9.10: Has a doctor, nurse, or other health professional EVER told you that you had....  
 Q9.2: Do you still have asthma?

One in ten St. Clair County adults have ever been told they have diabetes. On average, those with diabetes see a health professional for the condition and/or are checked for A1c approximately three times a year.

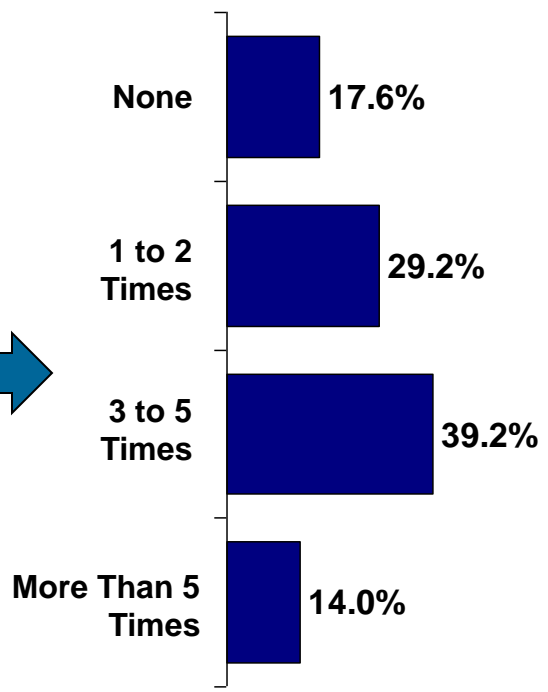
Prevalence of Diabetes

Ever Told Have Diabetes



(n=1,202)

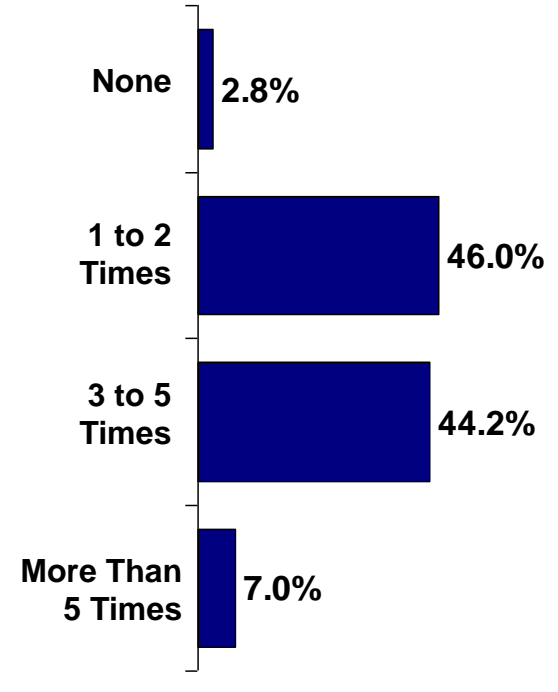
Number of Times in Past 12 Months Seen Health Professional for Diabetes



(n=195)

**Mean = 3.3**

Number of Times in Past 12 Months Checked for A1c



(n=167)

**Mean = 3.1**

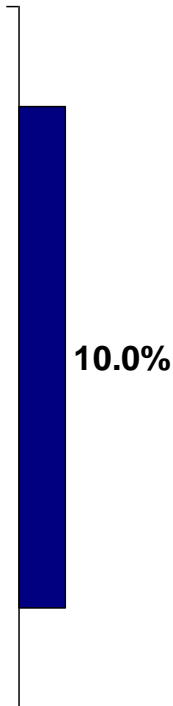
Q9.10: Has a doctor, nurse, or other health professional EVER told you that you had diabetes?  
 Q10.1: About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?  
 Q10.2: A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C?"



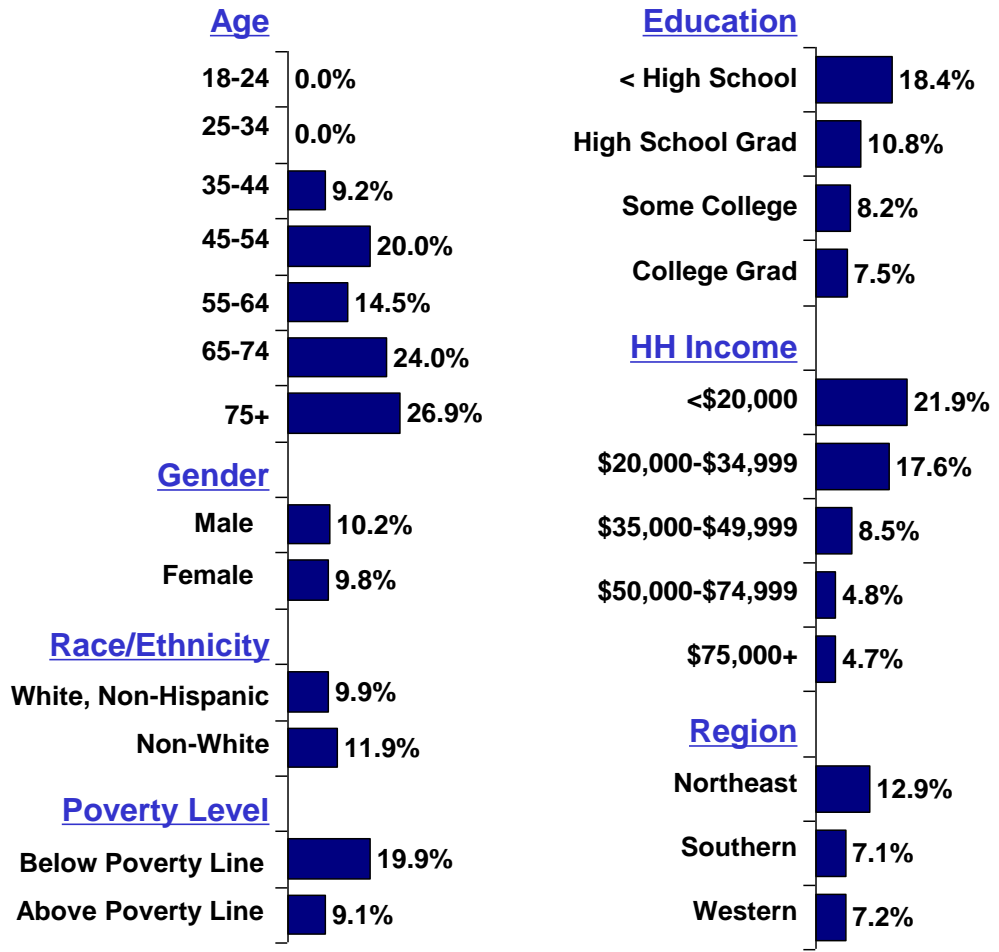
The prevalence of diabetes is greater for older adults (45+) compared to younger adults, and greater for adults from the northeast region vs. those living elsewhere. Most significantly, the prevalence of diabetes is inversely related to education and income.

**Diabetes (Continued)**

**Ever Told Have Diabetes\*  
(Total Sample)**



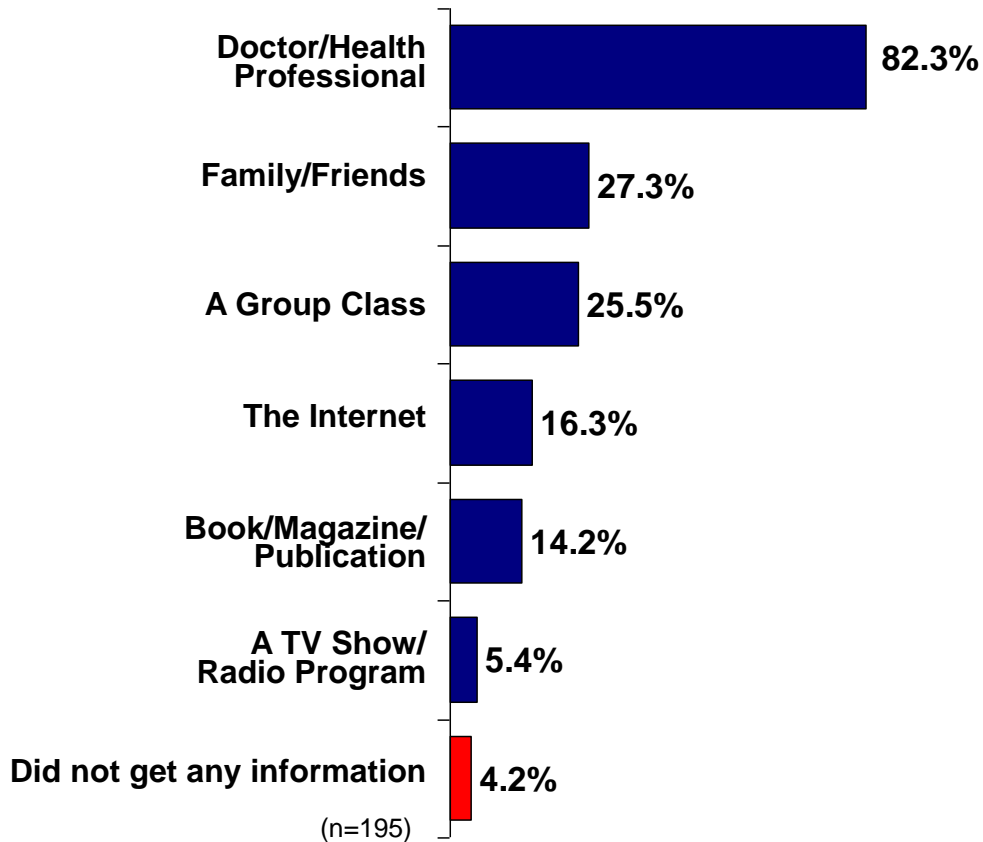
**Told Have Diabetes by Demographics**



\*Among all adults, the proportion who reported that they were ever told by a health professional that they have diabetes. Adults who had been told they have prediabetes and women who had diabetes only during pregnancy were classified as not having been diagnosed.

Almost all (95.8%) St. Clair County adults who have diabetes have received information in the past 12 months on how to care for the condition, and most, by far, have received it from a doctor or health care professional. More than one-fourth report receiving diabetes management information from family/friends and from a group class.

### Information Sources for Management of Diabetes

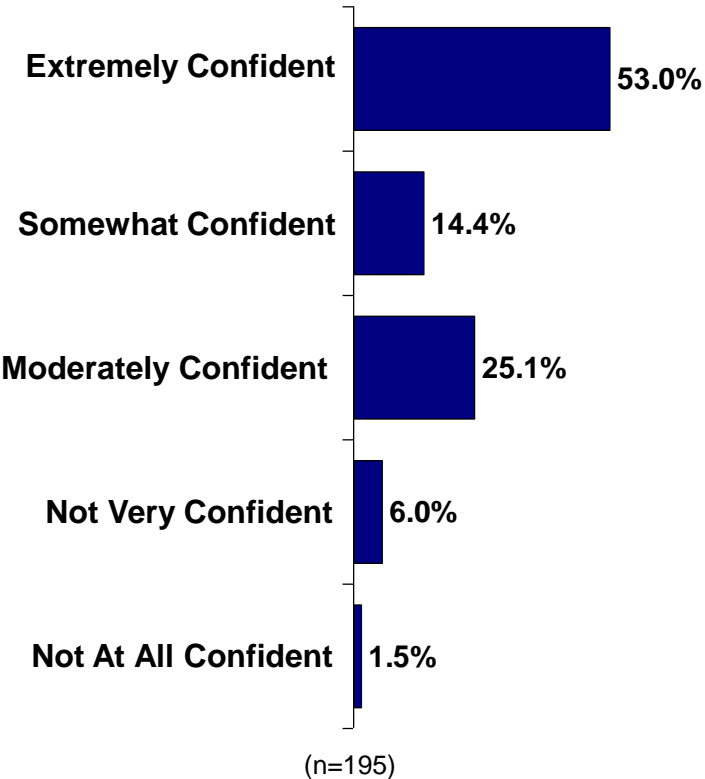


Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?

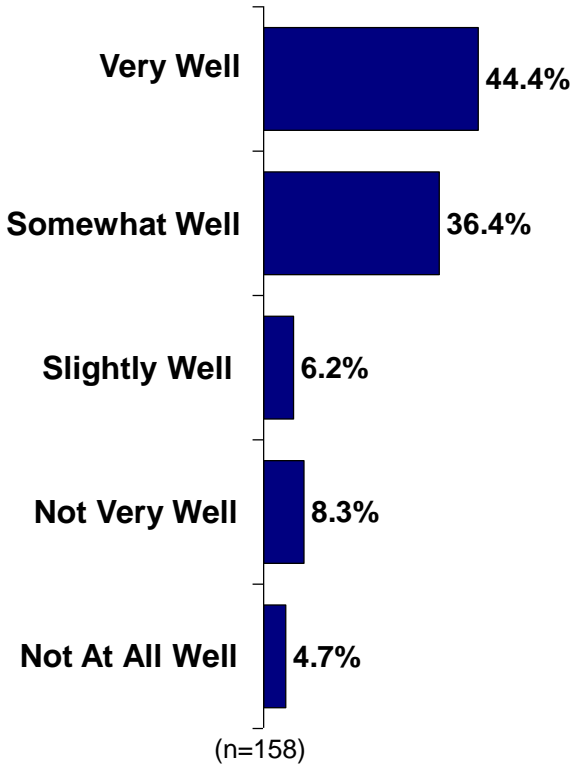
More than nine in ten area adults are at least moderately confident they can do all the things necessary to manage their diabetes; 53.0% are extremely confident. Further, eight in ten (80.8%) believe existing programs and services in the community help them manage their diabetes at least somewhat well; 44.4% say “very well.”

Management of Diabetes

Level of Confidence That You Can Do All Things Necessary to Manage Diabetes



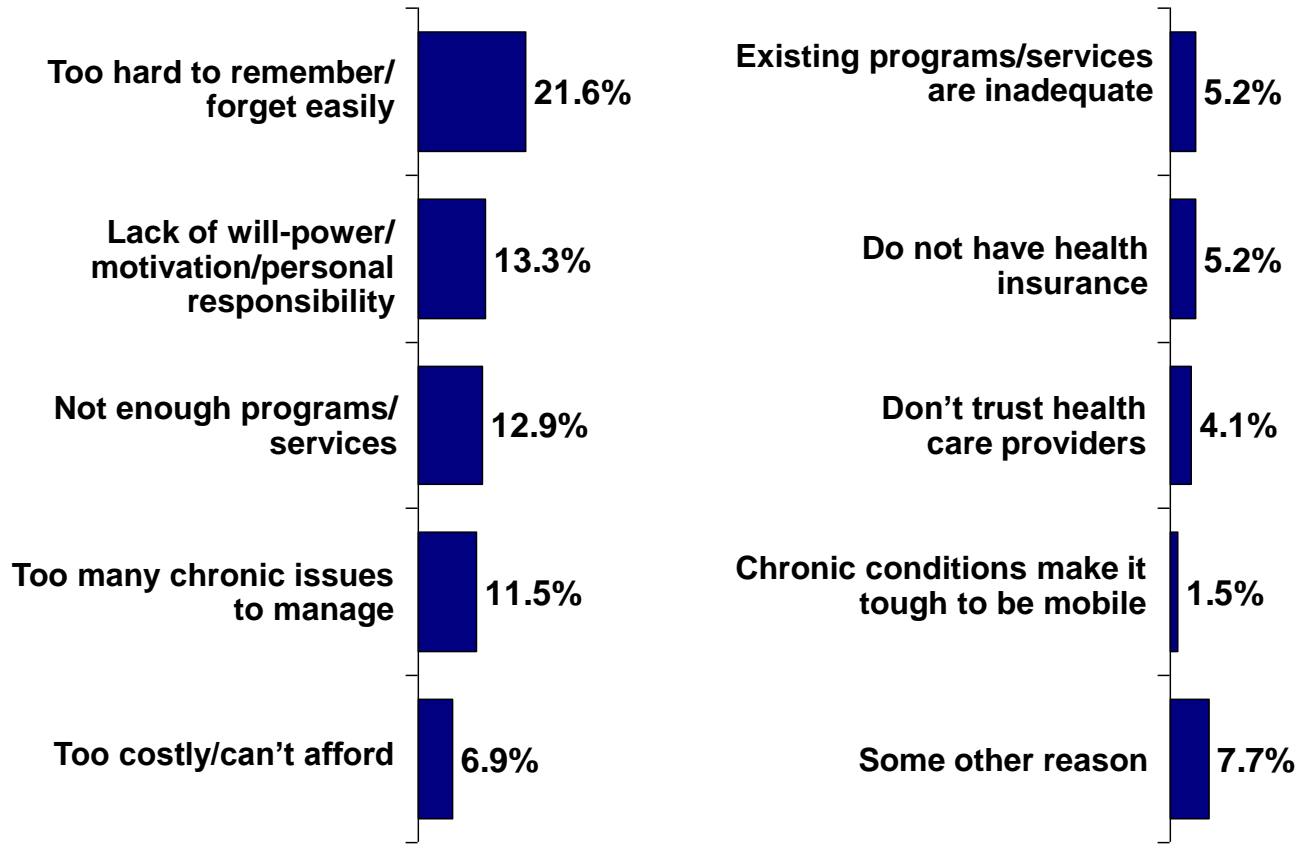
Degree to Which Existing Programs and Services in the Community Help You Manage Diabetes



Q8.2: Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all things necessary to manage your diabetes?  
Q8.4: How well do you feel existing programs and services in the community help you in managing your diabetes?

For the few adults who lack confidence in their ability to manage their diabetes, personal issues such as forgetting easily and lacking personal responsibility top the list, followed by a lack of programs/services in the community. Having multiple chronic conditions is also a barrier to managing diabetes well.

**Reasons for Lack of Confidence in Being Able to Do All Things Necessary to Manage Your Diabetes**



(n=16\*)

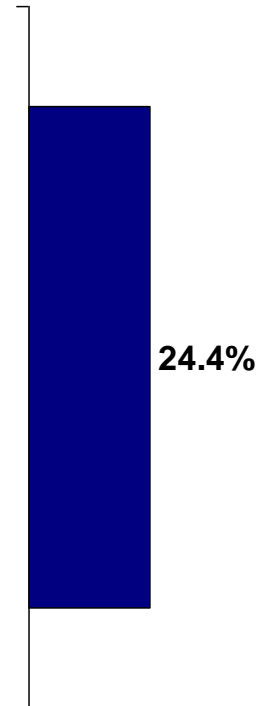
\*Caution: small base size

Q8.3: Why do you say you are [not at all confident / a little confident] that you can do all the things necessary to manage your diabetes?

One-fourth (24.4%) of adults in St. Clair County have been diagnosed with asthma in their lifetime. This rate is higher for females than males and higher for those living in the northeast (urban) region of the county vs. residents in other regions.

**Asthma Among Adults**

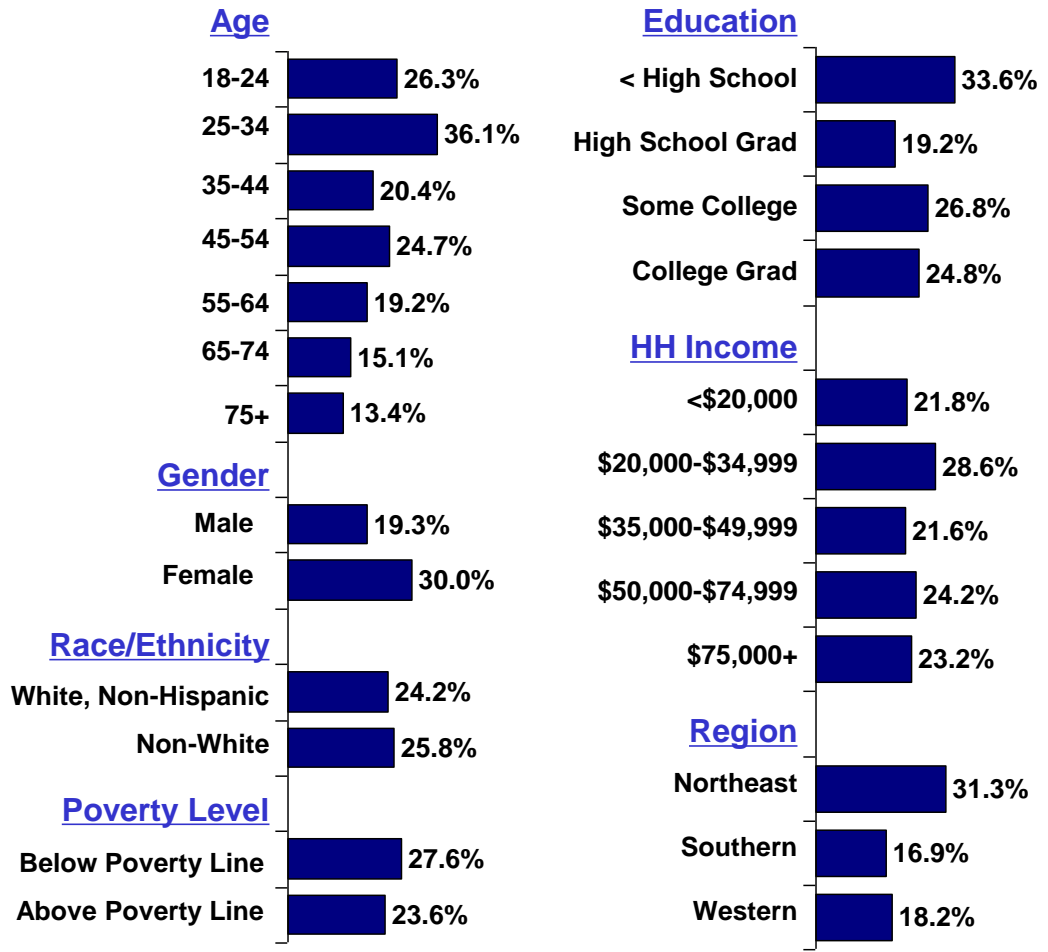
**Lifetime Asthma Prevalence\***  
**(Total Sample)**



(n=1,202)

\*Among all adults, the proportion who reported that they were ever told by a doctor, nurse, or other health care professional that they had asthma.

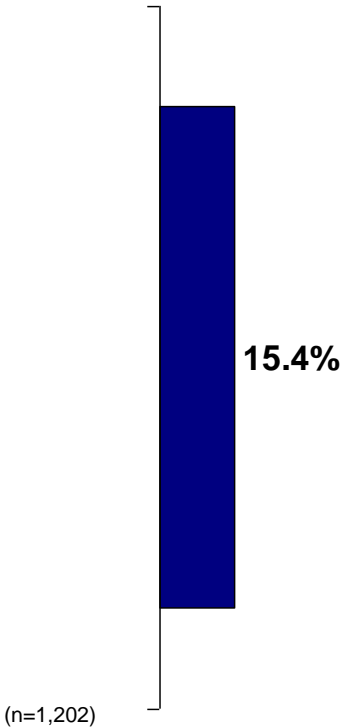
**Lifetime Asthma by Demographics**



Nearly one in six (15.4%) area adults currently have asthma. Women are far more likely to have asthma than men, and those with less than a high school education are far more likely to have asthma than those with more education. The prevalence of asthma in the northeast region is highest. The prevalence of asthma is also higher among adults living below the poverty line compared to adults living above it.

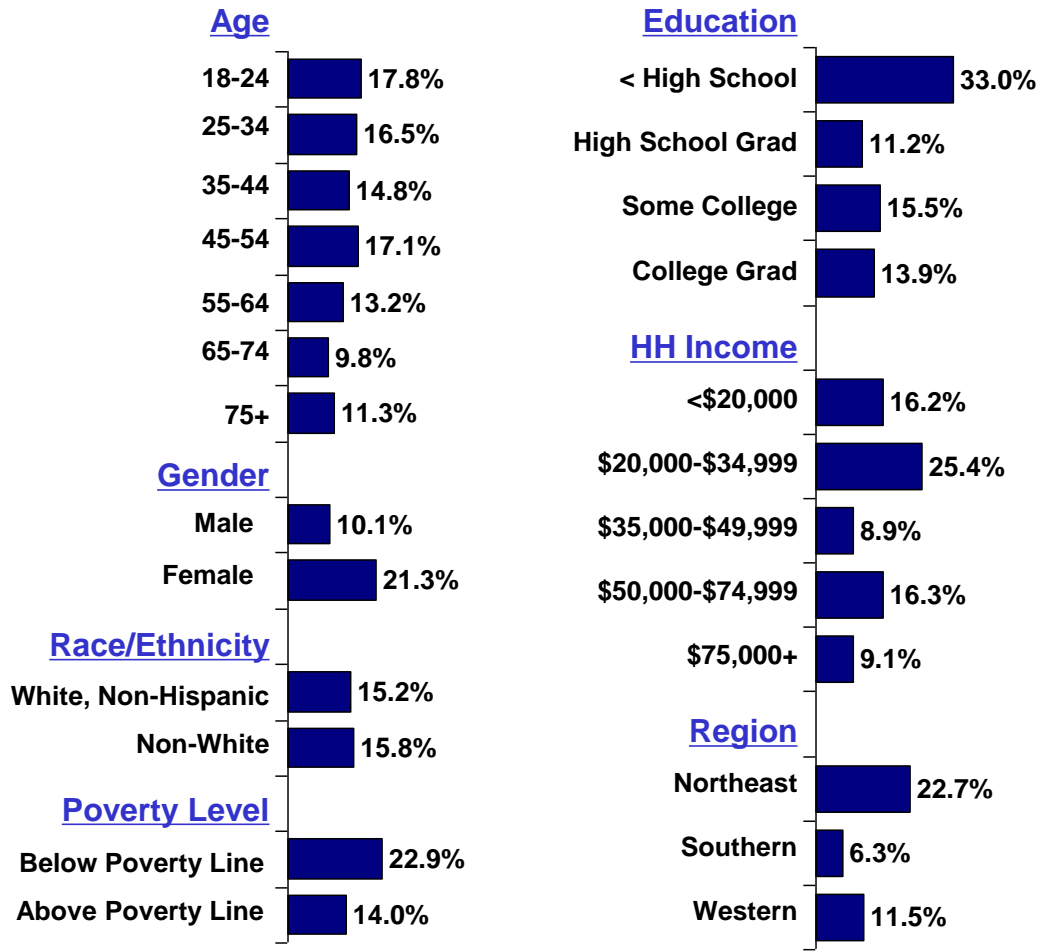
**Asthma Among Adults (Continued)**

**Current Asthma Prevalence\***  
**(Total Sample)**



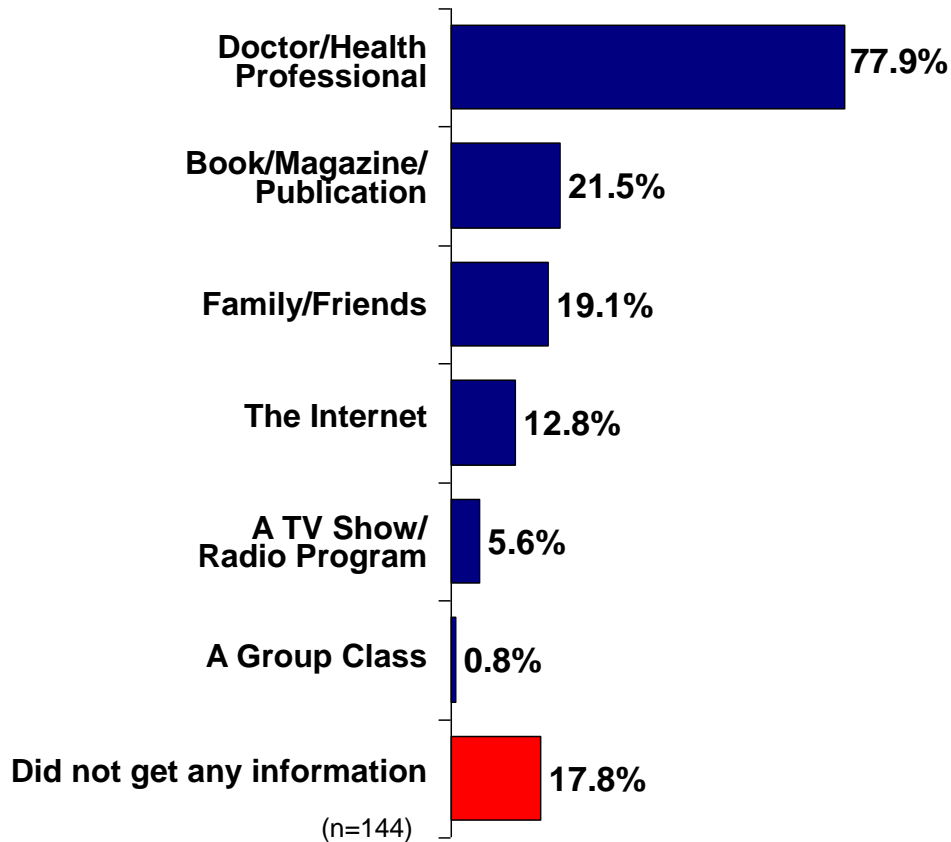
\*Among all adults, the proportion who reported that they still had asthma.

**Current Asthma by Demographics**



More than eight in ten (82.2%) area adults who have asthma have received information in the past 12 months on how to care for the condition. The greatest information source is the physician or health care professional, followed by books/publications, family/friends, and the Internet.

### Information Sources for Management of Asthma

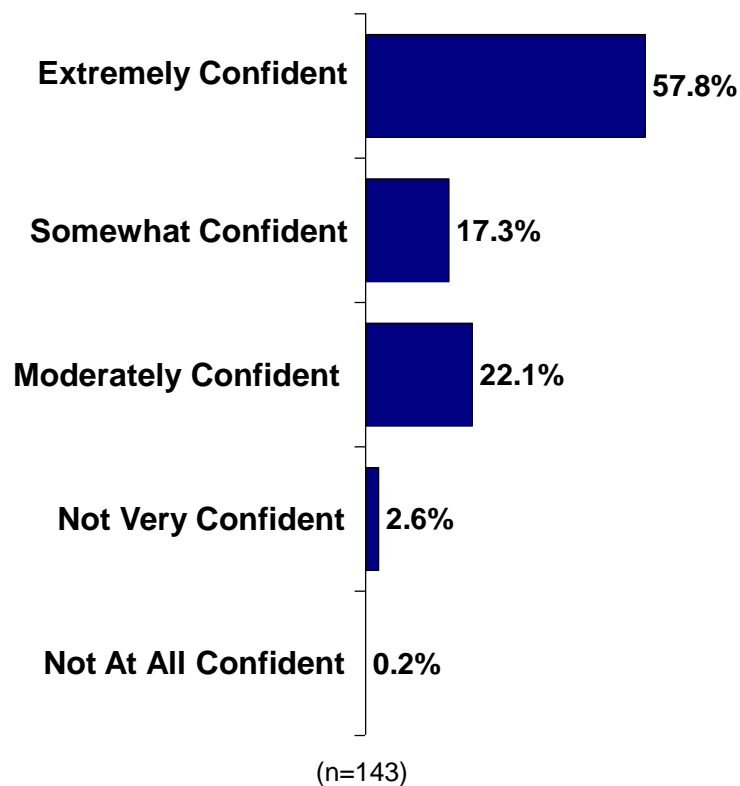


Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?

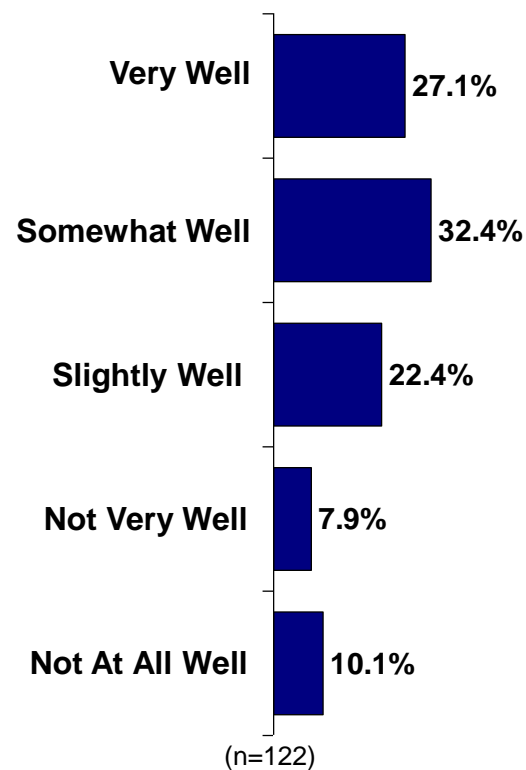
Almost all (97.2%) area adults are at least moderately confident they can do all the things necessary to manage their asthma; 57.8% are extremely confident. However, fewer than six in ten (59.5%) believe existing programs and services in the community help them manage their asthma at least somewhat well; only 27.1% say “very well.”

### Management of Asthma

#### Level of Confidence That You Can Do All Things Necessary to Manage Asthma



#### Degree to Which Existing Programs and Services in the Community Help You Manage Asthma

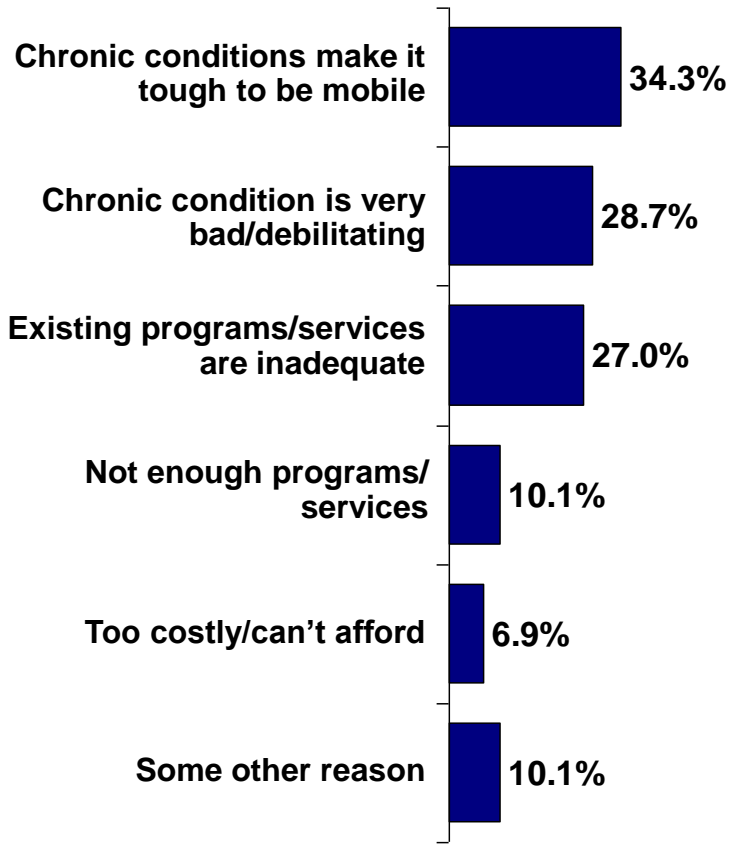


Q8.2: Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all things necessary to manage your asthma?  
Q8.4: How well do you feel existing programs and services in the community help you in managing your asthma?



For the few adults who lack confidence in their ability to manage their asthma, the extent of their illness is so great that it renders them unable to seek help. For those who can seek help, their lack of confidence in managing their condition stems from an inadequacy of existing programs/services or a lack of programs and services.

**Reasons for Lack of Confidence in Being Able to Do All Things Necessary to Manage Your Asthma**



(n=7\*)

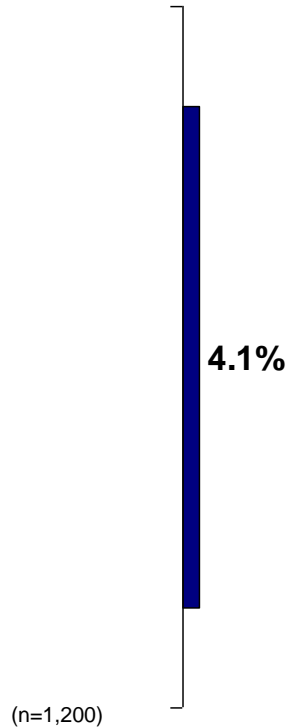
\*Caution: small base size

Q8.3: Why do you say you are [not at all confident / a little confident] that you can do all the things necessary to manage your asthma?

Overall, very few St. Clair County adults have had a heart attack. However, there are some glaring differences demographically. For example, there is an inverse relationship between having a heart attack and both education and income; in fact, one in ten adults with household incomes less than \$20K have had a heart attack, compared to 1.7% for those earning \$75K or more. Men and non-White adults are more likely to have had a heart attack than women and White adults, respectively.

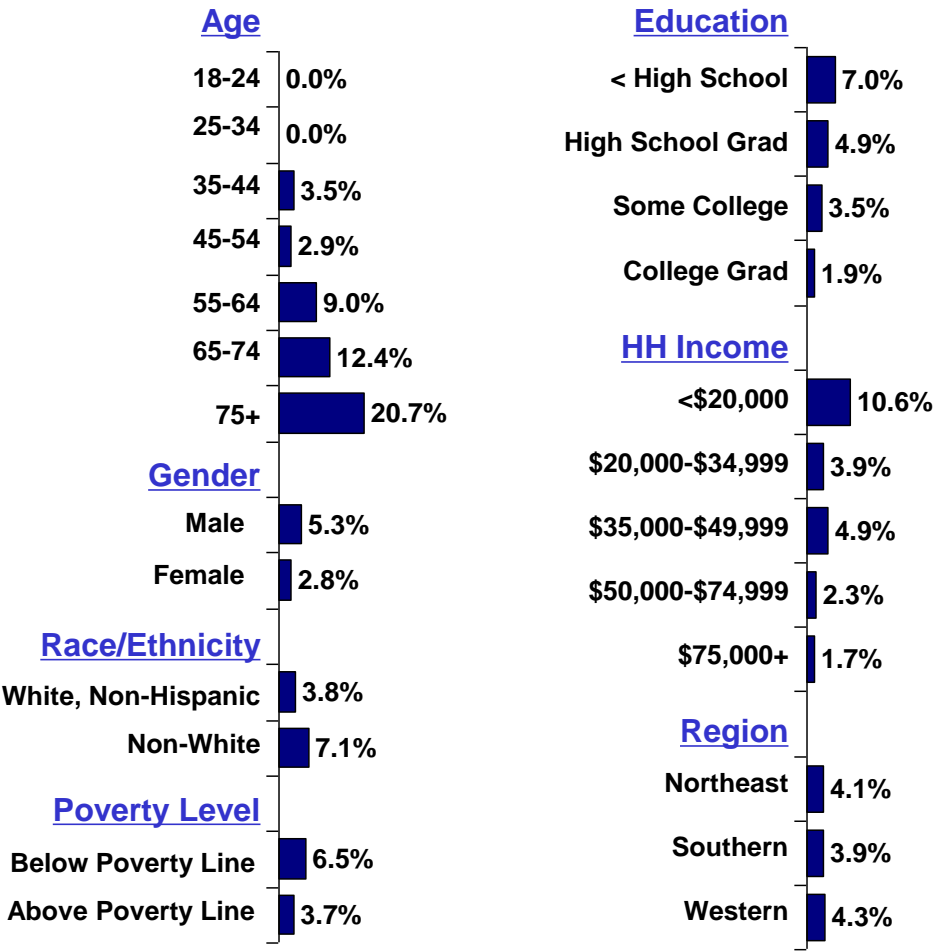
**Heart Attack**

**Ever Told Had Heart Attack\*  
(Total Sample)**



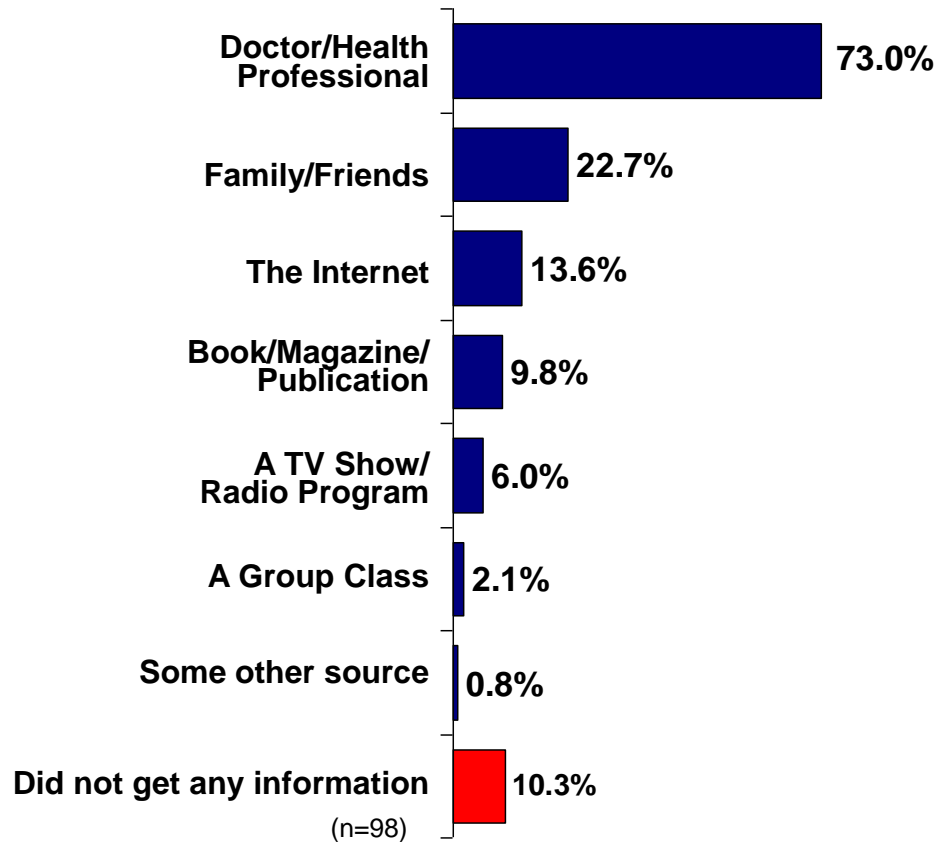
\*Among all adults, the proportion who had ever been told by a health professional that they had a heart attack or myocardial infarction.

**Told Had Heart Attack by Demographics**



Nine in ten (89.7%) area adults who have had a heart attack have received information in the past 12 months on how to care for the condition. The greatest information source is the physician or health care professional; however, one in five report receiving information from family/friends and 13.6% from the Internet.

### Information Sources for Management of Heart Attack



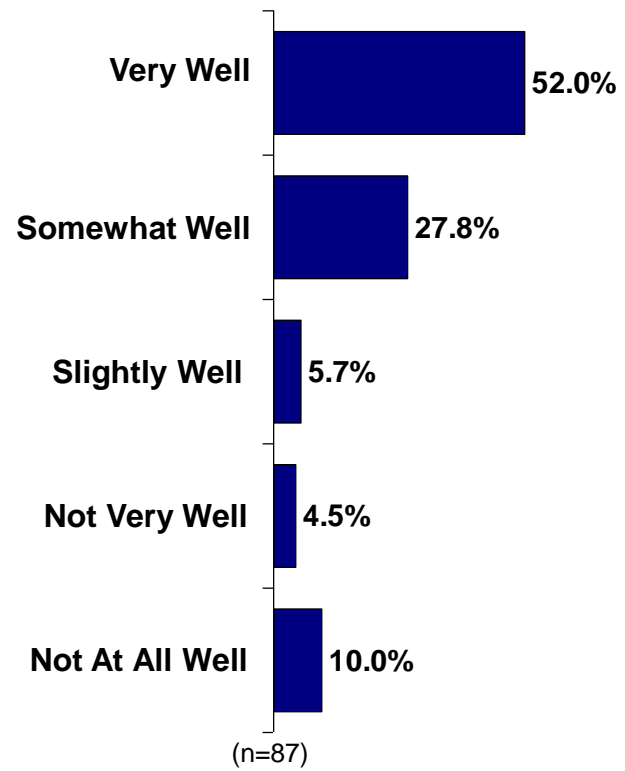
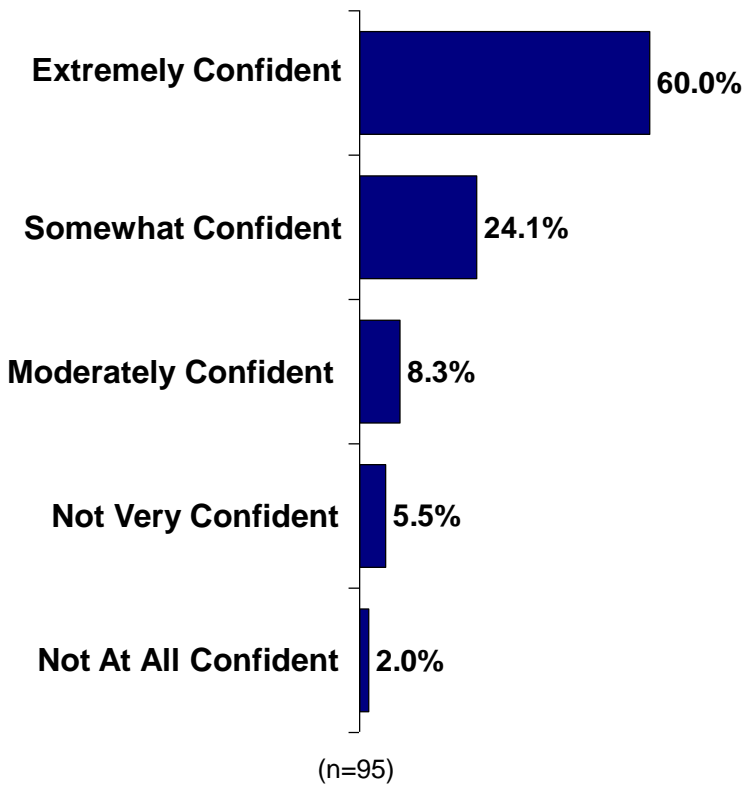
Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?

More than nine in ten (92.5%) area adults are at least moderately confident they can do all the things necessary to manage their heart attack/cardiovascular disease; 60.0% are extremely confident. Moreover, eight in ten (79.8%) believe existing programs and services in the community help them manage their heart attack at least somewhat well; 52.0% say “very well.” The few respondents who said they are not confident they can do all things necessary to manage their heart condition say the lack of mobility makes it tough to get around and multiple chronic issues also restrict their options.

**Management of Heart Attack**

**Level of Confidence That You Can Do All Things Necessary to Manage Heart Attack**

**Degree to Which Existing Programs and Services in the Community Help You Manage Heart Attack**

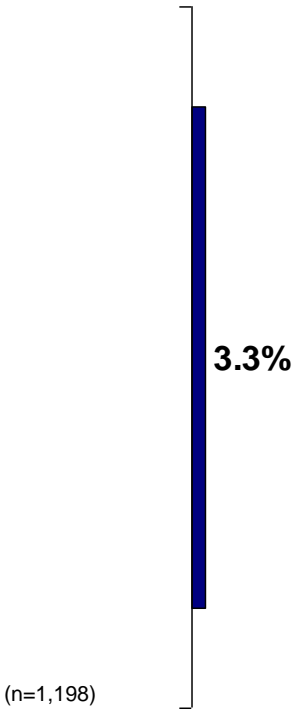


Q8.2: Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all things necessary to manage your heart attack?  
 Q8.4: How well do you feel existing programs and services in the community help you in managing your heart attack?

Very few St. Clair County adults have ever been told they have angina or coronary heart disease. The rate is highest for adults aged 55+ and those economically challenged (below poverty line, less than \$20K in household income). Moreover, there is an inverse relationship between being diagnosed with angina/CHD and both income and education.

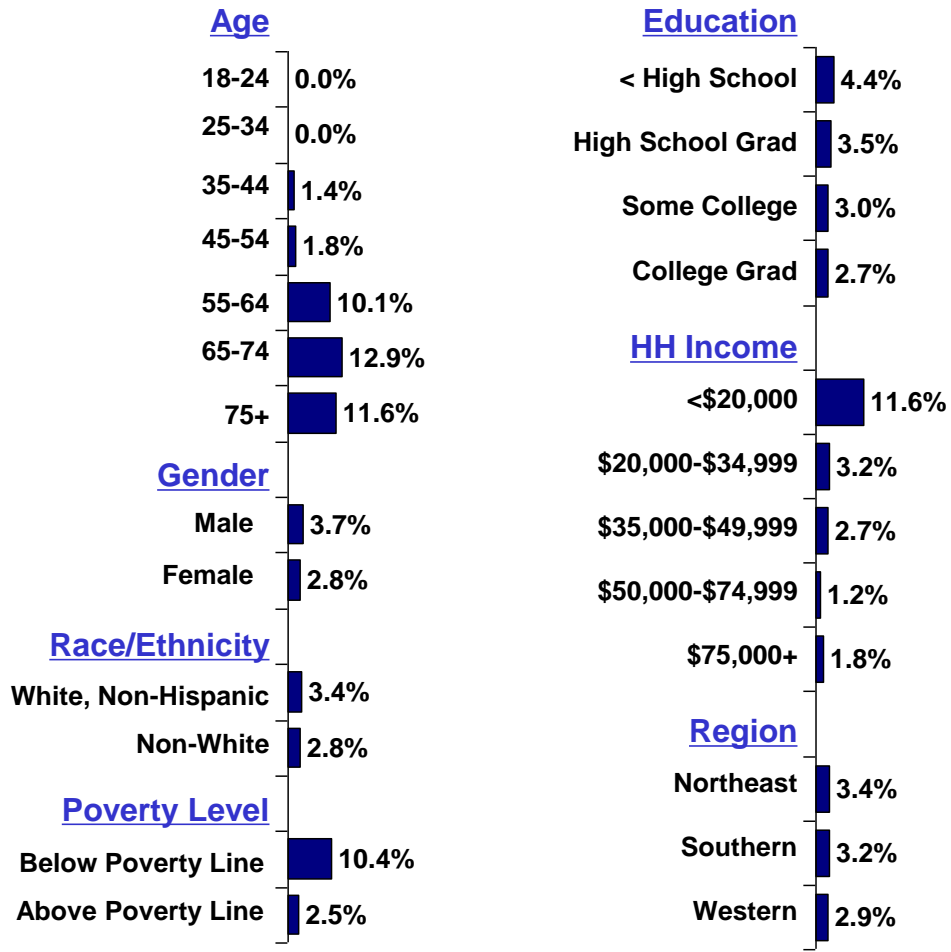
Angina/CHD

Ever Told Have Angina/Coronary Heart Disease\*  
(Total Sample)



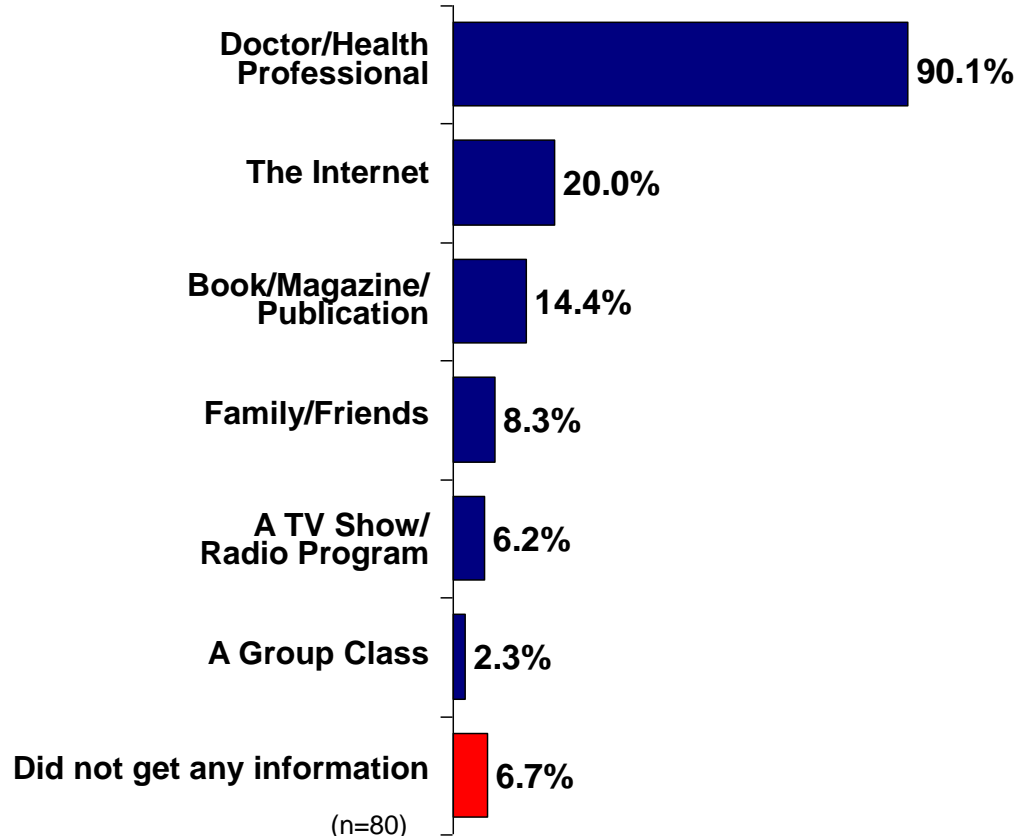
\*Among all adults, the proportion who had ever been told by a health professional that they had angina or coronary heart disease.

Told Have Angina/Coronary Heart Disease by Demographics



More than nine in ten (93.3%) area adults who have angina or coronary heart disease have received information in the past 12 months on how to care for these conditions. The greatest information source is the physician or health care professional. Other sources include the Internet and books/publications.

**Information Sources for Management of Angina/CHD**

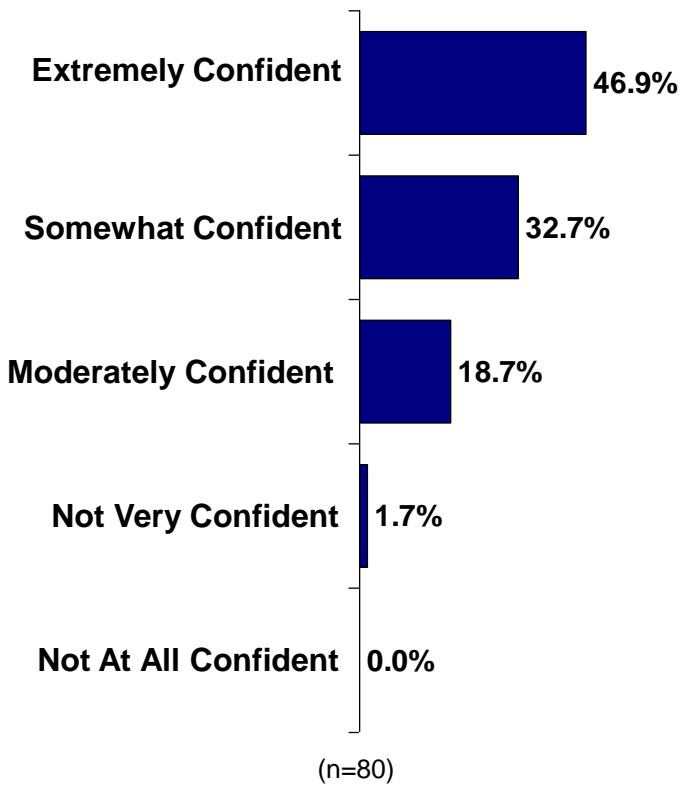


Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?

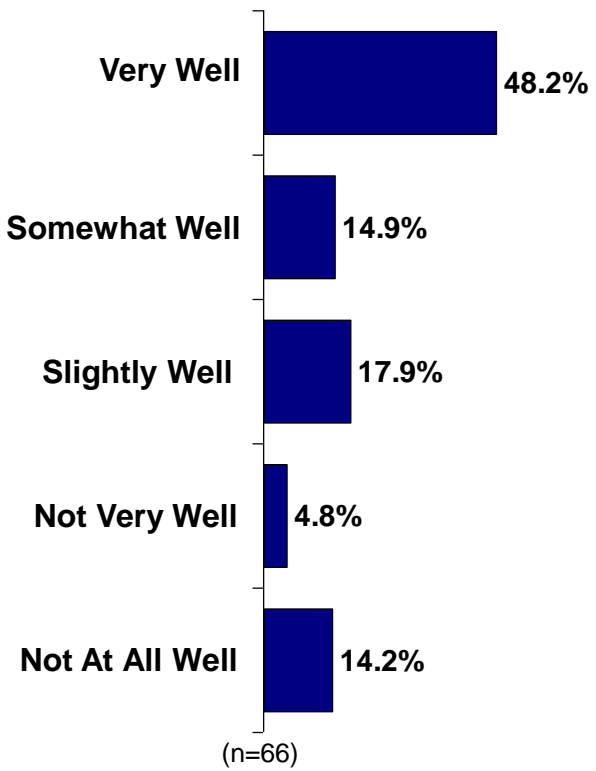
Nearly all (98.3%) area adults are at least moderately confident they can do all the things necessary to manage their angina/CHD. However, more than one-third (36.9%) believe existing programs and services in the community help them manage their angina/CHD “slightly well” at best.

**Management of Angina/CHD**

**Level of Confidence That You Can Do All Things Necessary to Manage Angina/CHD**



**Degree to Which Existing Programs and Services in the Community Help You Manage Angina/CHD**

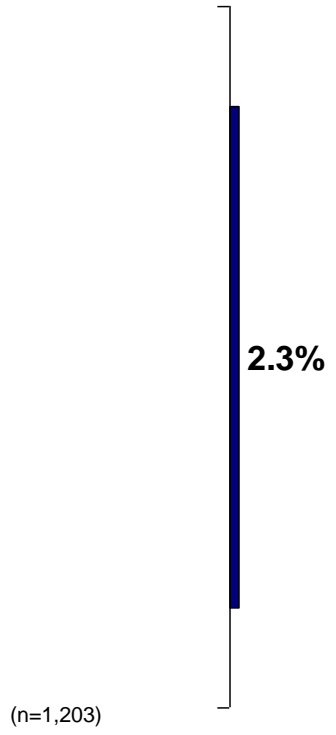


Q8.2: Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all things necessary to manage your angina/CHD?  
 Q8.4: How well do you feel existing programs and services in the community help you in managing your angina/CHD?

Few area adults have had a stroke. The highest prevalence of stroke can be found in the highest age, lowest education, and lowest income groups.

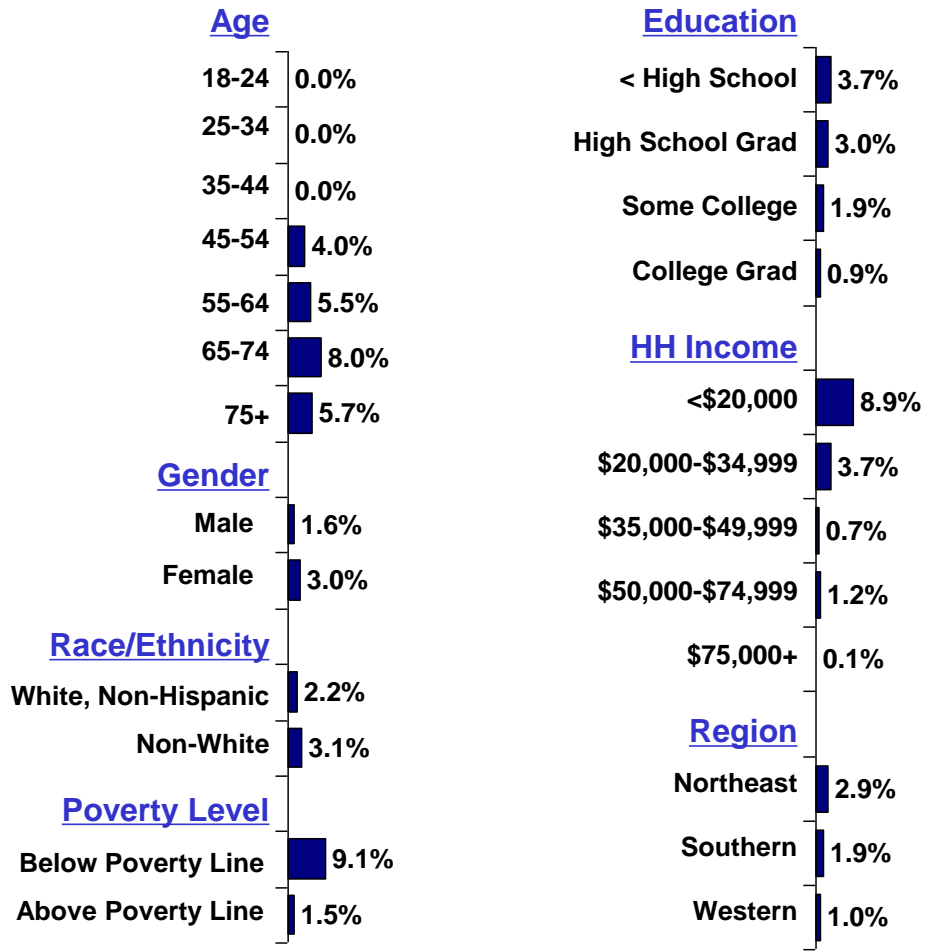
**Stroke**

**Ever Told Had a Stroke\*  
(Total Sample)**



\*Among all adults, the proportion who had ever been told by a health professional that they had a stroke.

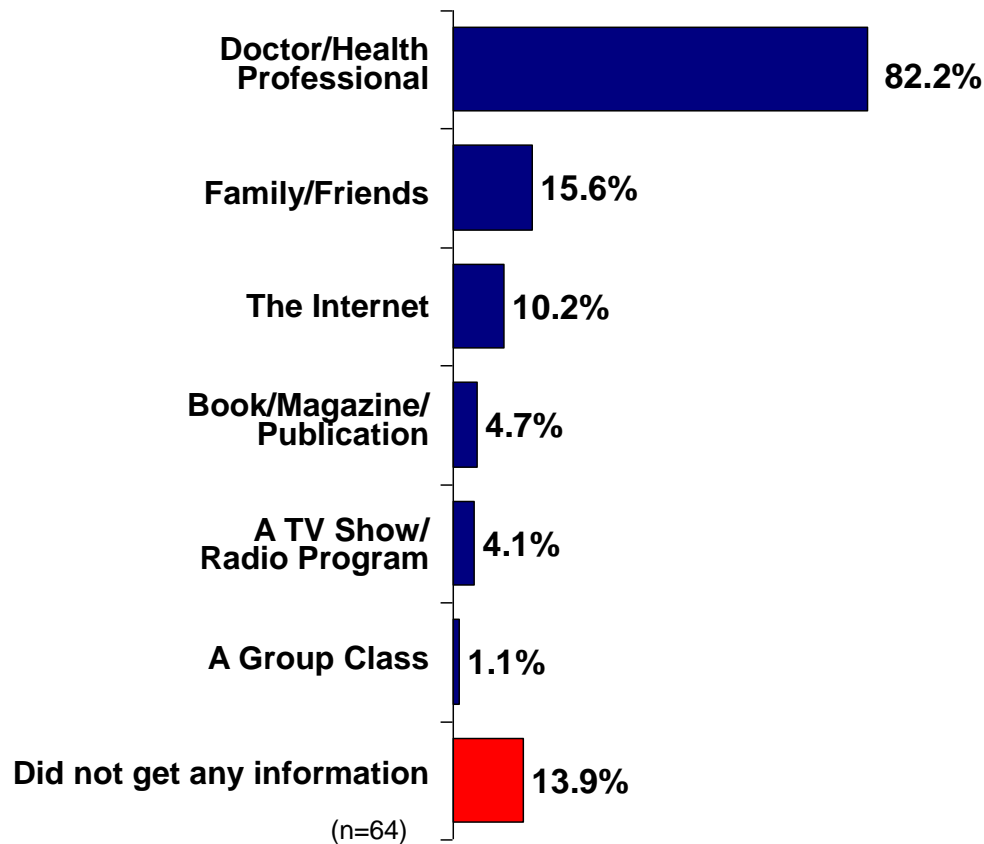
**Told Had Stroke by Demographics**





Almost nine in ten (86.1%) area adults who have had a stroke have received information in the past 12 months on how to care for the condition, and they received their information primarily from doctors or health care professionals. Family and friends and the Internet are sources for some.

### Information Sources for Management of Stroke

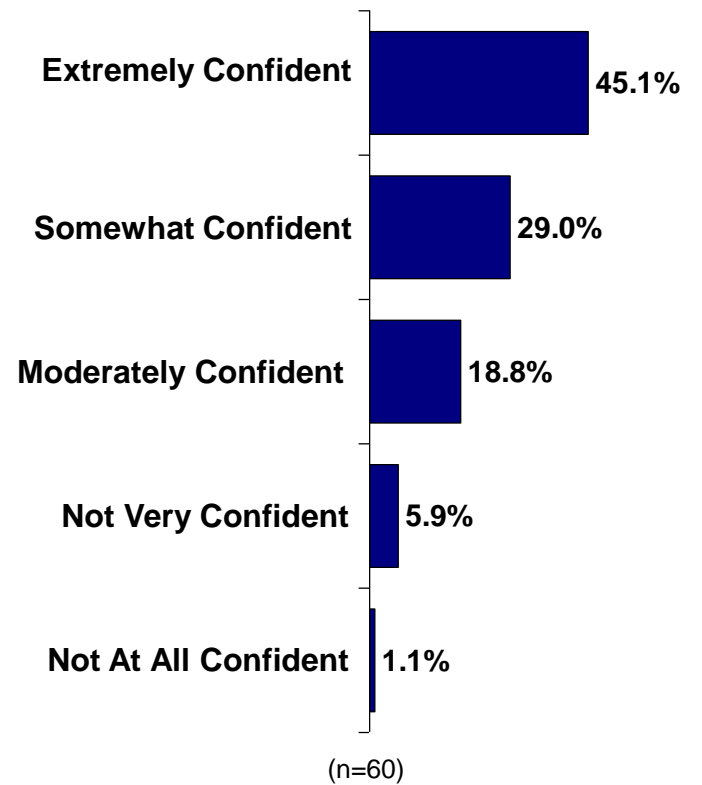


Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?

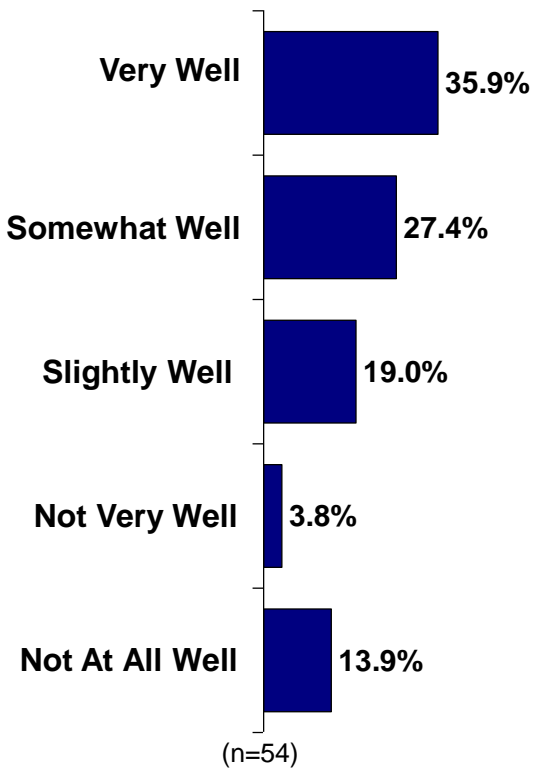
Almost all (93.0%) area adults are at least moderately confident they can do all the things necessary to manage their stroke; 45.1% are extremely confident. However, 17.7% believe existing programs and services in the community do not help them manage their stroke well. The three respondents who said they are not confident they can do all things necessary to manage their stroke said their condition made it hard for them to be mobile.

**Management of Stroke**

**Level of Confidence That You Can Do All Things Necessary to Manage Stroke**



**Degree to Which Existing Programs and Services in the Community Help You Manage Stroke**

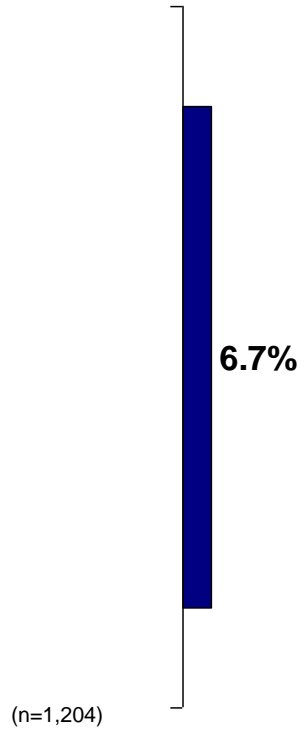


Q8.2: Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all things necessary to manage your stroke?  
 Q8.4: How well do you feel existing programs and services in the community help you in managing your stroke?

Having any form of cardiovascular disease (heart attack, angina, stroke) is directly related to age and inversely related to education and income. For example, 2.9% of adults with annual incomes of \$75K or more have experienced heart disease in some form, compared to 17.5% of those with incomes below \$20K.

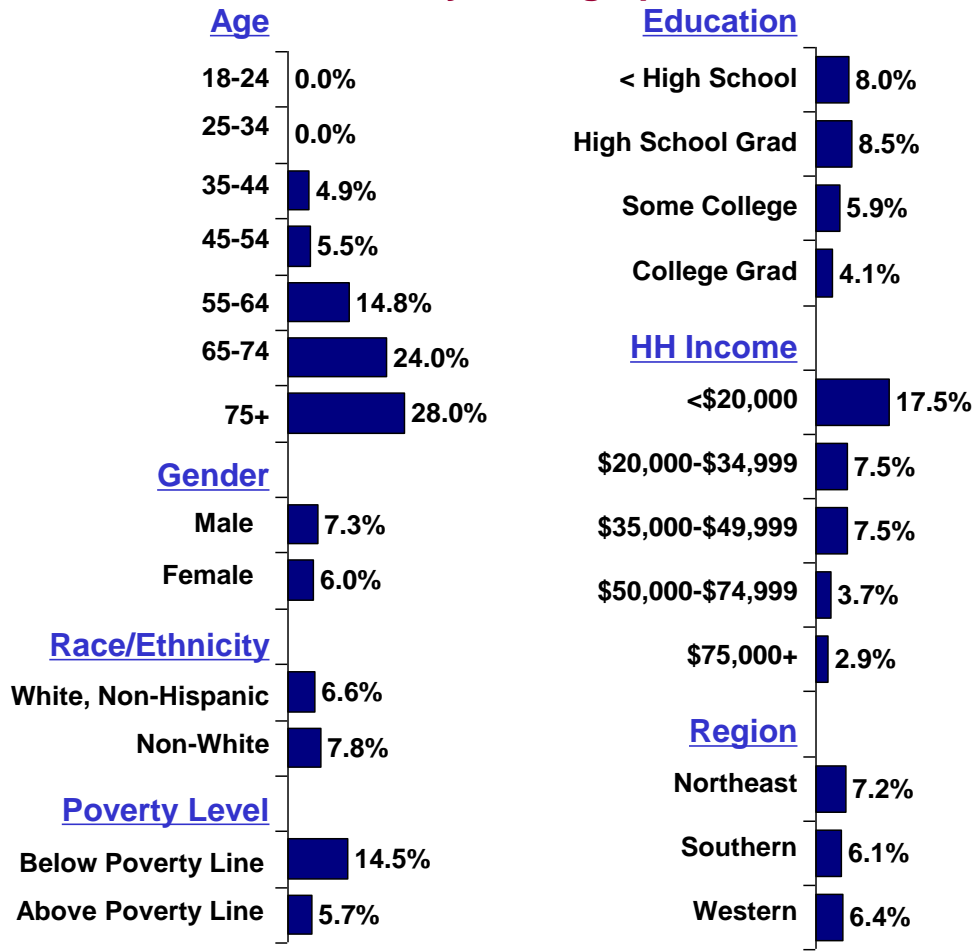
**Any Cardiovascular Disease**

**Ever Told Had Heart Attack, Angina, or Stroke\* (Total Sample)**



\*Among all adults, the proportion who had ever been told by a health professional that they had a heart attack, angina, or stroke.

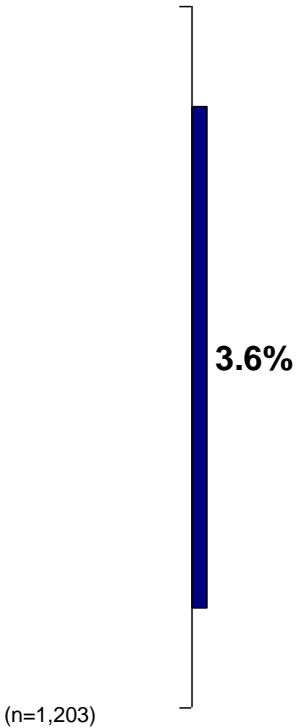
**Told Had Heart Attack, Angina, or Stroke by Demographics**



Very few St. Clair County adults have been told by a doctor they have skin cancer. Expectedly, this proportion rises dramatically with age; more than one in five (22.0%) people aged 75 or older have been told they have skin cancer. People living above the poverty line are more likely to be diagnosed with skin cancer than people living below the poverty line. Generally, the prevalence of skin cancer is directly related to education and income; those with higher levels of education and/or income are more likely to be diagnosed with skin cancer compared to those with less education and/or lower income.

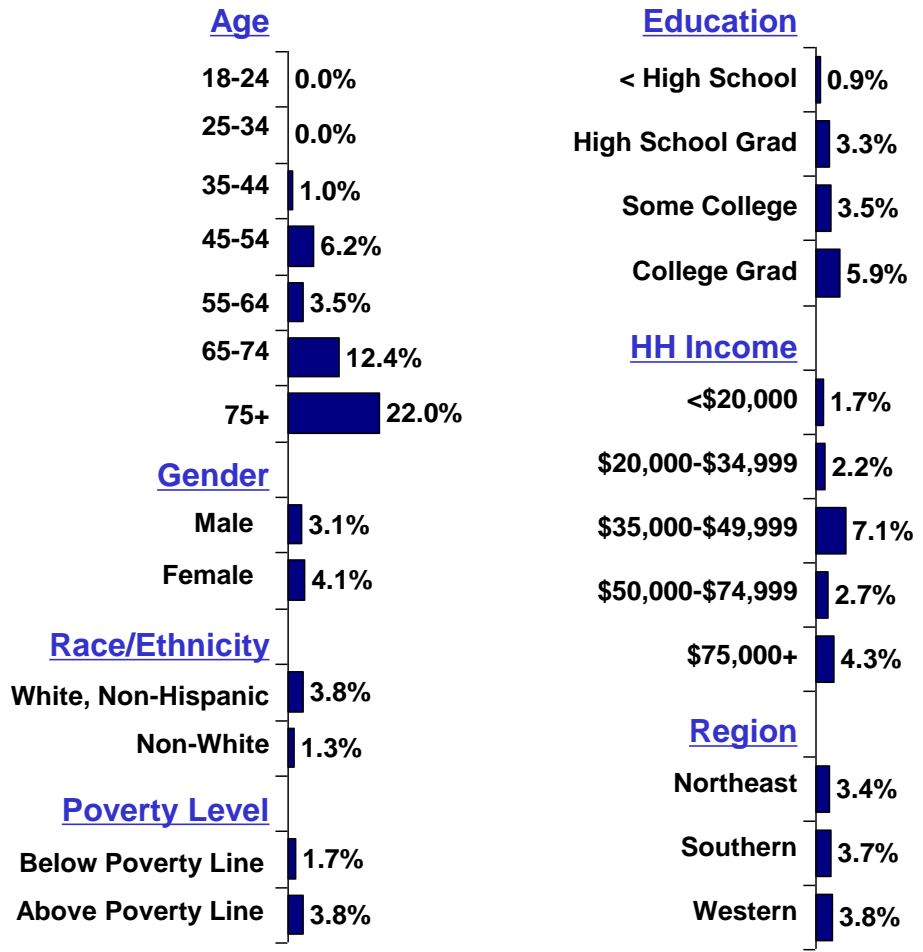
## Skin Cancer

### Ever Told Have Skin Cancer\* (Total Sample)



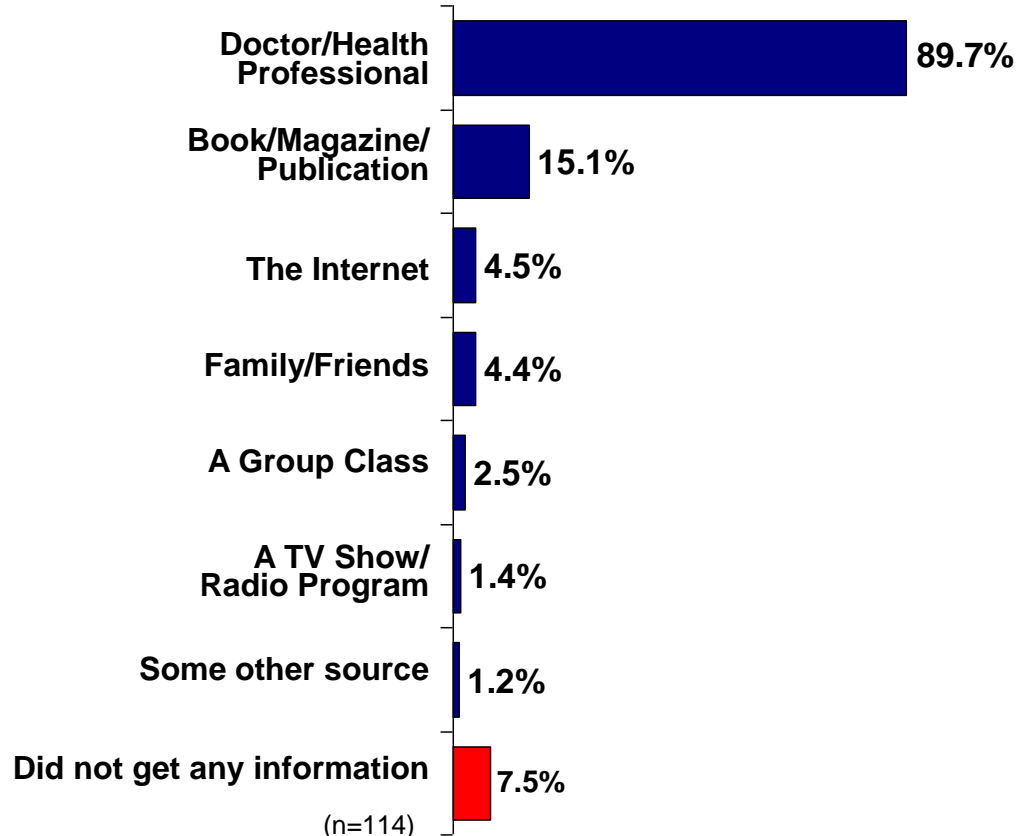
\*Among all adults, the proportion who reported that they were ever told by a health professional that they have skin cancer.

### Told Have Skin Cancer by Demographics



More than nine in ten (92.5%) area adults who have skin cancer have received information in the past 12 months on how to care for the condition, and they get the information primarily from physicians and health care professionals.

Information Sources for Management of Skin Cancer

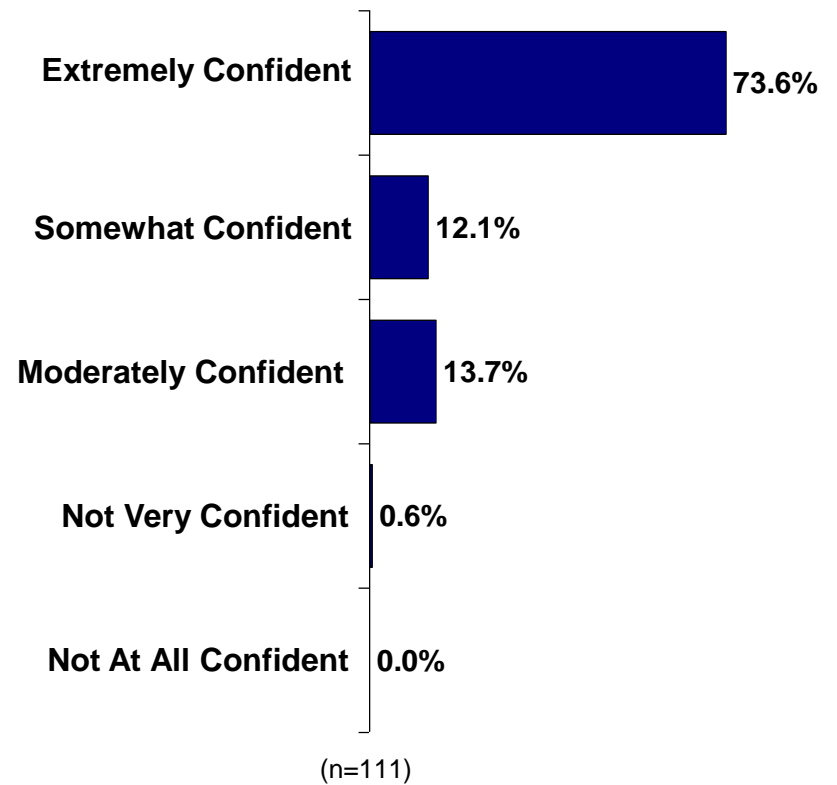


Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?

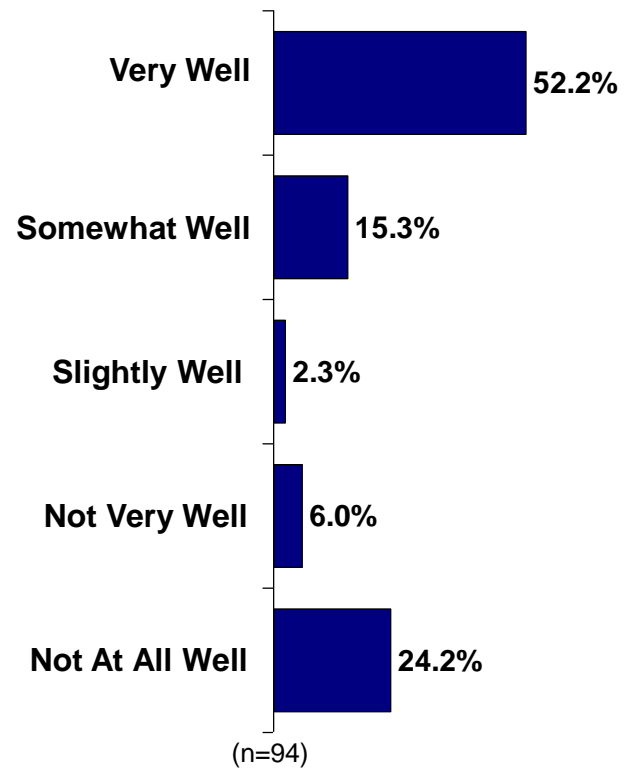
Almost all (99.4%) area adults are at least moderately confident they can do all the things necessary to manage their skin cancer; 73.6% are extremely confident. However, three in ten (30.2%) believe existing programs and services in the community do not help them manage their skin cancer well. The two respondents who said they are not confident they can do all things necessary to manage their skin cancer said the existing programs and services in the community are inadequate.

**Management of Skin Cancer**

**Level of Confidence That You Can Do All Things Necessary to Manage Skin Cancer**



**Degree to Which Existing Programs and Services in the Community Help You Manage Skin Cancer**

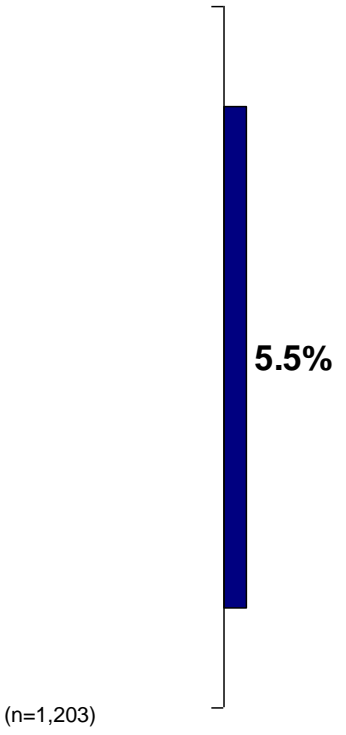


Q8.2: Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all things necessary to manage your skin cancer?  
 Q8.4: How well do you feel existing programs and services in the community help you in managing your skin cancer?

One in twenty (5.5%) area adults have been told by a doctor they have non-skin cancer. This proportion also rises dramatically with age; 26.5% of residents aged 75 or older have been diagnosed with some form of non-skin cancer. Women and White adults are more likely to be diagnosed with cancer compared to men and non-White adults, respectively.

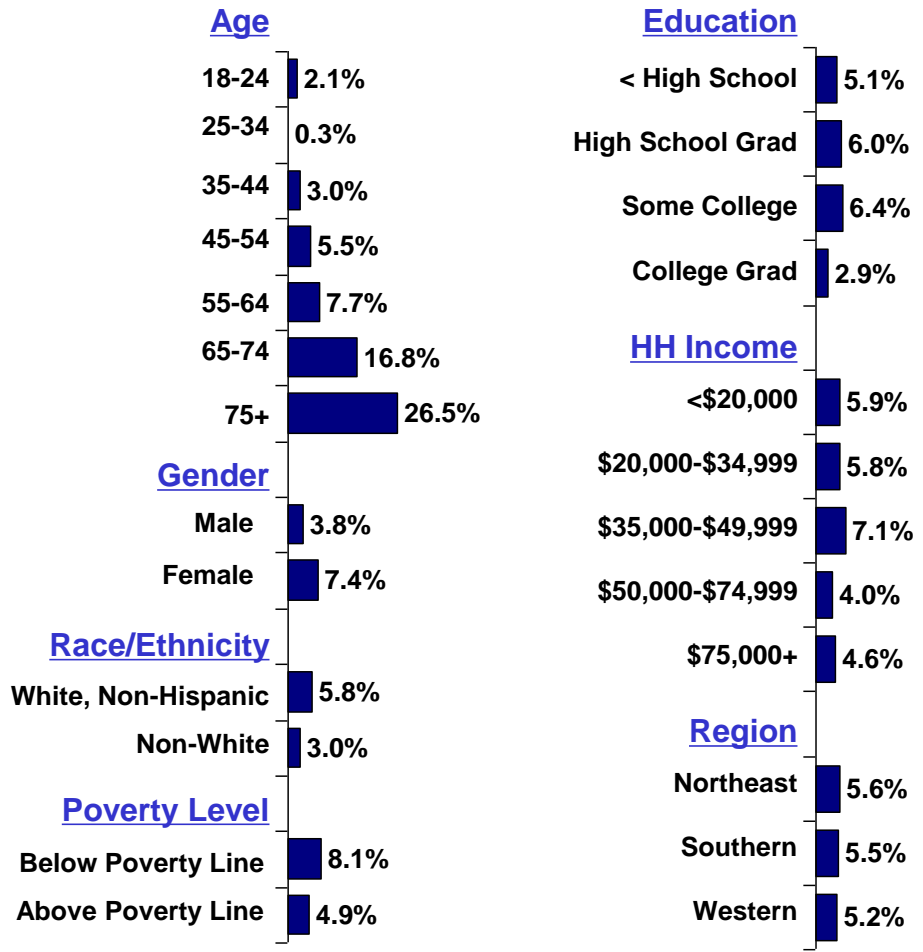
**Cancer (Other Than Skin)**

**Ever Told Have Cancer (Other Than Skin)\*  
(Total Sample)**



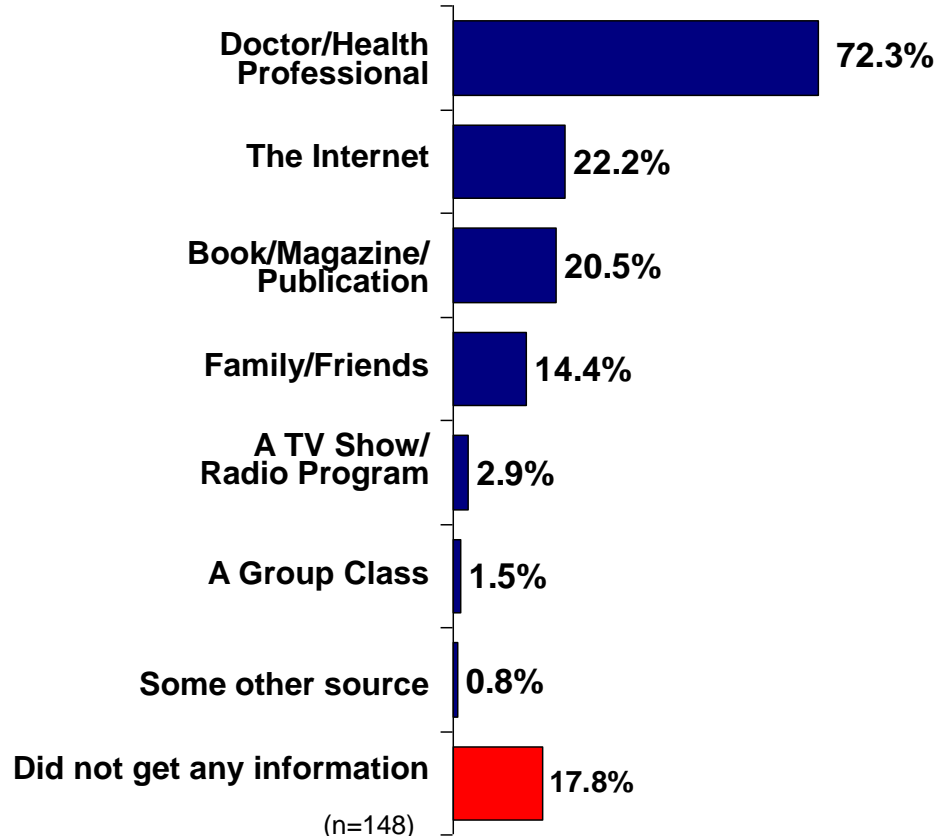
\*Among all adults, the proportion who reported that they were ever told by a health professional that they have cancer (other than skin).

**Told Have Cancer by Demographics**



Although 82.2% of area adults who have cancer (other than skin) have received information in the past 12 months on how to care for their condition, it is concerning that almost one in five have not. Physicians and health care professionals top the list as sources of information for cancer, but the Internet and books/publications are also sources for more than one in five.

**Information Sources for Management of Cancer (Other Than Skin)**



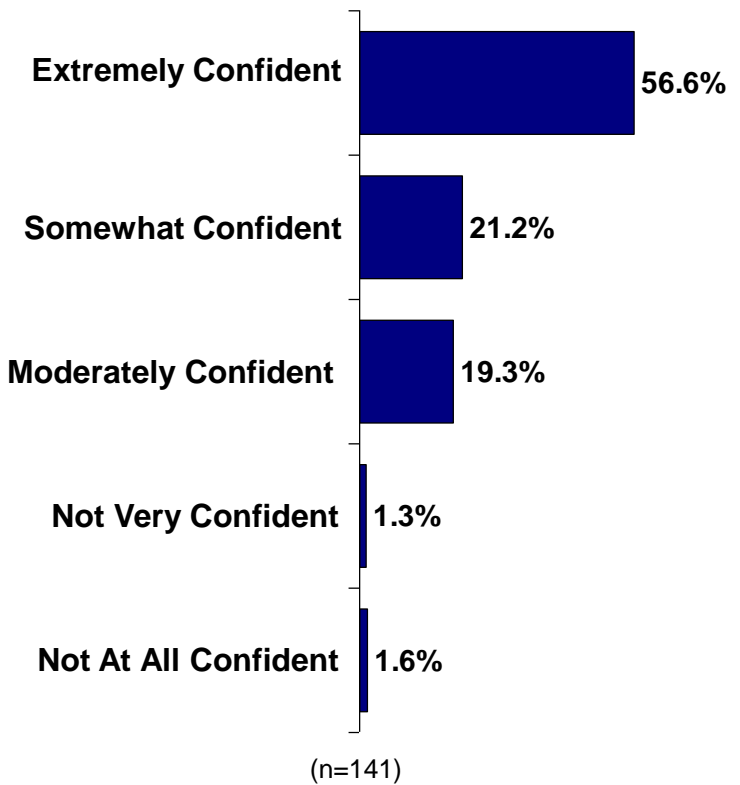
Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?



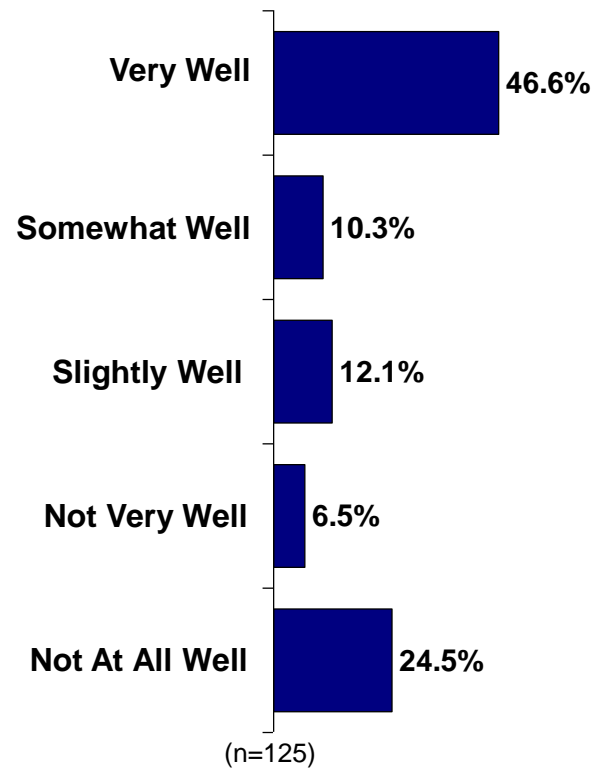
Almost all (97.1%) area adults are at least moderately confident they can do all the things necessary to manage their non-skin cancer. However, as with skin cancer, three in ten (31.0%) believe existing programs and services in the community do not help them manage their non-skin cancer well. The four respondents who said they are not confident they can manage their non-skin cancer report lack of transportation and the failure of their insurance to cover services as barriers to management.

**Management of Cancer (Other Than Skin)**

**Level of Confidence That You Can Do All Things Necessary to Manage Non-Skin Cancer**



**Degree to Which Existing Programs and Services in the Community Help You Manage Non-Skin Cancer**

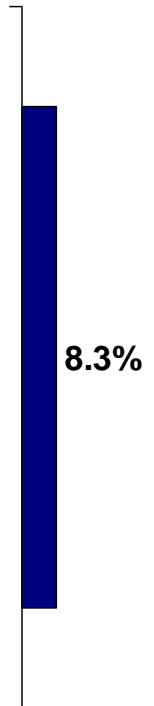


Q8.2: Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all things necessary to manage your non-skin cancer?  
 Q8.4: How well do you feel existing programs and services in the community help you in managing your non-skin cancer?

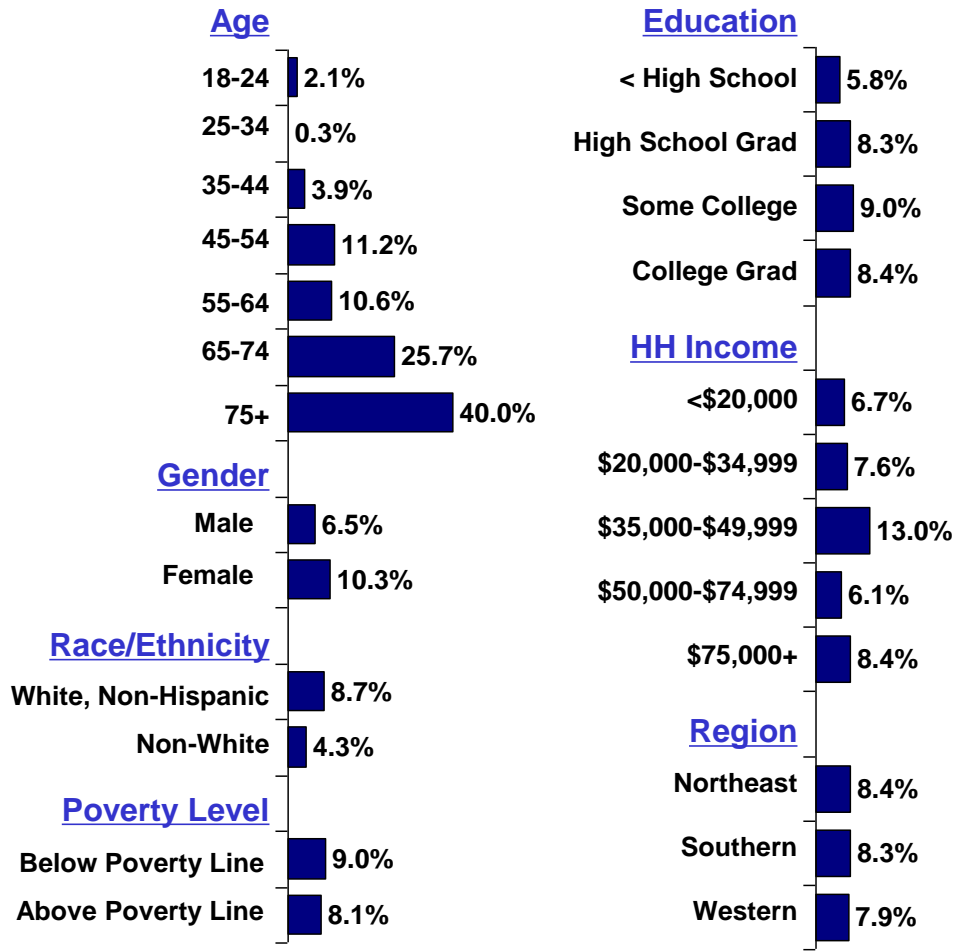
Roughly one in twelve (8.3%) area adults have been told by a doctor they have cancer (either skin or other type or cancer). Not surprisingly, this proportion also rises dramatically with age; 40.0% of residents aged 75 or older have been diagnosed with some form of cancer. Women and White adults are more likely to be diagnosed with cancer compared to men and non-White adults, respectively.

**Any Cancer**

**Ever Told Have Any Cancer\*  
(Total Sample)**



**Told Have Any Cancer by Demographics**

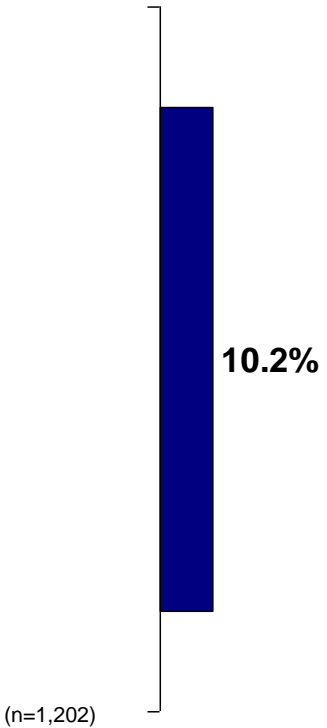


\*Among all adults, the proportion who reported that they were ever told by a doctor that they have either skin cancer or other cancer (non-skin).

One in ten (10.2%) St. Clair County adults have been told they have chronic obstructive pulmonary disease (COPD). The disease is more common among residents who are older (55+), female, non-White, least educated (less than high school graduate), below the poverty line, and living in the northeast region. The prevalence of COPD is inversely related to income.

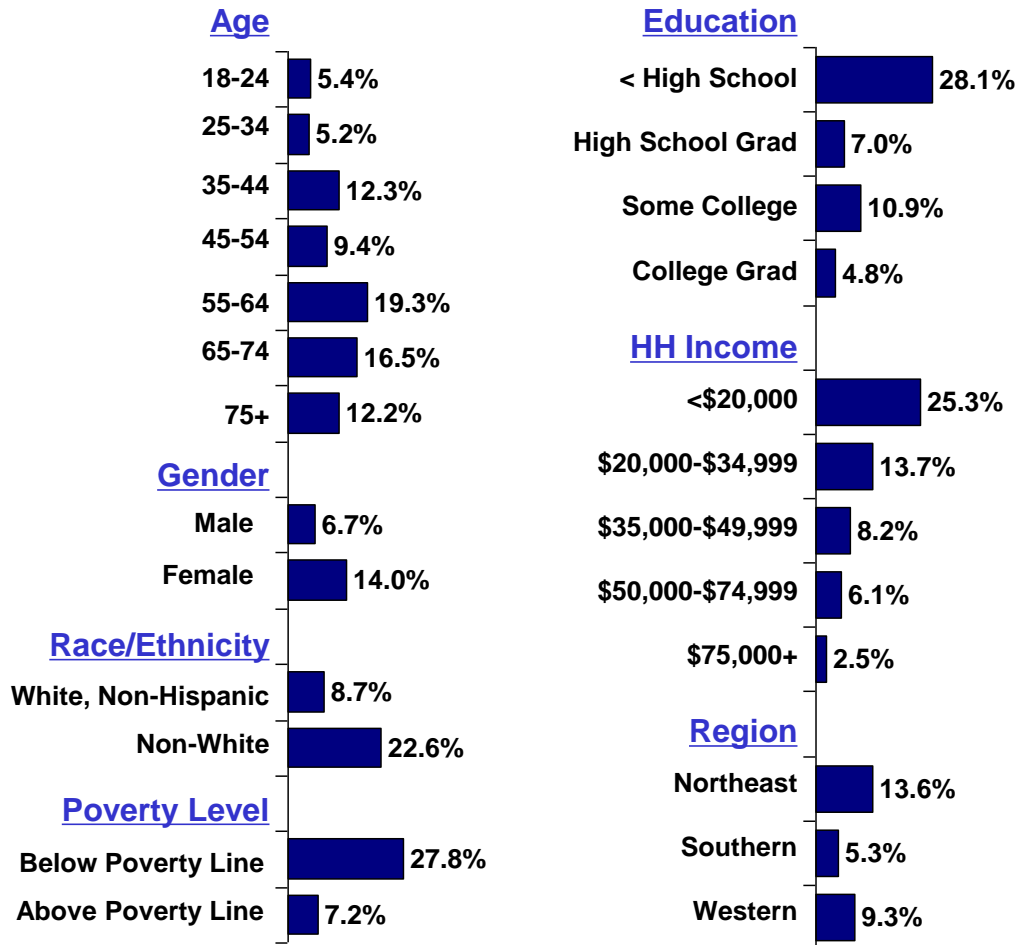
**COPD**

**Ever Told Have COPD\*  
(Total Sample)**



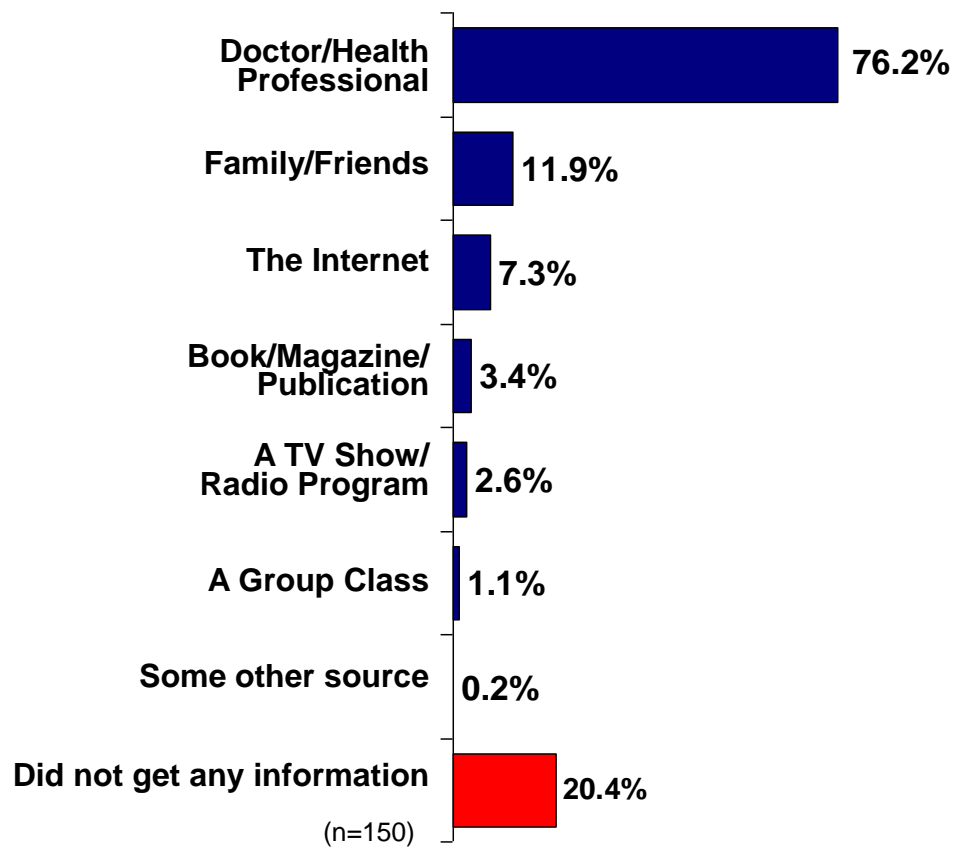
\*Among all adults, the proportion who reported that they were ever told by a health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.

**Told Have COPD by Demographics**



Although eight in ten (79.6%) St. Clair County adults who have COPD have received information in the past 12 months on how to care for the condition, it is concerning that one in five did not. The greatest information source for management of COPD is health care professionals; although used far less often, other resources include family/friends, the Internet, and publications.

### Information Sources for Management of COPD

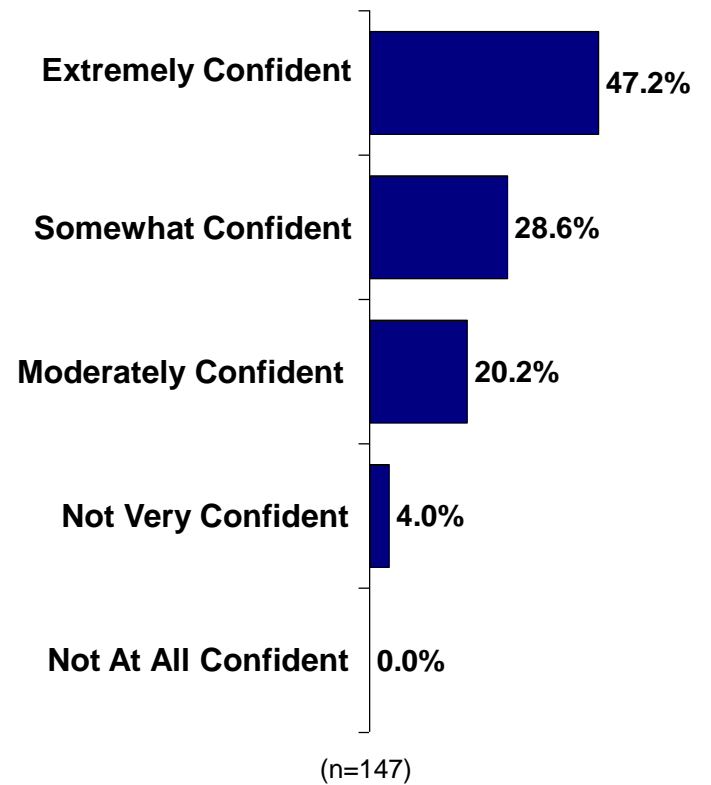


Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?

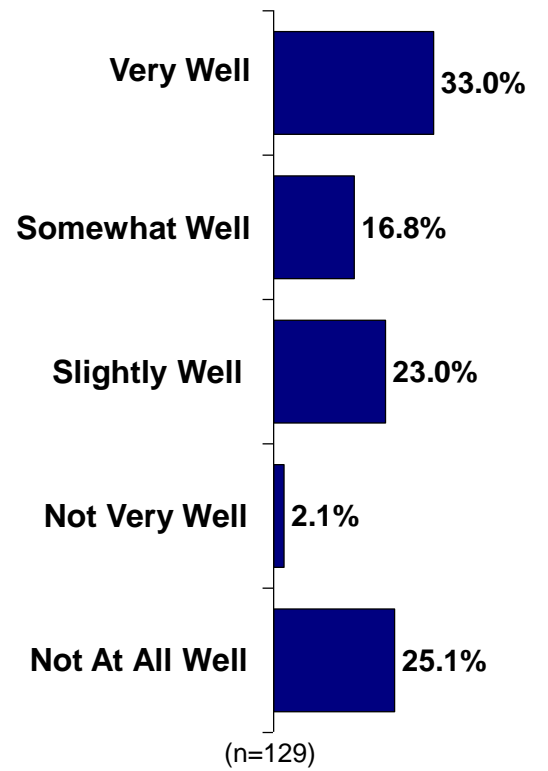
Almost all (96.0%) area adults are at least moderately confident they can do all the things necessary to manage their COPD. However, one-fourth (25.1%) believe existing programs and services in the community do not help them manage their COPD well at all. Common barriers to managing COPD well include cost, inadequate programs/services, unwillingness to assume responsibility, and multiple chronic conditions.

**Management of COPD**

**Level of Confidence That You Can Do All Things Necessary to Manage COPD**



**Degree to Which Existing Programs and Services in the Community Help You Manage COPD**

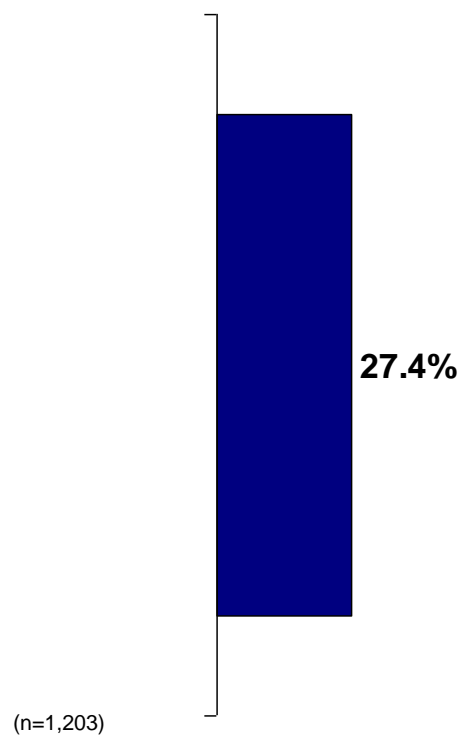


Q8.2: Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all things necessary to manage your COPD?  
 Q8.4: How well do you feel existing programs and services in the community help you in managing your COPD?

More than one in four (27.4%) St. Clair County adults have ever been told by a health care professional they have arthritis. This rate, not surprisingly, rises dramatically with age. Having arthritis is more prevalent among women than men, and far more prevalent among groups living under the poverty line and/or having annual incomes less than \$20K, compared to those more economically well off.

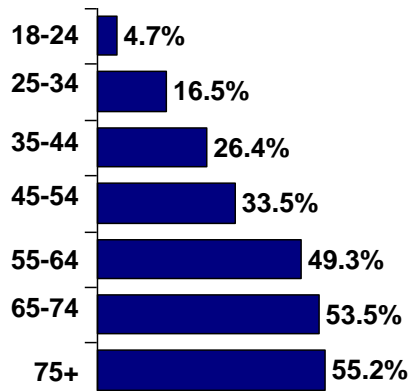
**Arthritis**

**Ever Told Have Arthritis\*  
(Total Sample)**



**Told Have Arthritis by Demographics**

**Age**



**Gender**



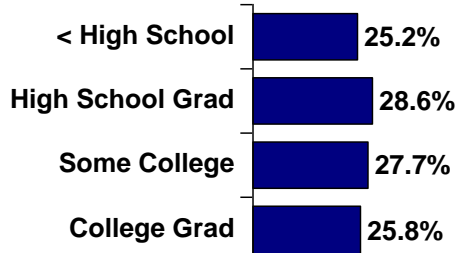
**Race/Ethnicity**



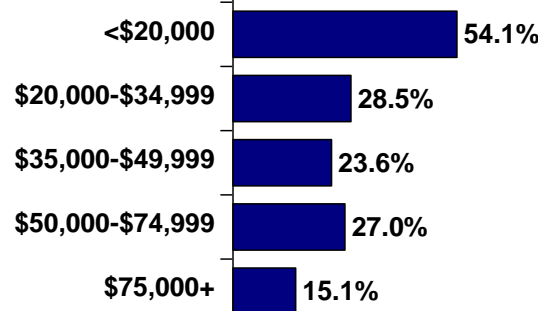
**Poverty Level**



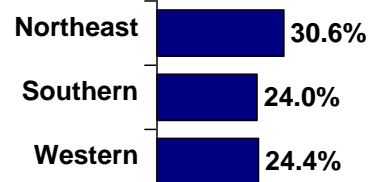
**Education**



**HH Income**



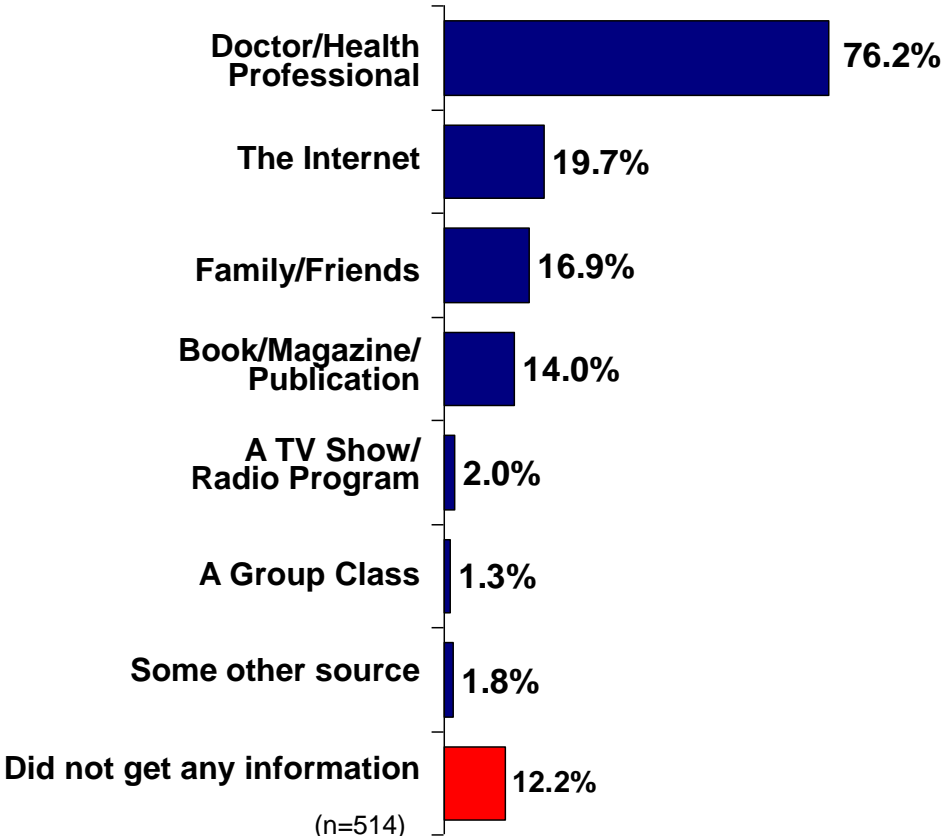
**Region**



\*Among all adults, the proportion who reported ever being told by a health care professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Almost nine in ten (87.8) area adults who have arthritis have received information in the past 12 months on how to care for the condition. In addition to physicians and health care professionals, others sources include the Internet, family/friends, and publications, although all of these sources are used far less often.

**Information Sources for Management of Arthritis**



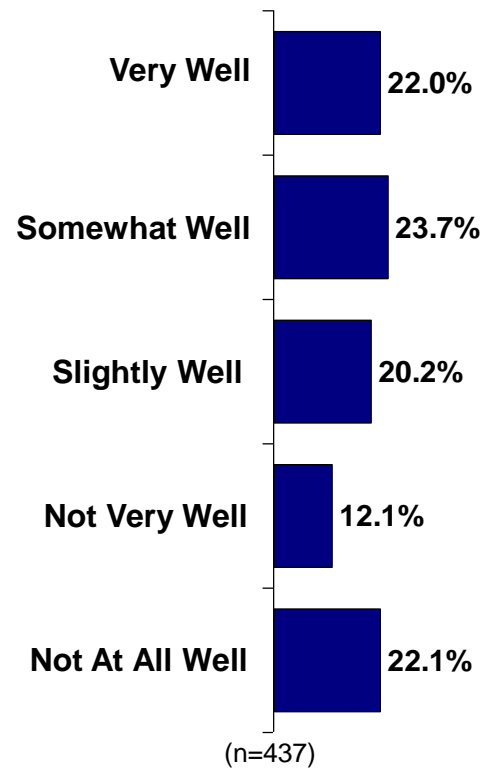
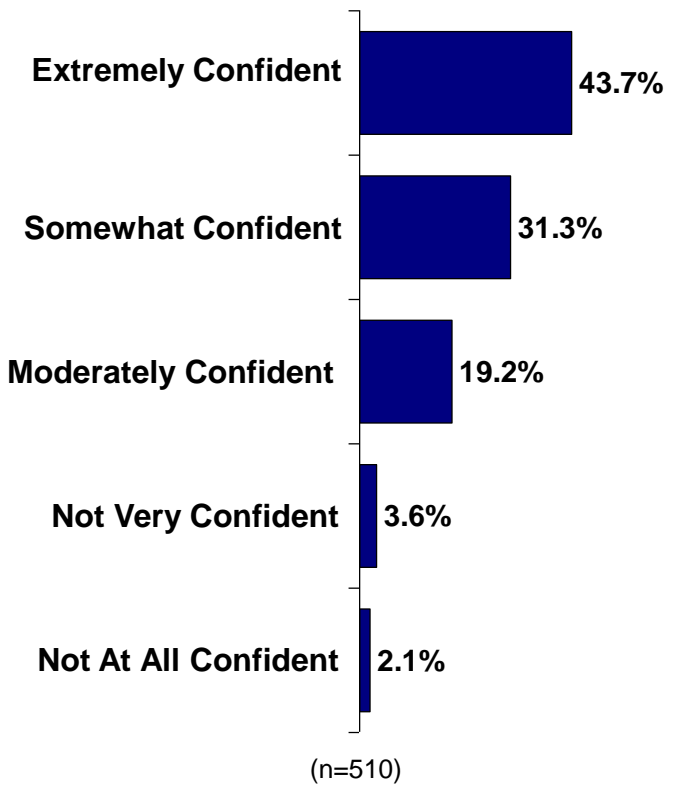
Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?

Almost all (94.3%) area adults are at least moderately confident they can do all the things necessary to manage their arthritis. However, one-third (34.2%) believe existing programs and services in the community do not help them manage their arthritis well. The few respondents who said they are not confident they can manage their arthritis report cost, multiple chronic conditions, inadequate programs and services, and living with a debilitating condition as barriers to managing their arthritis well.

**Management of Arthritis**

**Level of Confidence That You Can Do All Things Necessary to Manage Arthritis**

**Degree to Which Existing Programs and Services in the Community Help You Manage Arthritis**



Q8.2: Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all things necessary to manage your arthritis?  
 Q8.4: How well do you feel existing programs and services in the community help you in managing your arthritis?



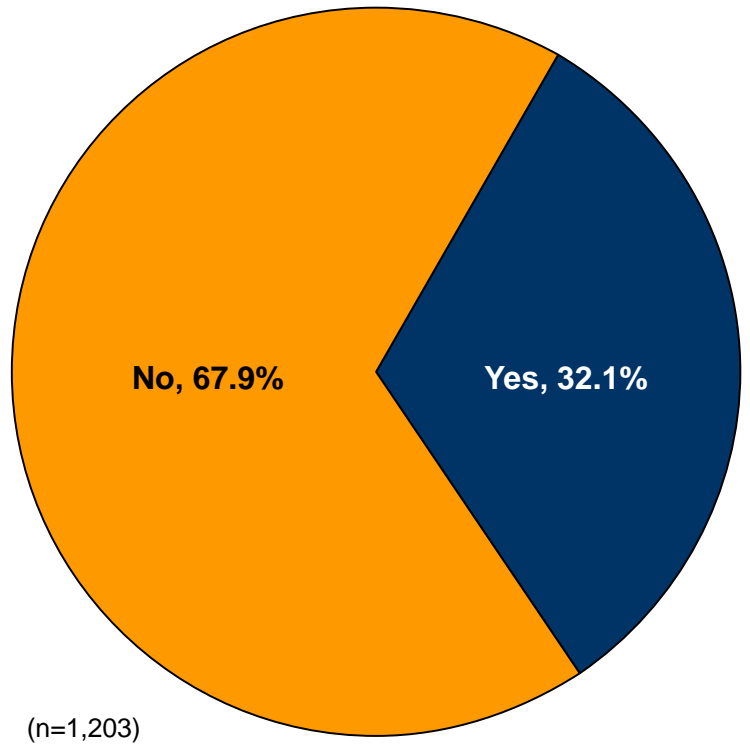
# ***Chronic Pain***

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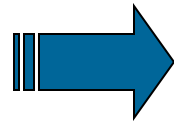
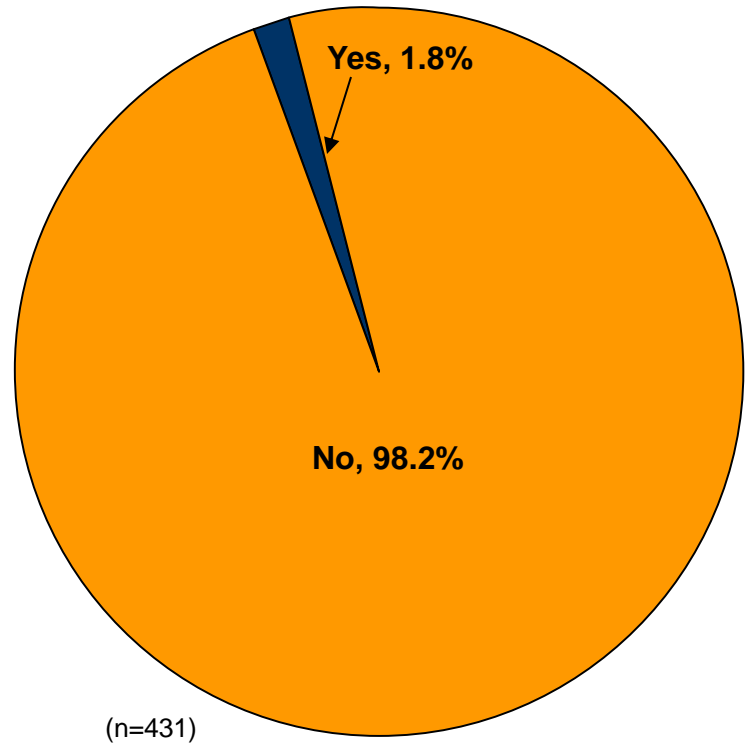
One-third (32.1%) of area adults suffer from chronic pain. Of these, very few report that cancer is the source of their pain.

Prevalence of Chronic Pain

Suffer From Any Type of Chronic Pain



Pain is Caused by Cancer

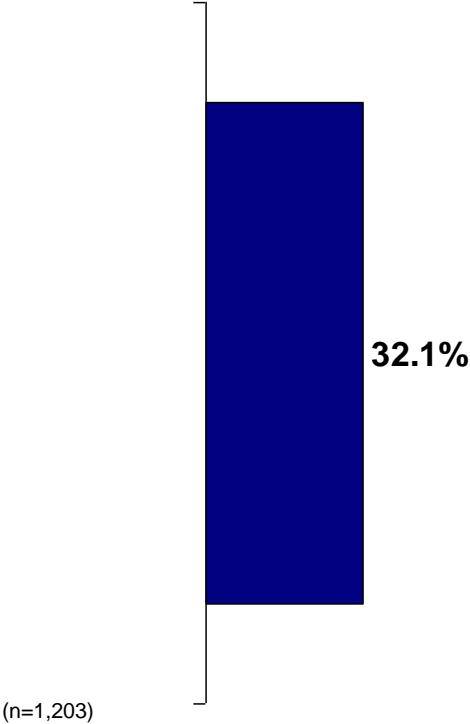


Q9.1: Do you suffer from any type of chronic pain; that is, pain that occurs constantly or flares up frequently?  
Q9.2: (If Yes) Is this pain caused by cancer of any type?

The prevalence of chronic pain is greater for adults who are socioeconomically vulnerable. For example, 60.7% of adults with household incomes less than \$20K suffer from chronic pain, compared to 14.6% of adults with incomes \$75K or more. Area women are more likely to suffer from chronic pain than men. Adults living in the western region are less likely to suffer from chronic pain vs. adults living elsewhere.

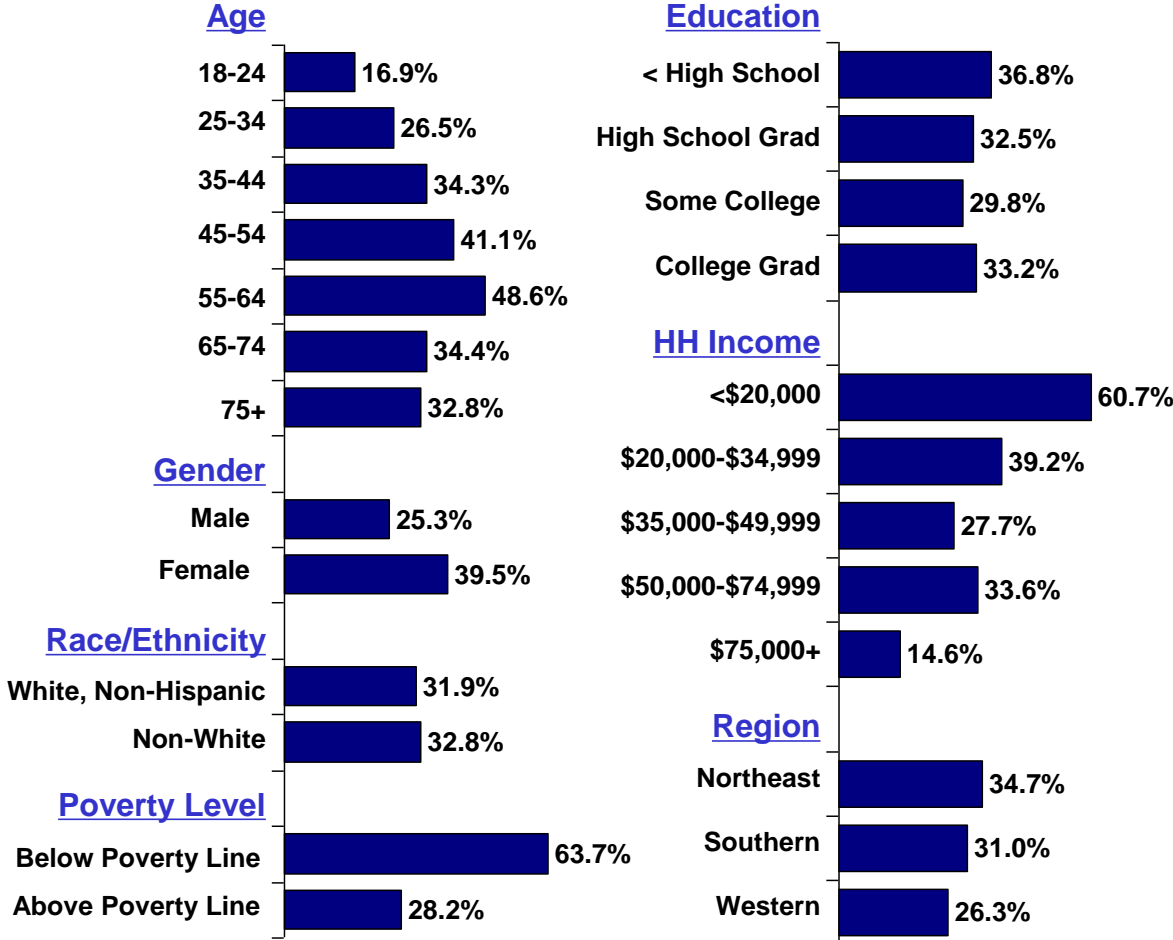
**Prevalence of Chronic Pain (Continued)**

**Suffer From Chronic Pain\*  
(Total Sample)**



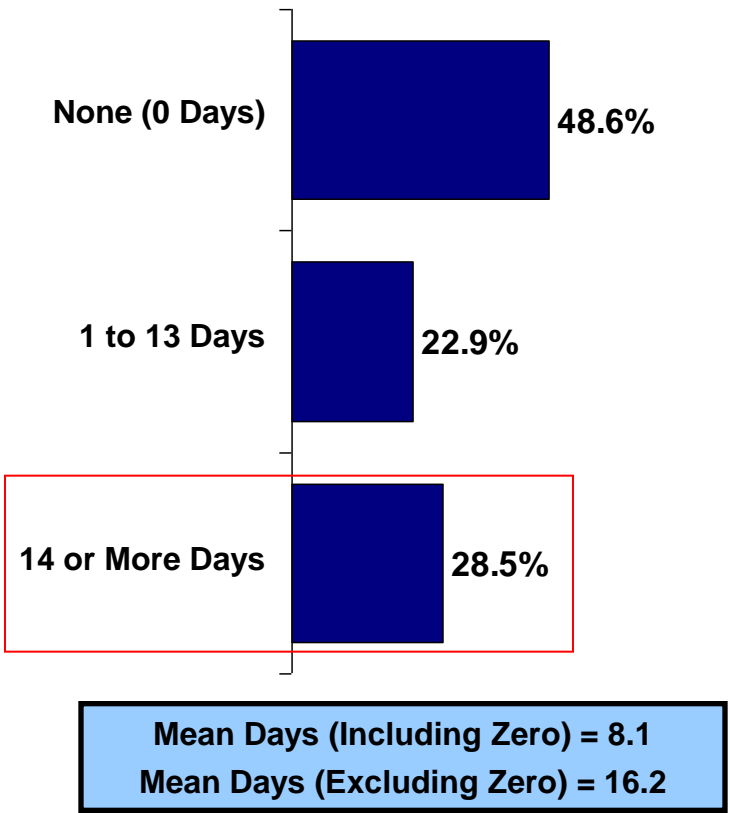
\*Among all adults, the proportion who reported that they suffer from any type of chronic pain.

**Suffer From Chronic Pain by Demographics**



More than half of St. Clair County adults who experience chronic pain also experience activity limitation that prevents them from doing their usual daily activities. In fact, more than one-fourth (28.5) report that during at least 14 of the past 30 days they were unable to perform their usual activities as the result of chronic pain.

**Activity Limitation Due to Chronic Pain During Past 30 Days  
(Among Those with Chronic Pain)**



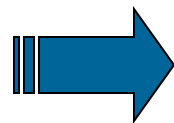
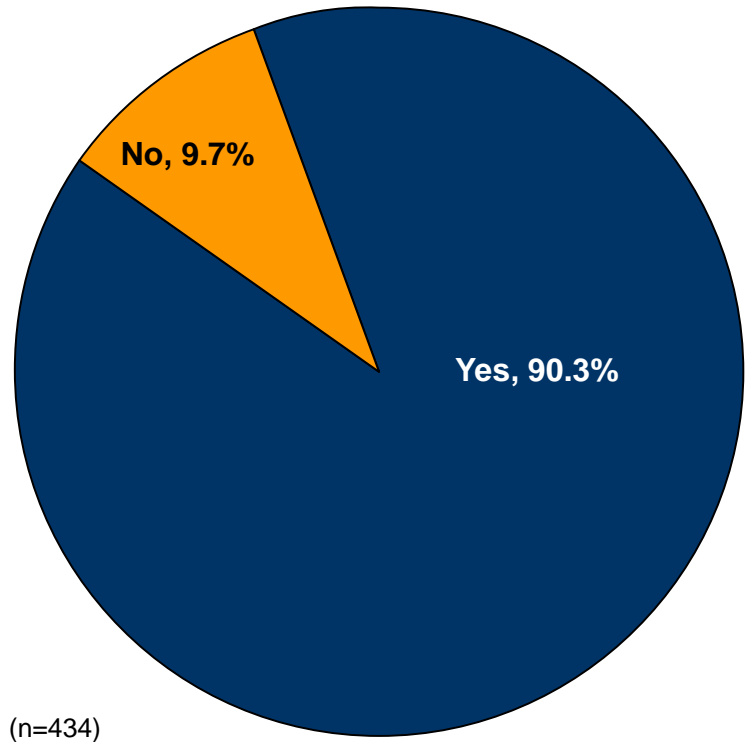
(n=429)

Q9.3: During the past 30 days, for about how many days did your pain keep you from doing your usual activities, such as self-care, work, or recreation?

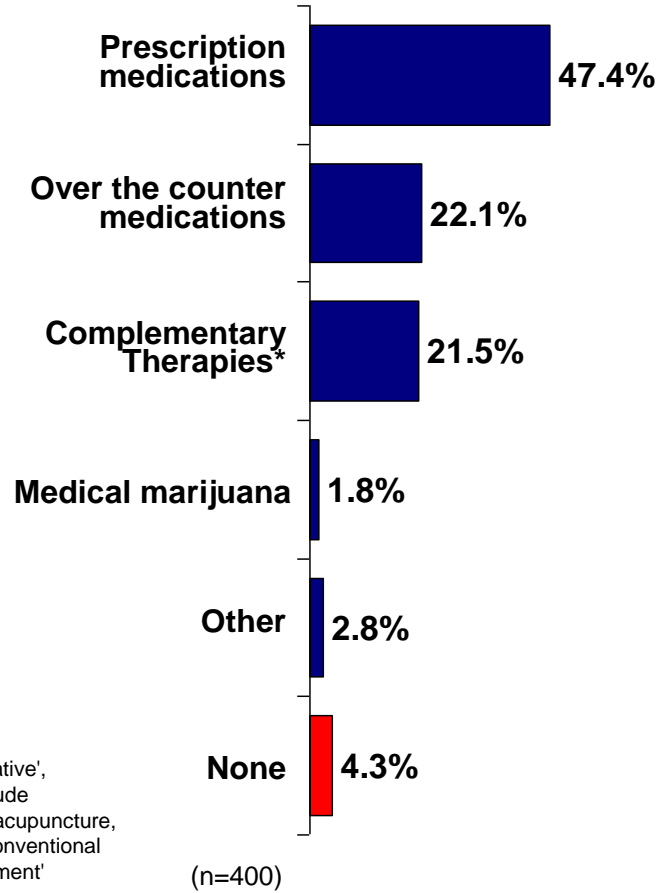
Nine in ten adults with chronic pain have talked to a health care provider about their condition. Almost half of the health care providers recommended prescription drugs to treat the pain. In addition, over-the-counter medications and complementary therapies were each recommended by more than one in five. Very few recommended medical marijuana.

**Chronic Pain (Continued)**

**Talked to Health Care Provider About Pain**



**Therapy Recommended by Health Care Provider**



\*Complementary therapies (or 'alternative', 'traditional' or 'holistic' therapies), include homeopathy, naturopathy, yoga and acupuncture, and are sometimes used alongside conventional medicine in a belief they can 'complement' treatments.

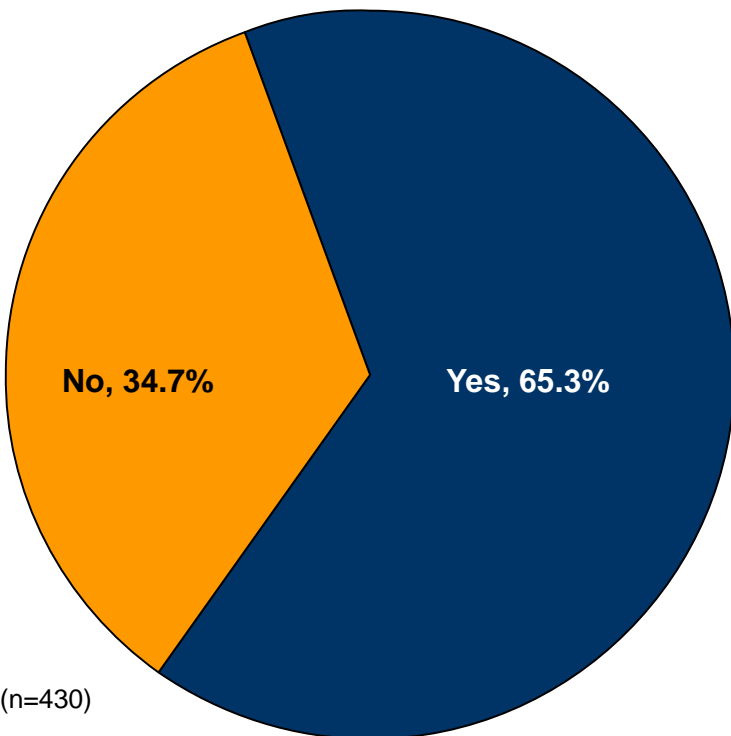
Q9.4: Have you ever talked to a health care provider about your pain?

Q9.5: (If Yes) Which of the following types of therapy does your health care provider recommend to manage your pain? Does your health care provider recommend....?

More than one-third (34.7%) of chronic pain sufferers say their pain is not managed well. Moreover, four in ten (39.3%) adults are less than satisfied with how their health care provider is helping them manage their pain.

Management of Chronic Pain

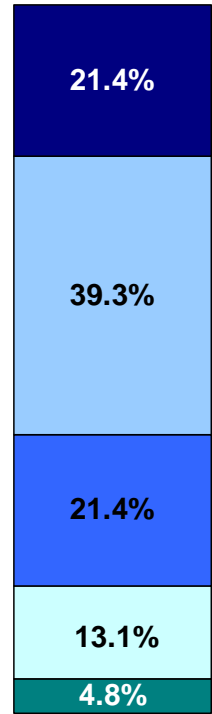
Pain is Managed Well



Satisfaction with How Health Care Provider is Helping Manage My Pain

Very Satisfied/ Satisfied

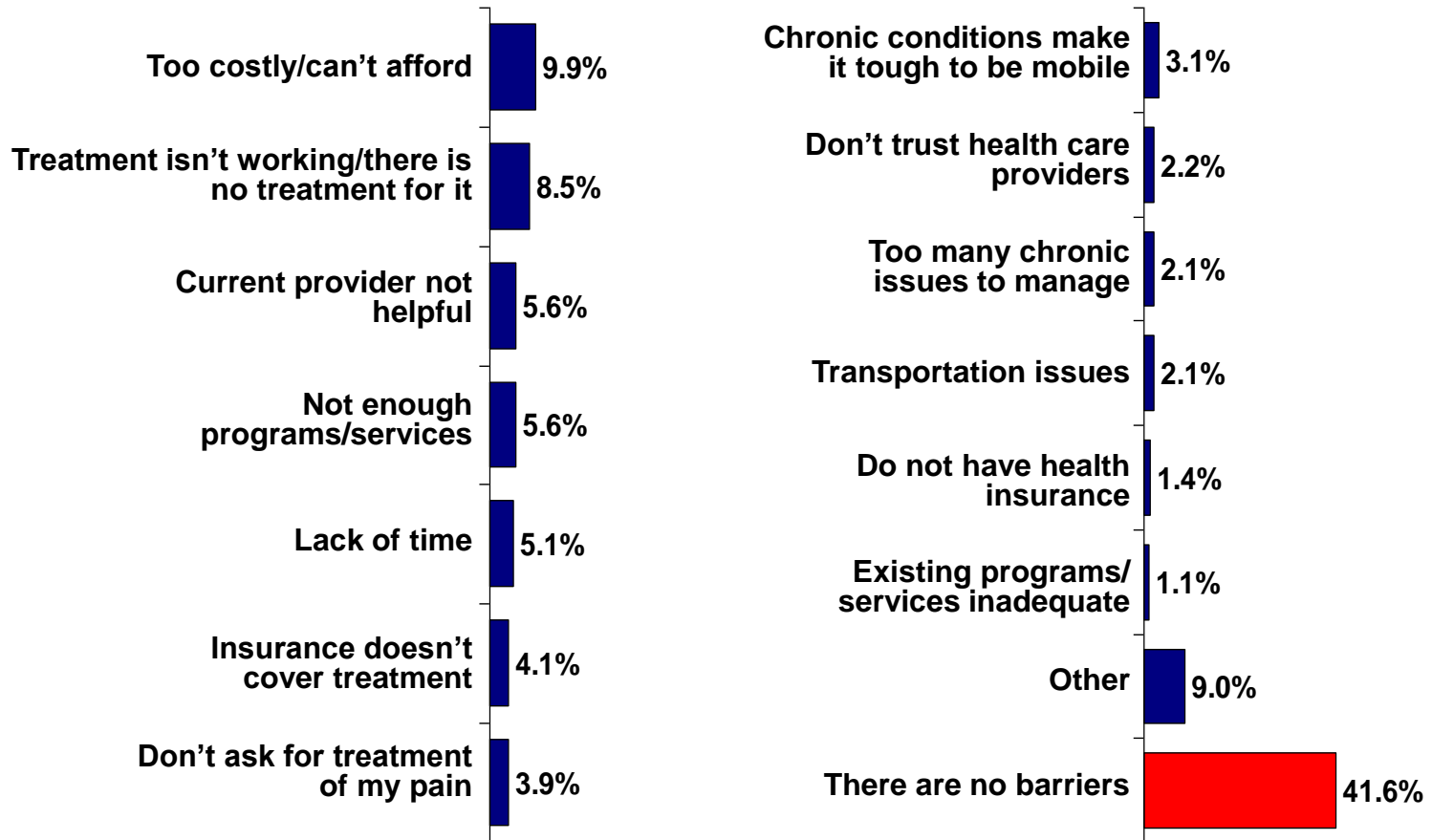
60.7%



Q9.6: Do you feel your pain is well managed?  
 Q9.7: How satisfied are you with how your health care provider is helping you manage your pain?

Almost six in ten (58.4%) area adults with chronic pain experience barriers to treating their pain. Myriad barriers are mentioned, with *cost*, *ineffective treatment*, *inadequate health care providers*, *lack of programs and services* to address chronic pain, and *lack of time* mentioned most often.

**Barriers to Treating Chronic Pain  
(Among Those with Chronic Pain)**



(n=395)

Q9.8: What are some **barriers** to treating your pain?

# ***Caregiving***

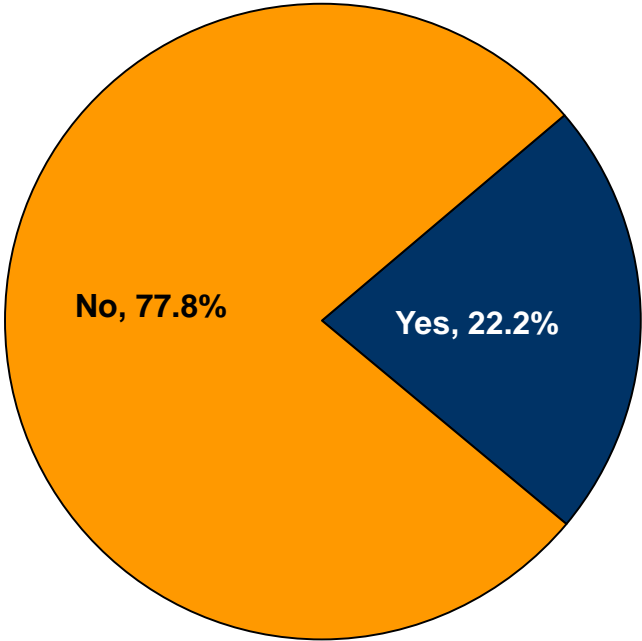
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One in five (22.2%) area adults have provided caregiving to a family member or friend (60 years or older) in the past month. When considering resources for arranging short or long term care in the home for an elderly relative or friend, St. Clair County adults cite many options, with relatives or friends at the top.

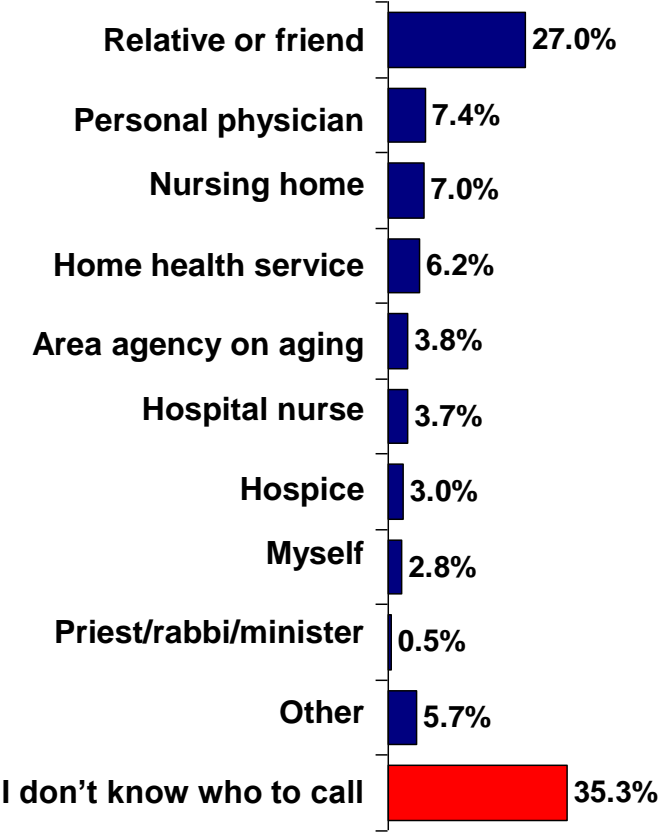
Caregiving

Have Provided Caregiving to a Family Member/Friend During Past Month



(n=1,203)

Sources of Caregiving Considered if Someone Needed In-Home Care



(n=1,139)

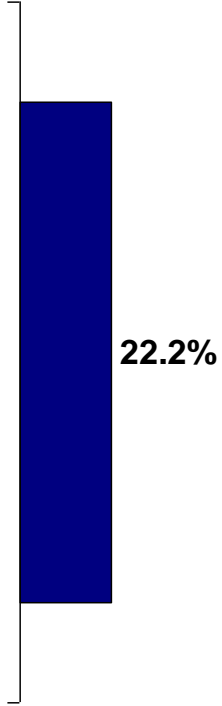
Q10.1: There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older?

Q10.2: Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?

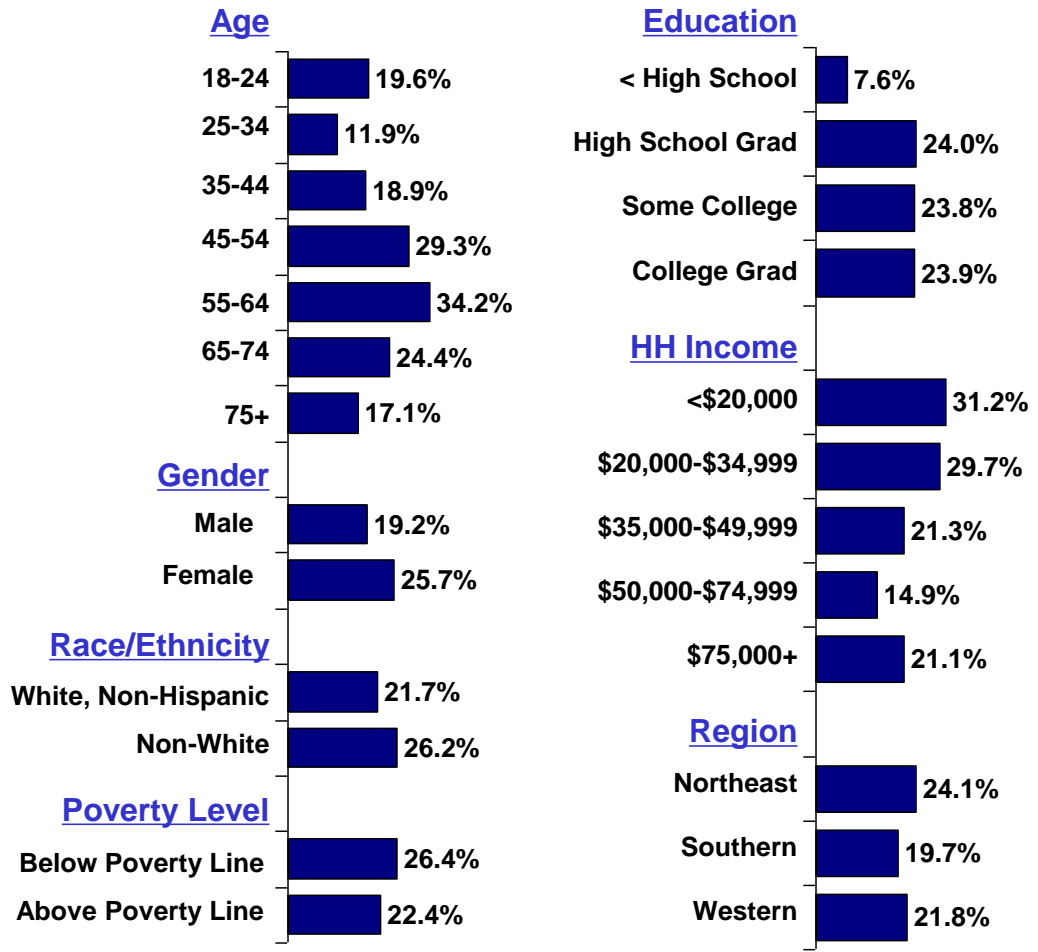
Area adults most likely to provide caregiving are those age 45 to 64 and those with household incomes below \$35K. Women are more likely than men to provide such care.

**Caregiving (Continued)**

**Have Provided Caregiving to a Family Member/Friend During Past Month (Total Sample)**



**Have Provided Caregiving to a Family Member/Friend During Past Month by Demographics**



\*Among all adults, the proportion who provided care or assistance in the past month to a family member or friend who is 60 years of age or older.

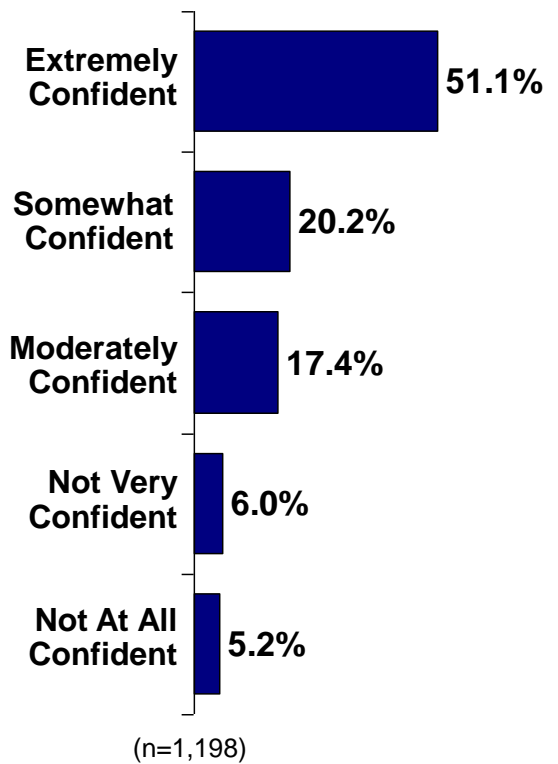
# *Health Literacy*

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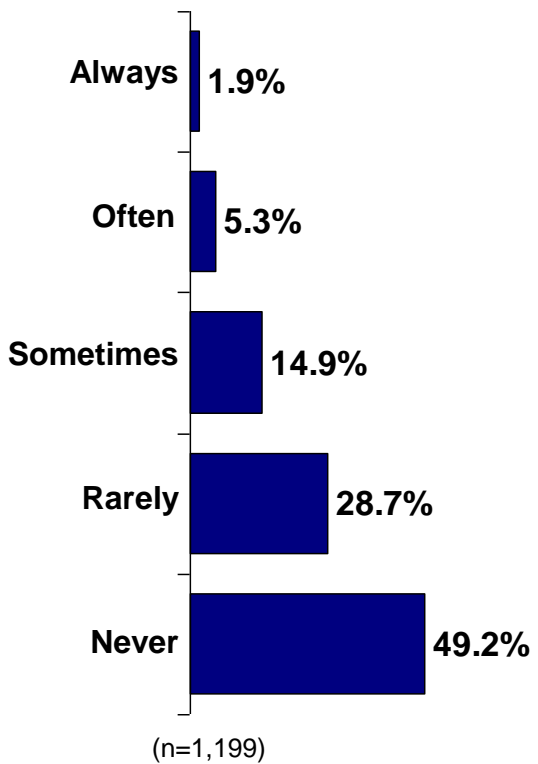
Roughly half of St. Clair County adults are extremely confident they can complete medical forms by themselves, never have problems learning about their health condition(s), and never require someone to help them read their medical materials. On the other hand, 11.2% of adults are generally not confident in completing medical forms by themselves, 7.2% regularly have trouble learning about their health condition, and 9.8% regularly need someone else to help read their medical materials.

**Health Literacy**

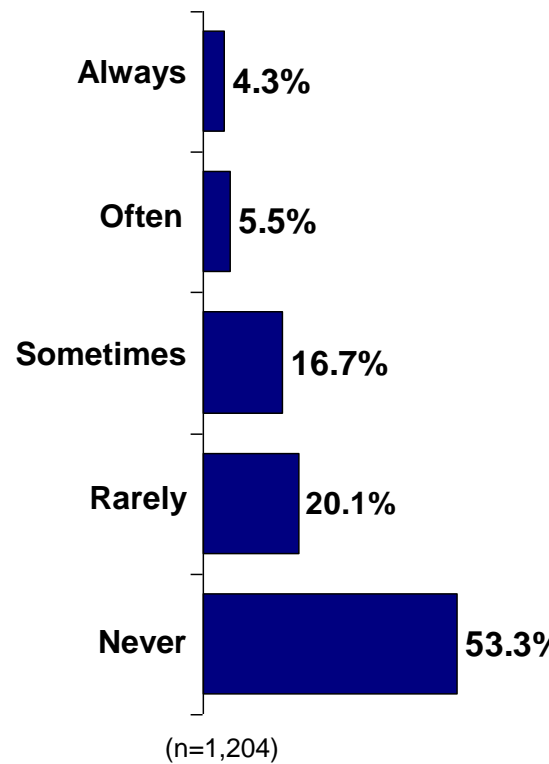
**Confidence in Filling Out Medical Forms by Myself**



**Frequency of Having Problems Learning About My Health Condition**



**Frequency of Having Someone Help Me Read My Medical Materials**

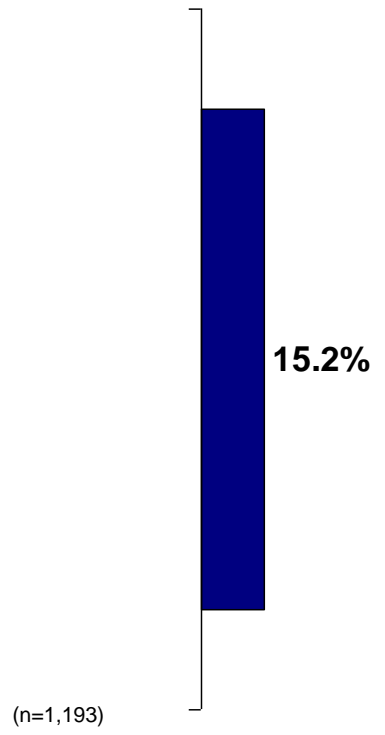


Q11.1: Now, I would like to ask you some questions about medical forms or medical information. How confident are you in filling out medical forms by yourself? For example, insurance forms, questionnaires, and doctor's office forms. Would you say...?  
 Q11.2: How often do you have problems learning about your health condition because of difficulty in understanding written information? Would you say...?  
 Q11.3: How often do you have someone help you read medical materials? For example, a family member, friend, caregiver, doctor, nurse, or other health professional. Would you say...?

Nearly one in six area adults are considered to be health illiterate, in that they lack confidence in completing medical forms, require someone to help them read medical documents and/or have trouble learning about their health condition. People most likely to be health illiterate come from groups that are youngest (18-24) or oldest (75+) in age, are non-White, lack a college education, and have incomes less than \$35K.

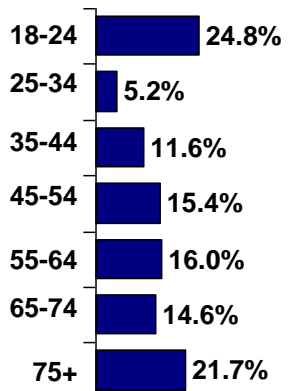
**Health Illiteracy (Continued)**

**Considered Health Illiterate (Total Sample)**

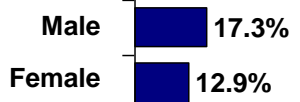


**Health Illiteracy by Demographics**

**Age**



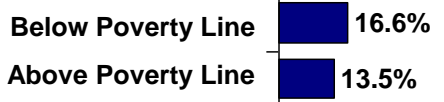
**Gender**



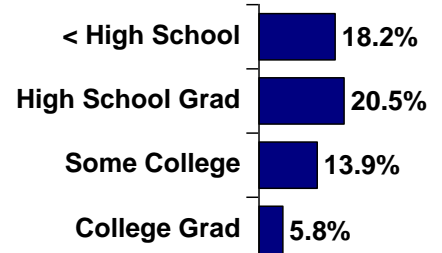
**Race/Ethnicity**



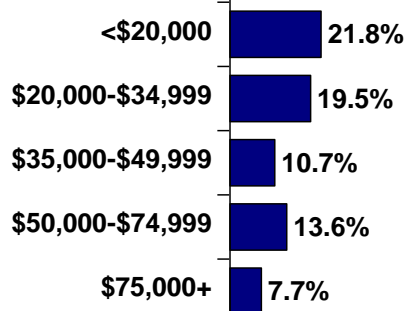
**Poverty Level**



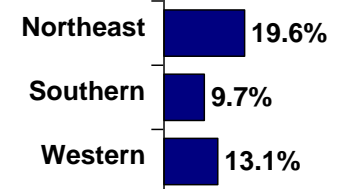
**Education**



**HH Income**



**Region**



\*Among all adults, the proportion who scored 9 or less on the 3-15 index scale of questions 11.1, 11.2, and 11.3.

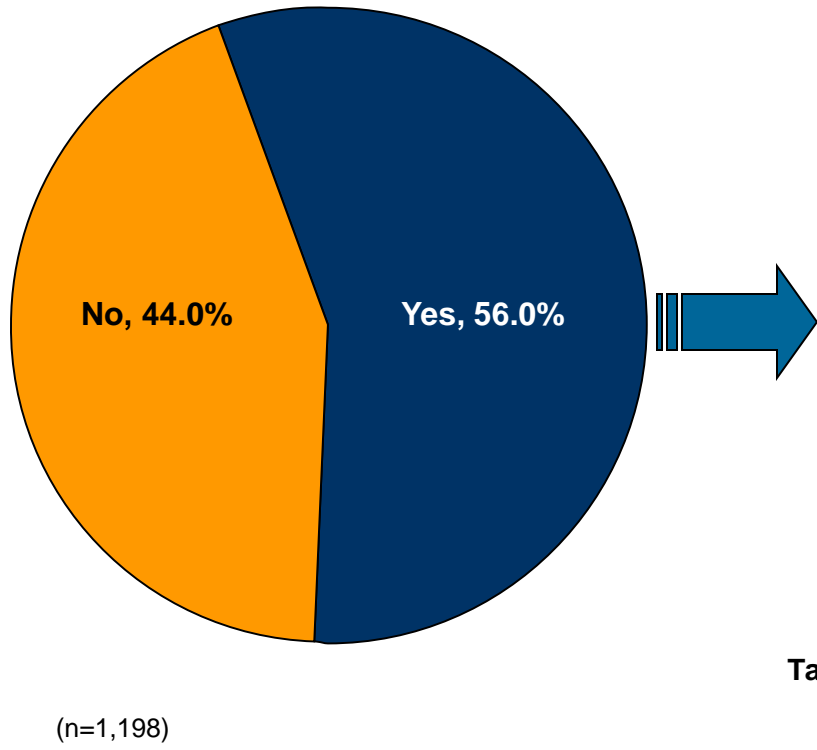
# ***Weight Control***

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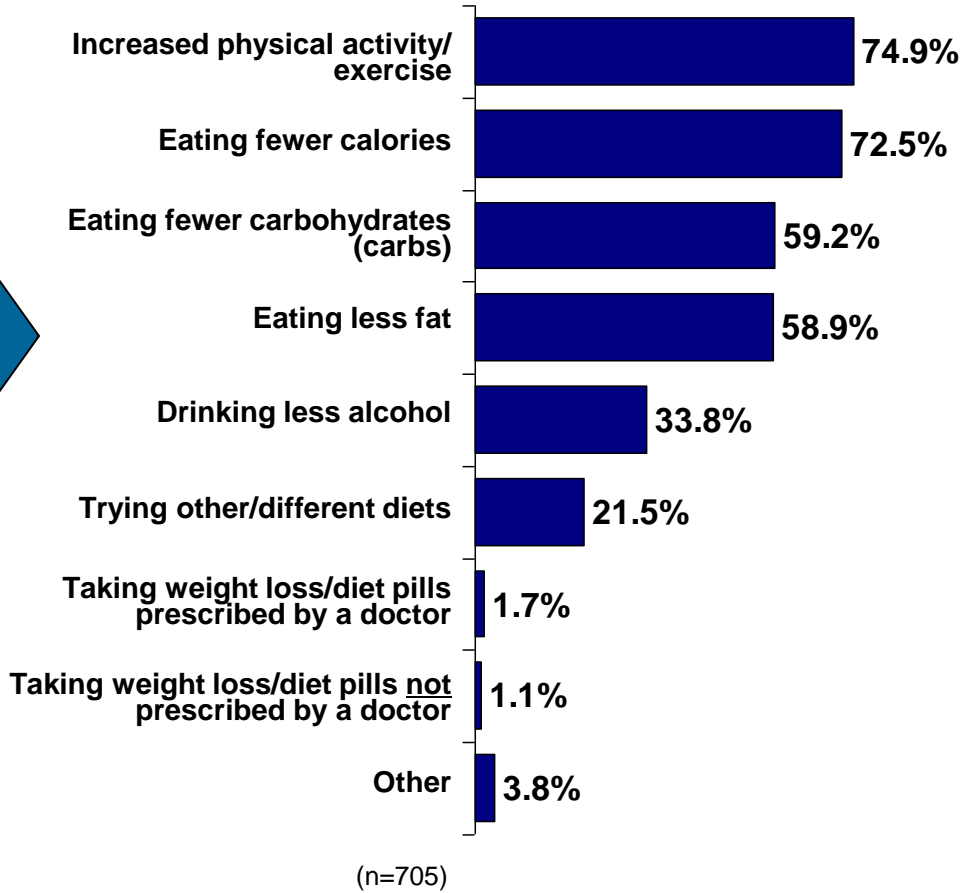
More than half (56.0%) of St. Clair County adults are currently trying to lose weight or maintain their current weight. The most popular methods for achieving this, by far, are increasing physical activity and eating fewer calories. Over half of those who are trying to lose/maintain weight will also eat fewer carbs and less fat.

Weight Control and Strategy

Currently Trying to Lose Weight or Prevent Gaining More Weight



Strategies Used to Lose Weight or Prevent Gaining More Weight

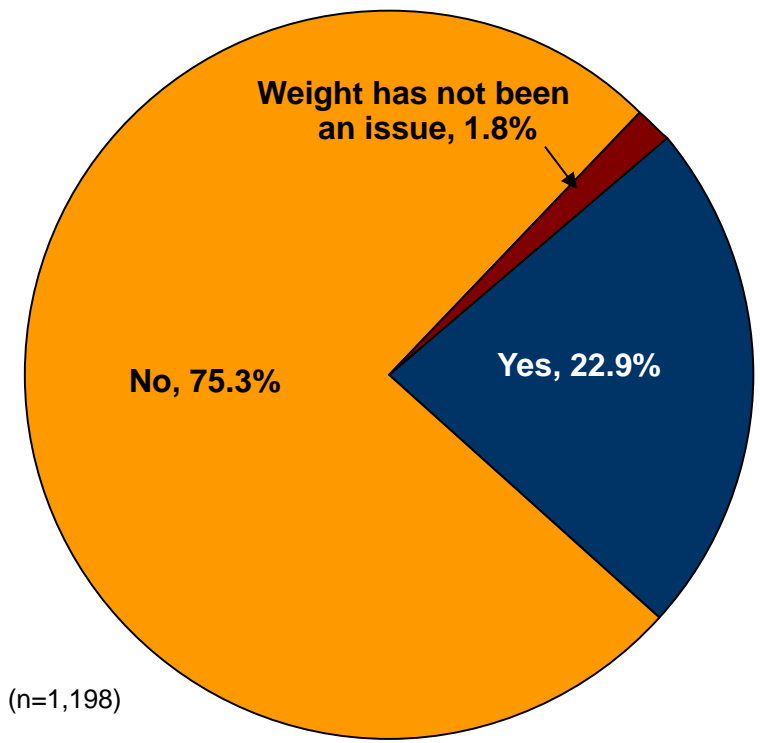


Q14.1: Are you currently trying to lose weight or keep from gaining more weight?  
 Q14.2: (If Yes) Which of the following things are you doing to try and lose weight or keep from gaining more weight? Are you....?

Less than one-fourth (22.9%) of area adults have been given advice about their weight by a health care professional. Given that almost two-thirds of the adult population in St. Clair County is either obese or overweight, one would expect this proportion to be much higher. Of those who received advice, three-fourths (74.7%) are satisfied with the suggestions.

**Professional Advice About Weight**

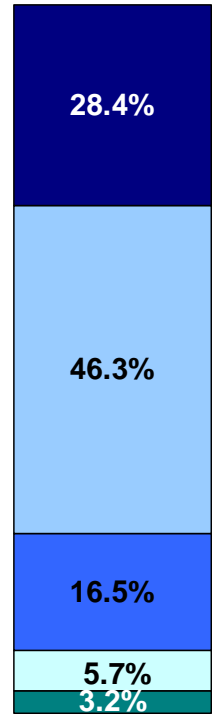
**Have Been Given Advice About Weight From Health Professional**



**Satisfaction with Professional Advice on Weight Control**

**Very Satisfied/ Satisfied**

74.7%



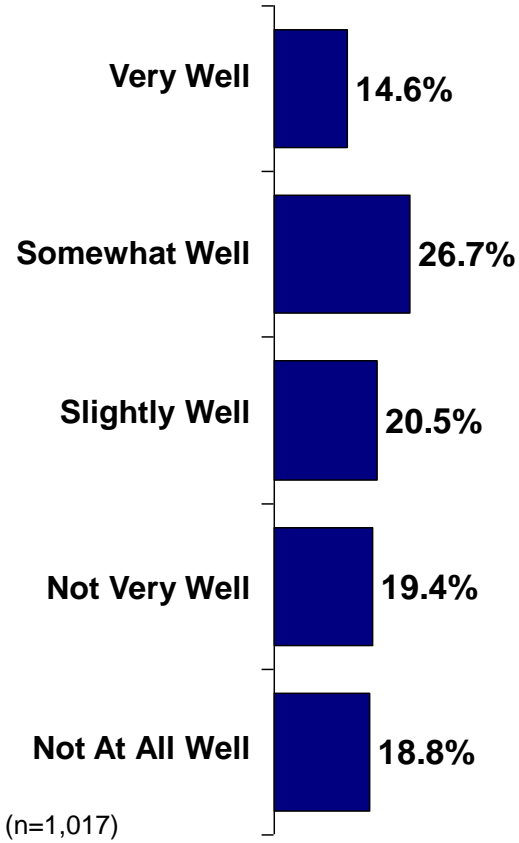
- Very Satisfied
- Satisfied
- Neither Dissatisfied Nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

Q14.3: Has a doctor, nurse, or other health professional given you advice about your weight?  
 Q14.4: (If Yes) How satisfied were you with that advice?



Compounding the lack of advice received from health care professionals regarding weight management, almost four in ten (38.2%) area adults believe the existing programs, services, or resources in the community do not help people manage their weight well.

**Degree to Which Community Programs/Services/Resources Help People Manage Their Weight**



Q14.5: How well do you feel existing programs, services, and resources in the community help people manage their weight? Would you say...?

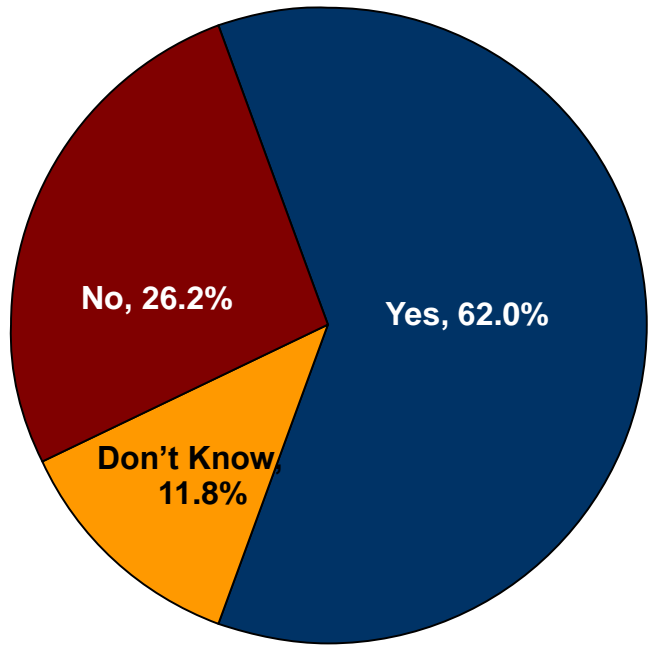
# ***Perception of Substance Abuse***

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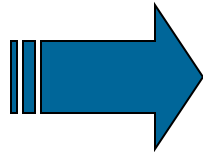
Six in ten St. Clair County adults believe that prescription drug abuse is a problem in their community. Young adults (age 18-29) are perceived as the biggest abusers, followed by adults age 30-45. Few think minors are the biggest abusers of prescription drugs.

Perceived Problem of Prescription Drug Abuse

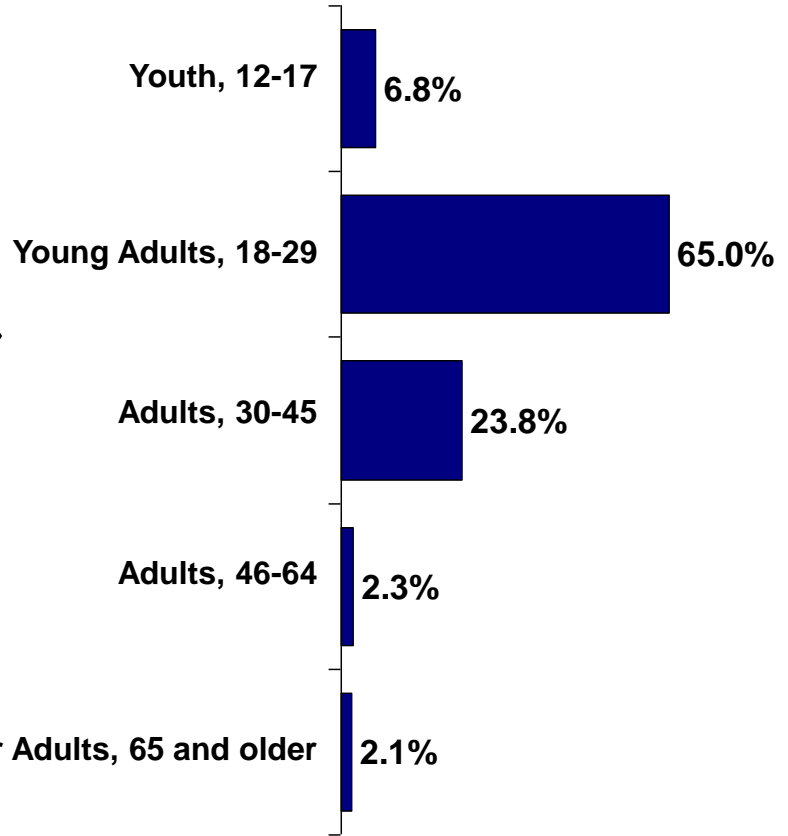
Currently a Problem with Prescription Drug Abuse in the Community



(n=1,175)



Age Groups Perceived as Biggest Abusers of Prescription Drugs



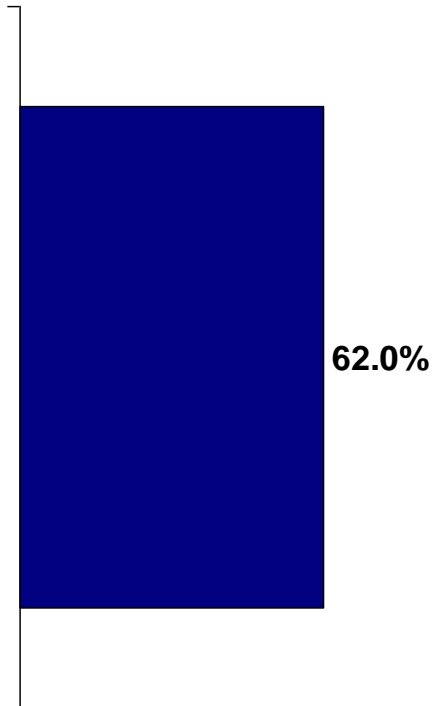
(n=587)

Q19.1: Do you believe there is a problem in your community with the abuse of prescription medication (e.g., OxyContin)?  
 Q19.8: (If Yes) In your opinion, which of the following age groups is the biggest abuser of prescription medication in your community?

Adults most likely to perceive a prescription drug abuse problem in the community are between the ages of 25 and 44. Adults in the northeast are far more likely to perceive prescription drug abuse as a community problem than adults in other regions. Non-White adults are more likely to perceive prescription drug abuse as a problem compared to White adults.

**Perceived Problem of Prescription Drug Abuse (Continued)**

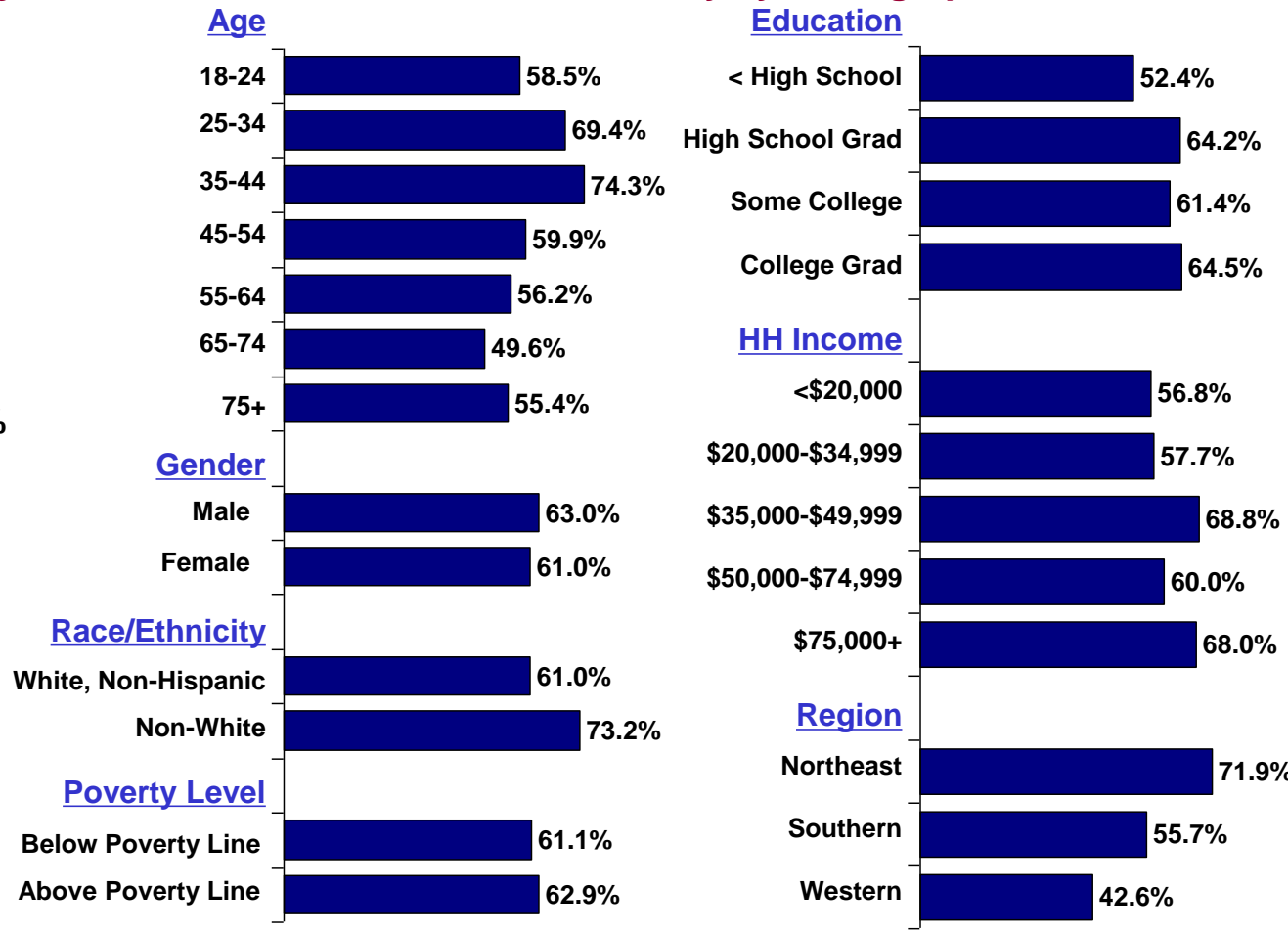
**Perceive a Problem with Prescription Drug Abuse in the Community\* (Total Sample)**



(n=1,175)

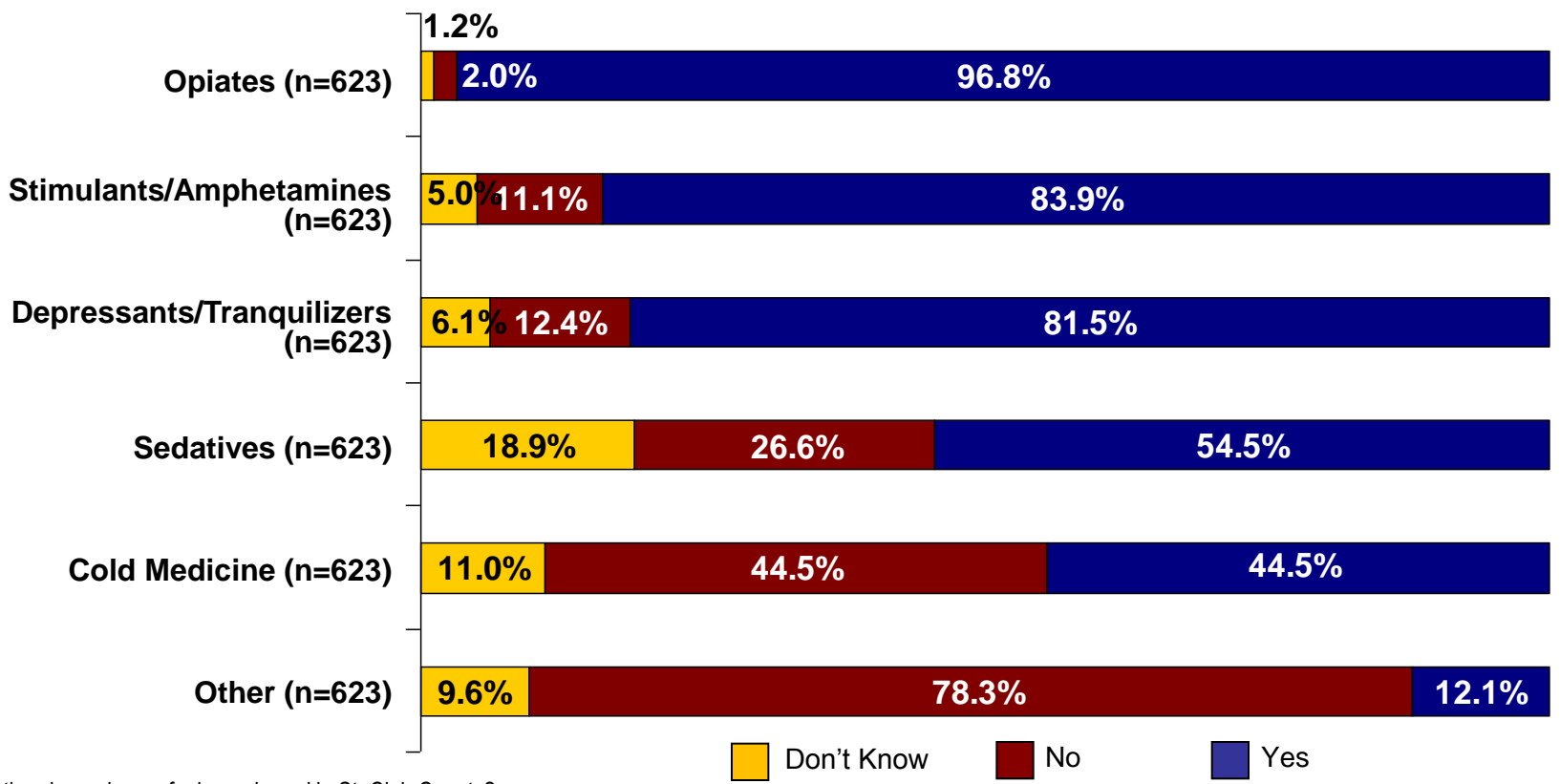
\*Among all adults, the proportion who believe there is a problem in their community with the abuse of prescription medication.

**Perceive a Problem with Prescription Drug Abuse in the Community by Demographics**



Among those who perceive prescription drug abuse to be a problem in St. Clair County, almost all think prescription opiates are abused. Additionally, more than eight in ten believe prescription stimulants/amphetamines and depressants/tranquilizers are abused, and more than half think prescription sedatives are abused.

**Perceived Prescription Drug Abuse in St. Clair County**  
**(Among Those Who Believe There is a Problem)**

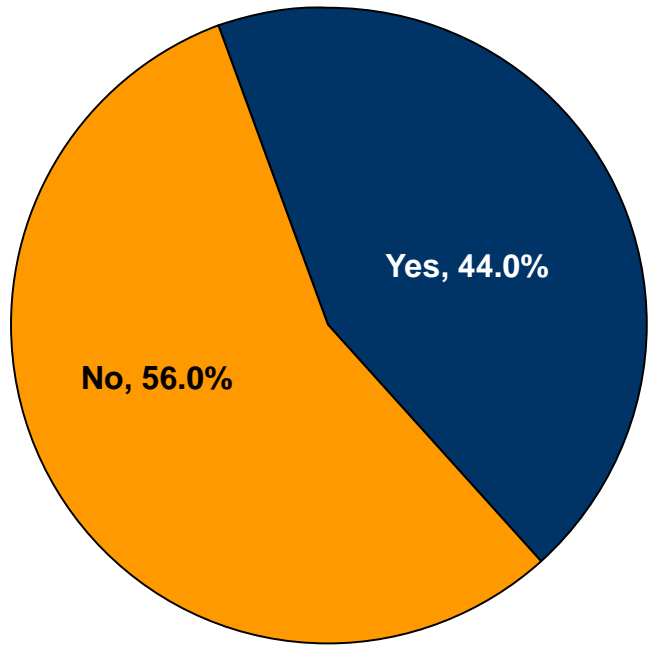


Which prescription drugs do you feel are abused in St. Clair County?  
 Q19.2: Opiates (examples: Vicodin, Percocet, OxyContin, Lortab, Lorcet, Hydrocodone)  
 Q19.3: Sedatives (examples: Nembutal, Seconal, Ambien, Sonata)  
 Q19.4: Depressants/Tranquilizers (examples: Xanax, Ativan, Valium, Halcion, Klonopin)  
 Q19.5: Stimulants/Amphetamines (examples: Ritalin, Adderall, Dexadrine, Concerta)  
 Q19.6: Cold Medicine (examples: Robitussin A-C Syrup, MyTussin AC Cough Syrup, Coricidan D)  
 Q19.7: Any others?

More than four in ten area adults know someone who has taken prescription medication to get high. Most often it is someone between the ages of 18 and 45. Very few report knowledge of minors taking prescription medication to get high.

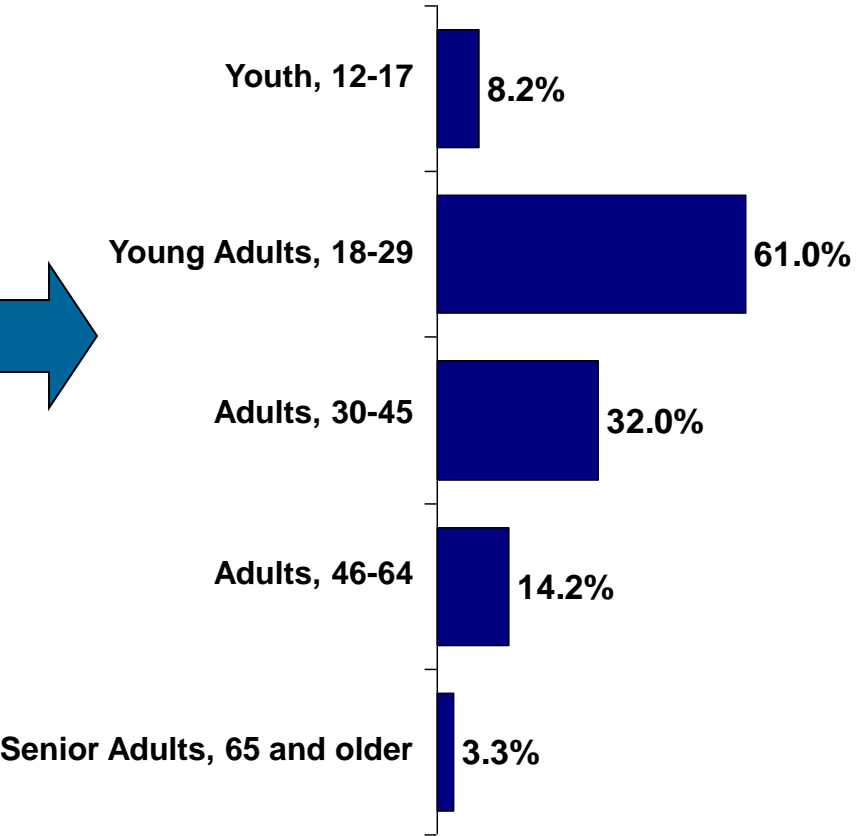
Knowledge of Prescription Drug Abuse

Know Someone Who Took Prescription Medication to Get High



(n=1,158)

Age of the Person(s) Who Took Prescription Drugs to Get High



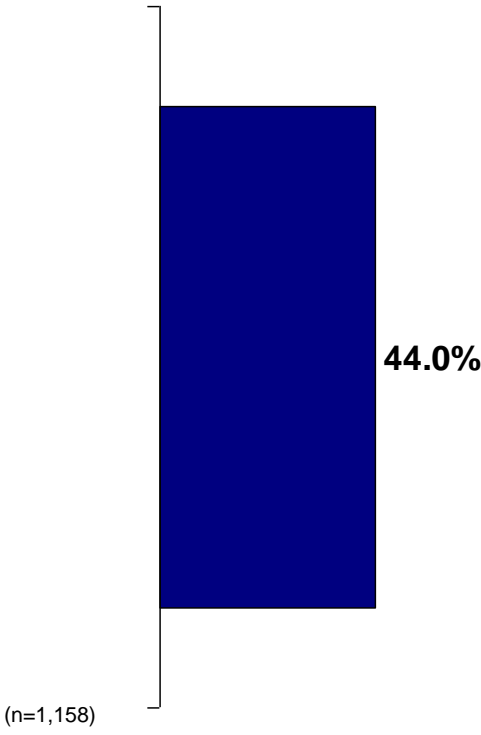
(n=359)

Q19.9: Do you know someone who has taken prescription medication, such as OxyContin, to get high?  
Q19.10: (If Yes) How old was this person(s)? (Multiple responses allowed)

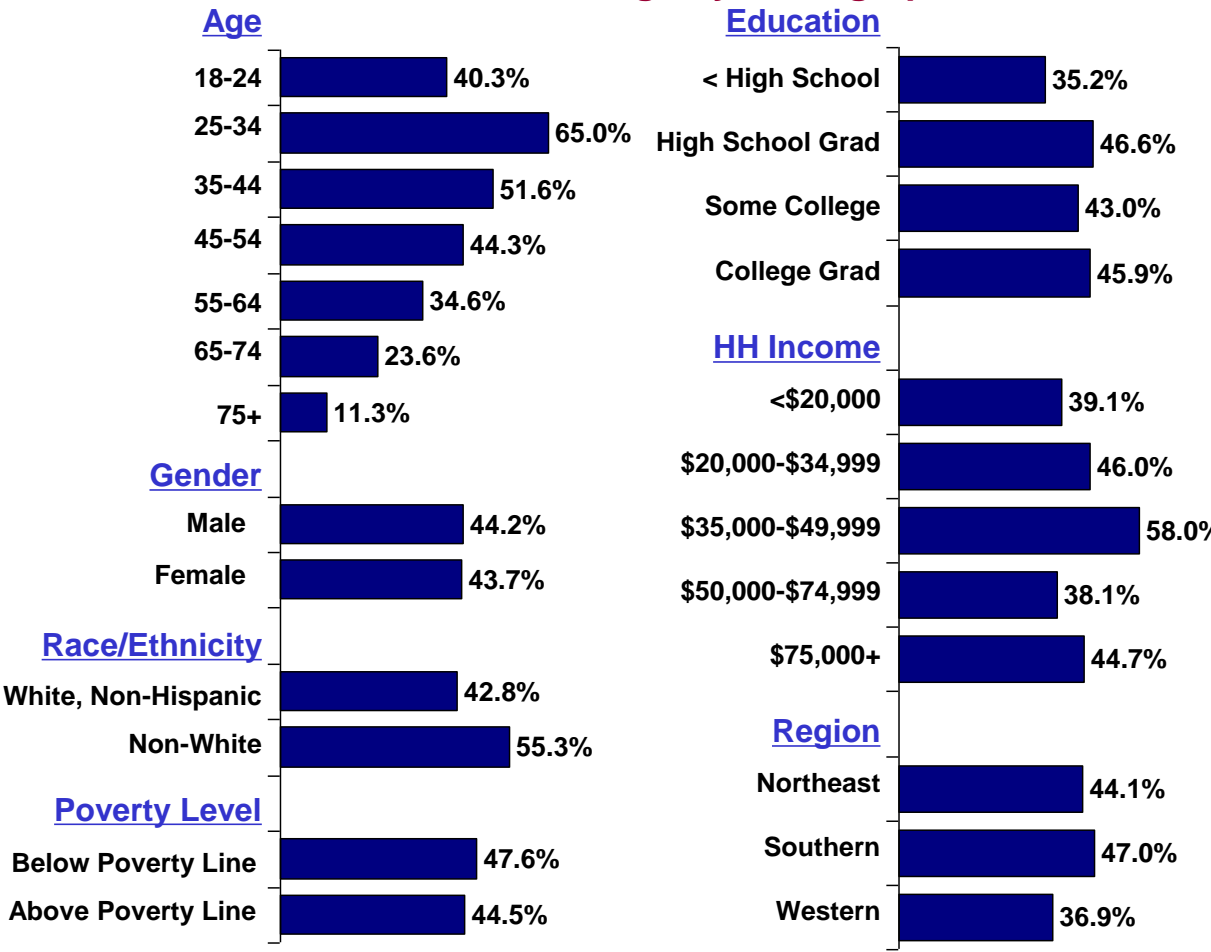
Adults most likely to know someone who has used prescription drugs to get high are between the ages of 25 and 44; in fact, as one gets older, they are even less likely to know someone who has taken prescription drugs to get high. Non-White adults are more likely to know someone who has abused prescription drugs vs. White adults.

**Knowledge of Prescription Drug Abuse (Continued)**

**Know Someone Who Took Prescription Medication to Get High\* (Total Sample)**



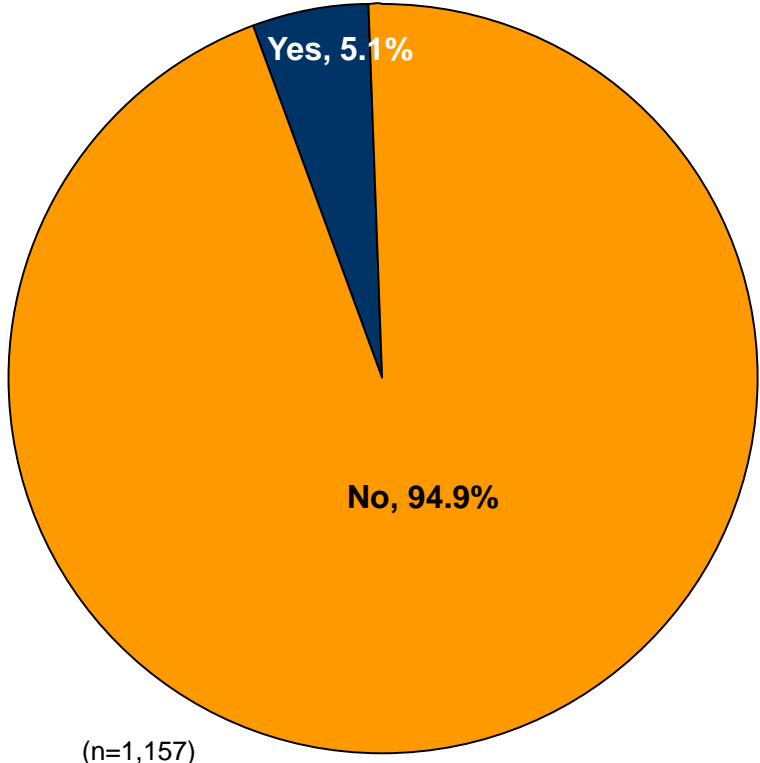
**Know Someone Who Took Prescription Medication to Get High by Demographics**



\*Among all adults, the proportion who reported knowing someone who took prescription medication, such as OxyContin, to get high.

Very few St. Clair County adults think their doctor gives them too many pills in their prescription(s).

Personal Physician Gives Too Many Pills in One Prescription

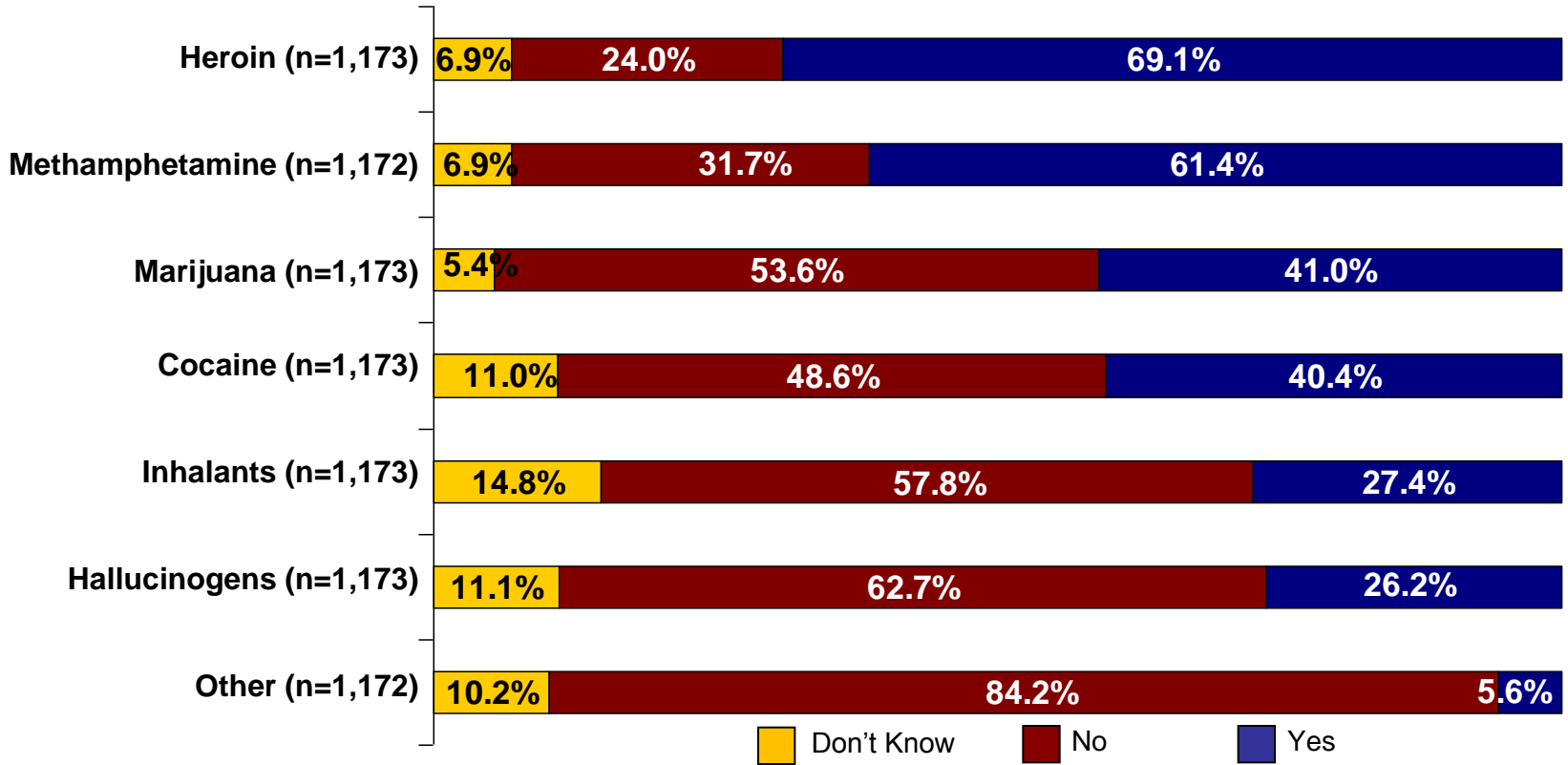


Q19.11: In your opinion, does your doctor give you too many pills in one prescription?



With regard to illicit drug use, seven in ten area adults believe there is a problem with heroin use in their community, and six in ten perceive a problem with methamphetamine. Four in ten perceive problems with marijuana and cocaine use.

**Perceived Illicit Drug Use Problems in the Community**



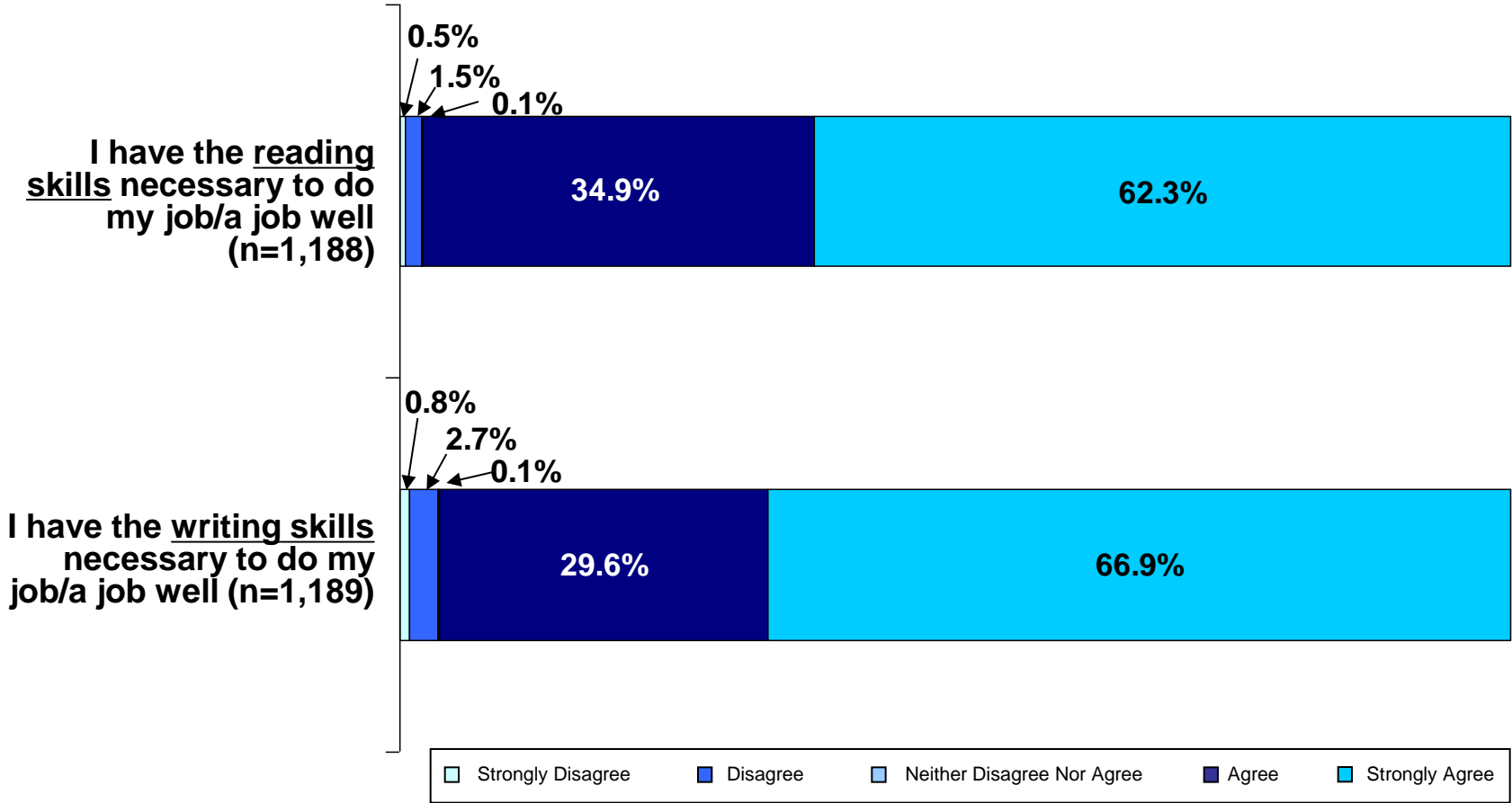
With regard to the use of the following drugs, which do you think are a **problem** in your community?  
 Q19.12: Marijuana  
 Q19.13: Cocaine  
 Q19.14: Heroin  
 Q19.15: Hallucinogens  
 Q19.16: Inhalants  
 Q19.17: Methamphetamine  
 Q19.18: Another drug

# ***General Literacy***

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Almost all St. Clair County adults believe they have the reading and writing skills necessary to do their/a job well.

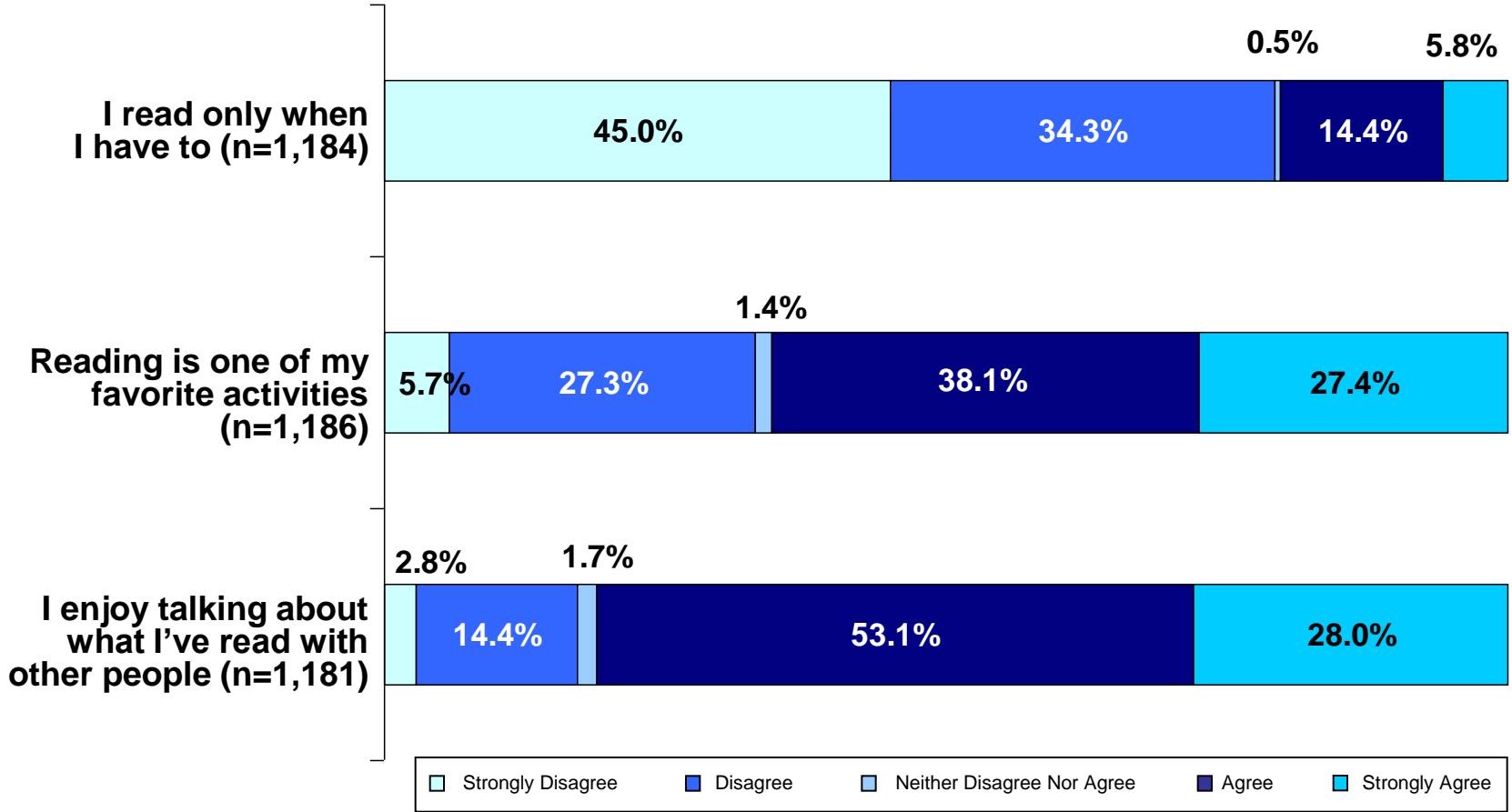
Reading and Writing Skills



Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements.  
 Q15.1: I have the **reading** skills necessary to do ["my" job if employed; "a job" if not employed] well.  
 Q15.2: I have the **writing** skills necessary to do ["my" job if employed; "a job" if not employed] well

The majority (65.5%) of St. Clair County adults consider reading to be among their favorite activities. Further, eight in ten (81.1%) enjoy talking about what they've read to others. One in five (20.2%) read only when they have to.

Reading



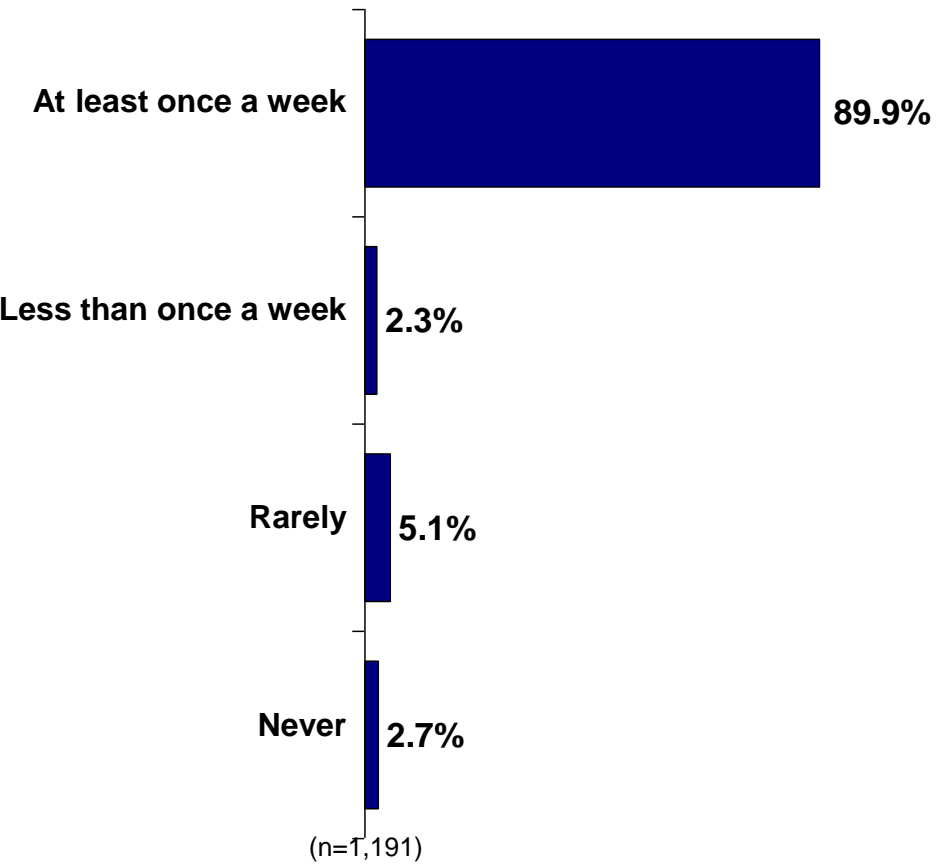
Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements.

- Q15.5: I read only when I have to.
- Q15.6: Reading is one of my favorite activities.
- Q15.7: I enjoy talking about what I've read with other people.

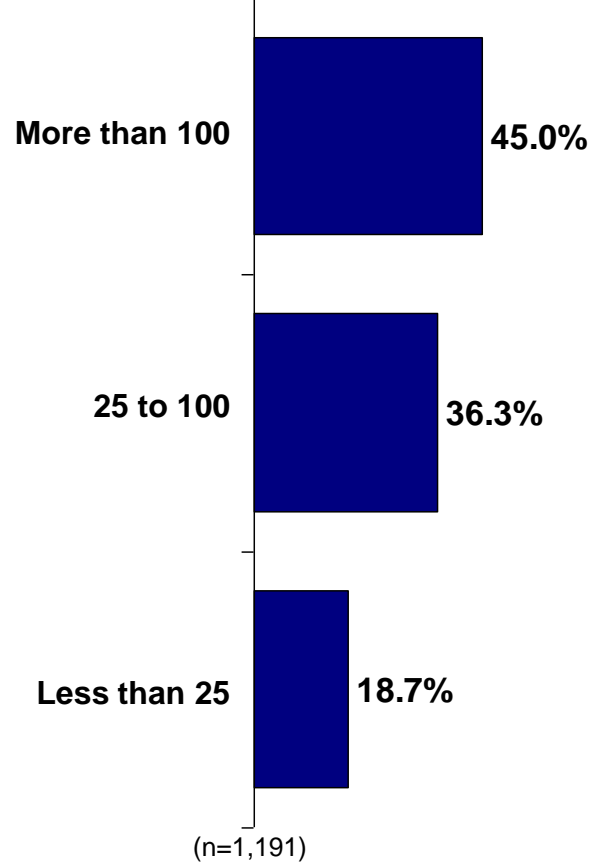
Nine in ten area adults read or use written information such as books, magazines, letters, notes, emails, or online sources at least once a week. A large majority of adults report having at least 25 books in their home.

Reading (Continued)

Frequency of Reading/Using Written Information



Number of Books in Household





Q15.3: How often do you read or use information from books, magazines, letters, notes, e-mails, or online sources from the Internet? Would you say at least once a week, less than once a week, rarely or never?

Q15.4: How many books do you have in your household? Do not include magazines.

# Comparison of BRFSS Measures Between St. Clair County, Michigan, and the United States

## Health Status Indicators

|                                   | St. Clair County | Michigan | U.S.  |
|-----------------------------------|------------------|----------|-------|
| General Health Fair/Poor          | 15.1%            | 17.4%    | 16.5% |
| Poor Physical Health (14+ days)   | 13.4%            | 12.8%    | --    |
| Poor Mental Health (14+ days)     | 11.6%            | 12.2%    | --    |
| Activity Limitation (14+ days)    | 9.3%             | 8.8%     | --    |
| Obese                             | 33.0%            | 31.1%    | 29.8% |
| Overweight                        | 31.2%            | 34.9%    | 35.5% |
| Healthy Weight                    | 32.9%            | 32.4%    | 32.7% |
| No Health Care Coverage (18-64)   | 11.3%            | 14.0%    | 13.0% |
| No Personal Health Care Provider  | 19.6%            | 15.9%    | 21.0% |
| No Health Care Access Due to Cost | 10.5%            | 14.2%    | 12.1% |

 = best measure among the comparable groups  
 = worst measure among the comparable groups

Sources: Estimates for Risk Factor and Health Indicators, State of Michigan, Regional Tables, Michigan BRFSS, 2013-2015; Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2015.



# Comparison of BRFSS Measures Between St. Clair County, Michigan, and the United States (Continued)

## Risk Behavior Indicators

|                                   | St. Clair County | Michigan | U.S.  |
|-----------------------------------|------------------|----------|-------|
| No Leisure Time Physical Activity | 18.4%            | 25.1%    | 26.2% |
| Current Cigarette Smoking         | 28.1%            | 21.1%    | 17.5% |
| Former Cigarette Smoking          | 23.6%            | 26.7%    | 25.1% |
| Binge Drinking                    | 22.7%            | 18.8%    | 16.3% |
| Heavy Drinking                    | 8.6%             | 6.5%     | 5.9%  |
| Ever Told High Blood Pressure     | 26.2%            | 33.9%    | 30.9% |
| Cholesterol Ever Checked          | 72.5%            | 83.3%    | 81.5% |
| Ever Told High Cholesterol        | 36.0%            | 39.4%    | 36.3% |

## Clinical Preventive Practices

|                                 | St. Clair County | Michigan     | U.S.  |
|---------------------------------|------------------|--------------|-------|
| No Routine Checkup in Past Year | 36.5%            | 28.8%        | 29.8% |
| No Dental Visit in Past Year    | 32.5%            | 31.7% (2014) | 34.7% |

-  = best measure among the comparable groups
-  = worst measure among the comparable groups

Sources: Estimates for Risk Factor and Health Indicators, State of Michigan, Regional Tables, Michigan BRFSS, 2013-2015; Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2015.

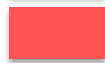
# Comparison of BRFSS Measures Between St. Clair County, Michigan, and the United States (Continued)

## Chronic Conditions

|  | St. Clair County | Michigan    | U.S.  |
|--|------------------|-------------|-------|
| Lifetime Asthma Prevalence                     | 24.4%            | 15.9%       | 14.3% |
| Current Asthma Prevalence                      | 15.4%            | 10.9%       | 9.2%  |
| Ever Told Had Arthritis                        | 27.4%            | 31.1%       | 25.3% |
| Ever Told Had Heart Attack                     | 4.1%             | 5.0%        | 4.2%  |
| Ever Told Had Angina/Coronary Heart Disease    | 3.3%             | 5.1%        | 3.9%  |
| Ever Told Had Stroke                           | 2.3%             | 3.4%        | 3.0%  |
| Any Heart Disease (Heart Attack/Angina/Stroke) | 6.7%             | 9.7%        | --    |
| Ever Told Had Diabetes                         | 10.0%            | 10.5%       | 9.9%  |
| COPD   | 10.2%            | 8.4%        | 6.2%  |
| Skin Cancer                                    | 3.6%             | 5.8% (2014) | 6.1%  |
| Other Cancer                                   | 5.5%             | 7.7% (2014) | 6.9%  |
| All Cancer (Skin and Non-Skin)                 | 8.3%             | 12.0%       | --    |



= best measure among the comparable groups



= worst measure among the comparable groups

Sources: Estimates for Risk Factor and Health Indicators, State of Michigan, Regional Tables, Michigan BRFSS, 2013-2015; Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2015.



# ***Key Stakeholder Interviews***

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# ***Health Care Issues and Accessibility***

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According to Key Stakeholders, the most pressing health needs or issues revolve around the **high prevalence of substance abuse** (both licit and illicit), **obesity, diabetes, and smoking**. **Access to care** (health, dental, mental health, substance abuse) continues to be a problem, not only for the uninsured, but the insured as well, especially those with Medicaid.

**Most Pressing Health Needs or Issues**

- ❖ Top reported health needs or issues are (1) substance abuse, especially prescription opioids (licit) and heroin, crack, and crystal meth (illicit), and (2) population health indicators such as obesity, diabetes, and smoking.
  
- ❖ Access to health care continues to be an issue, especially for mental health and substance abuse treatment, as well as a lack of easy access to preventive care (e.g., mammograms) and lack of specialty care (e.g., pediatric specialties, geriatrics). There is also a lack of medical and dental care options for residents with no health insurance.
  - Stakeholders also mention several barriers to access for people with insurance, such as an inability to afford out-of-pocket expenses like co-pays, deductibles, and spend-downs, and providers refusing to accept Medicaid.
  
- ❖ Less frequently mentioned needs or issues are:
  - Affordable housing, especially for the elderly
  - Poverty
  - Lack of continuity of care
  - Aging physician population, especially among primary care providers
  - Prevalence of mental illness
  - Need for better child immunization rates
  - (Perceived) high incidence of MS
  - Need for integrated health care for people with co-morbidity
  - Low levels of health literacy
  - Need for increased parental awareness of the importance of well-checks
  - Addressing unhealthy lifestyle choices

Q1: What do you feel are the most pressing health needs or issues in St. Clair County?

## Verbatim Comments on Most Pressing Health Needs or Issues

*“I would say **access to healthcare**, mostly to primary care physicians. Secondly, I would say just overall **population health**; we’re not a healthy community. In fact, I would probably put that as number one. We **smoke** or are **overweight** or **diabetic**. I’d say those are probably the most pressing, and we have a **drug problem**. I’d say both [licit and illicit drugs].”*

*“I think **diabetes**. I guess I should say **obesity** which also can lead to diabetes. So, obesity, diabetes. We have a community advisory board that our medical director of our health department and our sheriff sit on, and based on their feedback, drug use is resurfacing, and the types of drugs that people are **abusing, prescription** as well as **recreational drugs**, are becoming a problem. An offshoot may be **people’s ability to pay for medications**.”*

*“**Integrated healthcare** is critical, especially for people we provide services to; people with **mental illness, substance abuse** disorders. I would sort of add people with intellectual and developmental disabilities, but it’s not quite as big of an issue for them, for that population because physically that population still has support and connection. A lot of people with mental illness/substance abuse **do not have that kind of a support system** to ensure they’re having their physical healthcare needs met, so I think getting good physical healthcare for the people that we serve is still a critical need.”*

*“I really think one of the overarching issues is that **healthcare access is complicated**, and it’s **expensive**, even with healthcare coverage. We have hundreds of health plans; they have different rules, they have different formularies, and for just an average person, kind of going through the process is just really a **complicated process**, and generally **expensive** if you get sick, so I think that’s an overarching issue.”*

*“The other problem I didn’t mention is the **overprescribing of opioids** in the county, and that causes a lot of problems, and I think sometimes, there’s a **huge prescription drug problem** in this county. There’s also a **huge heroin problem** and a **huge crack and crystal meth [problem]**. Our Sheriff recently did a presentation and he was talking about the rise in heroin because what happens is once you can’t get those [prescription opiates] anymore, the next best thing, and cheap, is heroin, so there’s tons of heroin in our county. The prescription drug problem is huge.”*

Key Stakeholders cite numerous programs and plans underway to address key issues, while stressing that more work remains to be done.

| Issue  | Programs/Plans Aimed at Addressing Issue  |
|--|---|
| <b>Shortage of primary care physicians</b>   | <ul style="list-style-type: none"> <li>• Increased recruitment efforts for primary care, family practice, and internal medicine physicians</li> </ul>   |
| <b>Lack of coordination among services; continuity of care; need for team-based, patient-centered approach</b> | <ul style="list-style-type: none"> <li>• Increased collaboration and coordination among health department, hospitals, and providers to provide integrated care and continuity of care</li> <li>• SCC Community Mental Health received a grant to develop an innovative integrated health care model</li> <li>• Increasing awareness of both health issues and existing programs and services to address issues</li> </ul>                           |
| <b>Aging population/need for better senior adult Services</b>  | <ul style="list-style-type: none"> <li>• Committees established to help keep the elderly in their homes and provide services for those who cannot afford to move to adult care living spaces</li> <li>• Offering Alzheimer’s education series</li> </ul>  |
| <b>Population health</b>   | <ul style="list-style-type: none"> <li>• Area hospital established physician-led population health program focusing on wellness, weight loss, management of diabetes</li> <li>• Creation of accountable care organization (inside hospital) focusing on wellness and prevention</li> </ul>  |
| <b>Lack of affordable and plentiful access to care</b>   | <ul style="list-style-type: none"> <li>• People’s Clinic and Community Dental Clinic offer care/services at free or reduced rates</li> <li>• SCC Community Mental Health’s new status as Certified Community Behavioral Health Clinic allows them to receive enhanced Medicaid funding enabling them to provide more mental and physical health care services</li> </ul>  |
| <b>Substance abuse</b>   | <ul style="list-style-type: none"> <li>• Coordination among hospitals, health department, and law enforcement to address opioid issue</li> <li>• Task force in place to educate and address both licit and illicit drug abuse</li> <li>• Group of community health care professionals collaborating on ways to impact prescription drug use</li> <li>• New protocol for some hospital ERs/EDs limiting the amount of opiates distributed</li> </ul> |

*Q1a. Is there anything currently being done to address these issues? Q1b. (If yes) How are these issues being addressed? Q1c. (If no) In your opinion, why aren’t these issues being addressed? Q1d. (If no) In what ways have these issues been addressed in the past, if any?*

## Verbatim Comments on How Issues are Being Addressed

*“We have the **People’s Clinic** that’s run by the hospital, by the medical society, and then we have the **Community Dental** that is run through United Way **for those that don’t have health care**. It’s six dollars for the first visit and then ten percent of the cost after that.”*

*“The health department is trying to do that with some of our strategic planning - it’s **working more collaboratively with other agencies**. My entrance into public health, there wasn’t a lot of work being done with healthcare providers. I think throughout the public health system, the governmental public health system, there’s a real disconnect with the healthcare world, so we’re trying to address that.”*

*“For the people that we serve, we’re involved in one initiative where we were the recipients of a very large grant to **develop an innovative integrated health care model**, and that grant started October 1st this past year. We have the People’s Clinic on-site here in our main office in Port Huron, and the People’s Clinic is a primary healthcare clinic. It was originally designed for people with no healthcare insurance, but now they have converted it to a medical clinic three days a week to address the need to work with us collaboratively, and they still do completely free healthcare two days a week. We also just found out we are moving forward this week to be selected as a CCBHC; that’s a new federal designation: Certified Community Behavioral Health Clinic, and we’re going to be a pilot site as long as we pass our next site review, which will allow us to get some **enhanced Medicaid funding, to provide services that include physical healthcare**. I think we’re very fortunate to have some very good healthcare partners.”*

*“There is beginning to be a very **focused effort on population health**. Here at our hospital, we have a population health program. It’s pretty inventive: looking at **wellness**, looking at **weight loss**, looking at **diabetes management**, so we have a specific program led by a physician, a manager role, to look at population health. We also have what’s called an accountable care organization, which again looks at focusing on wellness and prevention, instead of just treating the disease process, so we definitely are working towards helping that role here.”*

**Q1a. Is there anything currently being done to address these issues? Q1b. (If yes) How are these issues being addressed? Q1c. (If no) In your opinion, why aren’t these issues being addressed? Q1d. (If no) In what ways have these issues been addressed in the past, if any?**

Key Stakeholders believe the following outcome measures are most important when evaluating the health of a community: (1) **prevalence of smoking** and tobacco use, (2) **obesity rates** for both adults and children, (3) **prevalence of chronic diseases**, especially **cancer** and **heart disease**, (4) **premature death rates**, and (5) **incidence of ER/ED usage**.

## Important Health Outcomes

❖ Key Stakeholders identified the following as important measures for health-related outcomes:

- Prevalence of smoking/tobacco use (4)
- Obesity rates (adult and child) (3)
- Chronic disease rates (e.g., cancer, COPD, respiratory, pulmonary, heart disease) (3)
- Years of potential life lost (YPLL); premature death rates (2)
- Incidence of ER/ED usage (2)
- Health practices (are people exercising)
- Access to (quality) health care
- Social indicators (e.g., literacy rates, employment rates)
- Substance abuse rates
- Suicide rates
- Prevalence of hypertension (HBP)
- Hospital readmission rates
- Early childhood markers (e.g., first trimester prenatal care, premature/preterm births)
- Management of chronic disease such as diabetes
- Early childhood development/school readiness

Q2. What are the outcomes that should be evaluated?

Health care access has expanded with the introduction of the Healthy Michigan Plan and the Affordable Care Act. However, high deductibles and spend downs, in addition to co-pays, remain barriers for residents who have insurance. For those without insurance there is a People's Clinic offering free care, but its service hours are limited. Lack of specialty care means many residents have to travel out of county for services.

### The State of Health Care Access

- ❖ Key Stakeholders acknowledge that, although a small percentage of residents remain uninsured, access to health insurance and, by extension, health care, has expanded under the Healthy Michigan Plan and the Affordable Care Act.
- ❖ **However, Stakeholders agree that the high deductibles of today's health insurance plans present a significant challenge for the insured, causing some to forego needed care. Co-pays are another out-of-pocket expense that can be an issue.**
- ❖ Further, access issues are not limited to people with private insurance, as residents with Medicaid face two major hurdles: (1) spend-downs, like deductibles for private insurance, prevent some from seeking care, and (2) some providers refuse to accept Medicaid insurance.
- ❖ There is disagreement as to whether or not St. Clair County has a shortage of primary care physicians – while some report a shortage, others say there is plenty of choice and variety.
- ❖ Key Stakeholders do seem to agree that there is a shortage of specialty care (e.g., geriatrics, pediatric specialties).
  - Some Key Stakeholders raise the issue of “quality,” stating that even though residents have access to primary care providers, the quality of those providers may be lacking

*Q3. Describe the current state of health care access in St. Clair County. Q3a. Is there a wide variety/choice of primary health care providers? Q3b. (If yes) Is this variety/choice available to both insured and uninsured people? Q3c. (If no) In your opinion, why is there a lack of primary health care providers? Q3d. Is there a lack of insurance coverage for ancillary services, such as prescriptions or dental care? Q3e. Is there an inability to afford out-of-pocket expenses, such as copays and deductibles?*



## Verbatim Comments on the State of Health Care Access

*“Well, there are **transportation issues** especially outside of our predominantly urban areas, but I think a greater piece is that **doctors’ offices don’t want to see people if they can’t pay for their copays and their deductibles**. They **lose money on Medicaid** already, and so, for instance, we have one of our biggest OB/GYN offices that is just obstetrics - they’re not going to see Medicaid moms for pregnancy, period, they’re just going to stop because they’re losing so much money on it, and so those are difficult questions - you know, what kind of safety net situations do we have, but I do think that’s a barrier that Medicaid - more and more people are being covered by Medicaid, and Medicaid is a really poor payer for most of our primary care docs.”*

*“I don’t see the actual insurance, like Blue Cross Blue Shield, but I do see the **Medicaid patients that have a spend-down**. I just looked at somebody that had a \$2,400 spend-down. That’s a lot of money. I mean, I can’t afford a \$2,400 spend-down a month, and I’m working, but we do see a lot of the spend-downs having to come in here.”*

*“We see people at the free clinics for that very reason. ‘I’m eligible, but I **can’t pay my spend-down**. I have insurance, but I **can’t afford the copays**. I **can’t afford care when it has to come out of my pocket**. I **can’t afford the monthly premium** even though it’s Medicaid.’ And so they don’t carry it, and they come to the free clinics, and the problem with the free clinic is it’s supposed to take care of your sore throat, not manage your high blood pressure for the next three years, or your diabetes, your chronic illnesses.”*

*“In my opinion, kind of going back to **quality**, I think sometimes we have **limited choices of quality**, so although there might be many pediatricians to choose from, I feel like maybe they’re **not always the best choices**. **Any type of specialty, you have to leave the county**. It **doesn’t seem like there’s really good access for once you’re outside of your typical health care issues**. I think some of our **doctors in our county are kind of stagnant** in their keeping up-to-date in their new medical things. They’ve just been **practicing for so long, so they don’t stay up on things, where if you go out of the county where you get a lot more younger doctors, you get doctors who might be doing a little bit more research, things like that.**”*

*“**Access to behavioral healthcare**. We run a 24-hour access site, and we advertise it all over the place, so it should be relatively easy for people to access us. Unfortunately, if you don’t meet the public criteria that’s defined in the Mental Health Code, we can’t serve them.”*

**Q3. Describe the current state of health care access in St. Clair County. Q3a. Is there a wide variety/choice of primary health care providers? Q3b. (If yes) Is this variety/choice available to both insured and uninsured people? Q3c. (If no) In your opinion, why is there a lack of primary health care providers? Q3d. Is there a lack of insurance coverage for ancillary services, such as prescriptions or dental care? Q3e. Is there an inability to afford out-of-pocket expenses, such as copays and deductibles?**

# ***Existing Programs and Services***

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Most Key Stakeholders think existing programs and services meet the needs and demands of community residents somewhat well. Although there are programs and services that are lacking in the community, there is a perception that there is also a ***lack of awareness of existing programs, services, and resources***. Key areas for improvement are geriatric services and mental health services such as psychiatry.

### Programs/Services Meeting Needs & Programs/Services Lacking

- ❖ In general, Key Stakeholders believe that the core health care services (e.g., primary care, cardiology) are in place and that for a county of its size the services offered are decent. That said, there is acknowledgement that improvements are needed and specific services are lacking.
- ❖ Services identified as lacking include:
  - **Providers accepting Medicaid**
  - **Services specific to the geriatric population;** geriatric psychiatry, Alzheimer's and dementia diagnoses, cancer screening, affordable housing
  - **Mental health treatment;** psychiatry, competent counseling
  - Specialty care/specialists and tertiary care (e.g., ENT, allergists)
  - Substance abuse treatment, local methadone clinic
  - Dental care
  - Services for caregivers
  - Transportation alternatives
  - Child welfare services (e.g., to assist with an overabundance of children in foster care)
- ❖ A couple of Key Stakeholders noted that there may be a lack of motivation to seek care among some residents.

**Q4. How well do existing programs and services meet the needs and demands of people in your community? Would you say they meet them exceptionally well, very well, somewhat well, not very well, or not at all well? Q4a. Why do you say (INSERT RESPONSE)? Q4b. What programs or services are lacking in the community?**

## Verbatim Comments on Programs/Services Meeting Needs & Programs/Services Lacking in Community

*“The one that I run into constantly is just **basic psychological health**. In other words, **psychiatric treatment** is a real problem, and secondary to that is just getting a person in to a **competent counselor**. Even if we can get them into counseling, sometimes if they are in need of some kind of psychiatric med that’s kind of beyond your basic depression drugs that most family practice docs are comfortable with, the waiting list to see a psychiatrist is months and months [because there aren’t enough psychiatrists]. So, what our primary care/family practice docs are often forced to do is just kind of wing it, and they use drugs that may not be particularly appropriate or use drugs that they might not be familiar with, and I see that a lot. Huge problem. Even the hospital is having a **problem recruiting a psychiatrist** for their psych floor.”*

*“**More Medicaid providers**. I mean, we do need more Medicaid providers for people. We definitely **need more psychiatrists** in our community. I know that people **drive out of county for a methadone clinic** - we have a contract with them. Maybe [there should be a methadone clinic in the county].”*

*“We’re **lacking specialty services**, so once you need to see somebody outside of your pediatrician or your family doctor, so if you are having, like for example, anything related to **cancer**, but not even that extreme, like sometimes if you’re having bigger health issues that you want to take outside of your family doctor. You might want to see a specialist even for **ear, nose, and throat** doctors. We have one locally, but I hear many people will leave for that, or **allergists**, or things like that. We might have them, but you’re going to get **better quality outside of the county**.”*

*“I would say **services for the Alzheimer’s or dementia population**, like something like respite service. In fact, we’re finding a big gap in that right now because that’s kind of our focus. There doesn’t seem to be **services available for those caregivers**. There are a couple places available where they can drop off their loved ones, but it doesn’t seem to be enough - that’s the feedback that we’re getting: that either they’re not available, or they’re full, or it’s not quite what the caregiver needs.”*

**Q4. How well do existing programs and services meet the needs and demands of people in your community? Would you say they meet them exceptionally well, very well, somewhat well, not very well, or not at all well? Q4a. Why do you say (INSERT RESPONSE)? Q4b. What programs or services are lacking in the community?**

## Verbatim Comments on Programs/Services Meeting Needs & Programs/Services Lacking in Community (Continued)

*“Well, I know one really big need is a **geriatric psychiatrist**, you know, someone in the area that can **diagnose dementia/Alzheimer’s-type diseases**. That’s something I feel like there’s a very strong need in the community for, and there just isn’t one. I think also there’s some **testing** I know that people still **have to drive out of the area to have done**. You know, you’re being referred to a U of M hospital, and you’re a senior with no way to get there. That’s a real challenge. [That’s cancer testing/screening.]”*

*“**Affordable housing for the elderly** is the one that comes to mind, or **support for elderly** to be in their own homes, so I think that’s a big one based on what I know. For the population I see, I definitely see the need for aging population support. We have some really good programs like Meals on Wheels and that sort of stuff, but affordable housing, when they can’t afford to live in their own home seems to be an issue. There’s stuff out there, but not affordable.”*

*“Well, we have waiting lists. We have a complex system where people don’t always know where to go, so they’re often directed to one place, and that’s a dead end, and that stops there. We don’t have enough resources sometimes. There are programs we do have, but we know **people can’t get in because they don’t fit the criteria**. I’m specifically thinking **mental health and substance abuse**, where people who want to get treatment really don’t have the access because they’re not eligible: they’re not pregnant or they’re not in crisis, that kind of thing, so things are very limited.”*

*“I think the **programs are there**, but we have not stumbled across how to make people want to join those programs. I think the hospitals and the health department have done a very good job of making many programs available. **People don’t always partake in them** and I don’t know why that is. **I don’t know that it’s awareness. I would probably say that it’s not awareness, actually. I would think it’s motivation.** It’s not high on their priority list, there’s other things that are probably more demanding of their time, and it’s just an afterthought because honestly I think the health department does a great job of providing a wide variety of programs, and then the two hospitals really work to supplement what the health department is doing, but I don’t think it’s a priority for the people we’re trying to serve.”*

**Q4. How well do existing programs and services meet the needs and demands of people in your community? Would you say they meet them exceptionally well, very well, somewhat well, not very well, or not at all well? Q4a. Why do you say (INSERT RESPONSE)? Q4b. What programs or services are lacking in the community?**

Stakeholders overwhelmingly cite the need for a coordinated and collaborative approach among service providers to formulate a complete care plan for the individual.

### Recommendations for Service Improvement

- ❖ Recommendations for improved implementation of existing services focus almost exclusively on the need for more collaborative care that **addresses the whole patient**, taking into consideration not only the **patient's physical health but also mental health and social and economic circumstances**.
- ❖ This approach is more **holistic** and is consistent with the literature that approaches health and illness from a **biopsychosocial** perspective.
- ❖ Additional suggestions include:
  - **Improve communication** between partnering agencies/organizations
  - Create a **committee**, or an **independent person**, to **assist in the coordination** of services
  - **Advertise** or **market** existing programs and services better to **increase awareness**
  - Determine ways to **motivate residents to utilize services**
  - Discover ways for agencies and organizations to **share data and information** (e.g., centralized data system)

*Q4c. In your opinion, how could any of the existing services/programs in your community be implemented better?*

## Verbatim Comments on Recommendations for Service Improvement

*“I think **communication**. I think everybody really believes in what they do, and we’ve got some great people, but **they work within silos**, which are created by the funding silos themselves. I get that, but we share a lot of the same people, and there’s **very little case management of these people to make those treatments more efficient.**”*

*“If we **all work together**, a little less competition. There’s lots of things, but we don’t have a great mechanism of feeding other good service organizations if they aren’t your own service organization. So, for example, maybe I have a patient I particularly can’t care for, but I’m aware or I’m willing to advise them to another organization that might be able to help them. If there was some **greater group of leaders that could promote all these organizations** that isn’t representative of an organization that could coordinate that. Some **independent person with a committee that could pull us all together** and talk about the needs, and then someone could say, ‘I can meet that need.’ People are trying to manage their own business and not taking enough time to learn about what else is out there.”*

*“I think if there’s ten of them working, ten of them need to know what the other nine are doing and **discover what we can collectively do better**. I just think it **needs to be more coordinated**. We have two agencies that provide senior daycare centers. A lot of people are working on feeding children, giving clothes, those kinds of things, but sometimes one doesn’t know what the other one’s doing - one’s doing three weeks after somebody else. It just needs to be more coordinated.”*

*“Maybe **advertisement**. I know they were trying to have a service there at the college, like a resource fair, for patients to come into, but maybe outreach to areas that need it most - churches who would see these people - the churches, homeless shelters, or clinics like ours, the free clinic. The ERs - if they could outreach and say, ‘Hey! These services are available,’ but everybody’s got to work on it together.”*

*“I think it would just be making sure there’s **collaboration** with the right partners because if you get buy-in from the beginning, you’re likely to generate resources and commitment for the implementation and working towards sustainability.”*

*“I think probably trying to **figure out what would motivate someone to take the assistance** that’s here and look at how we make it more convenient for them. **How do we incentivize them to do it?** I think they’re looking at how do I pay my bills, and I need a job, and I need childcare, and all of this. I just don’t think it’s at the top of their priority list.”*

**Q4c. In your opinion, how could any of the existing services/programs in your community be implemented better?**

## Verbatim Comments on Recommendations for Service Improvement (Continued)

*"In my opinion, for all of our services, I think we need to have a **better relationship with the healthcare field**, meaning the **human service field with the healthcare field**. I think that so many of our families would benefit, if the healthcare field made more referrals to the human service field, if they kind of knew what was available in our county for human services. So, I think in that regard there just **needs to be a better, stronger partnership. We have very limited involvement from doctors, from our hospitals, things like that. They just aren't involved in the community.**"*

*"We've looked at some **new models**; one of them is called Open Table. It's where you have to look at all the needs of an area, so you don't just look at their **behavioral health, physical health**, but also **are they living in poverty, do they have a job, do they have a house**, a place to live, **do they need food**. I think we have all the components here, but we need to **look at doing that a little bit differently**. I think at Community Mental Health, we do that. We do look at all those things for people, but we need to find a way to get people out of poverty and keep them out of poverty, or homelessness, keep them with a home. Sometimes people get stuck in a home, but you don't give them resources or tools to be successful, and then they get evicted, and they're back out on the streets for whatever reason. I mentioned with Dr. Mercatante, myself, and the two CEOs of the two hospitals - so, we're looking at those issues."*

*"I think **to be better, our system as a whole has to come together and share information and share data. I think we do things in silos. I think that's what makes our system ineffective**, although I think a lot of folks that have been in this community a long time believe that this community's very collaborative. I don't see that myself. I see that even as part of the community service collaborative body, everyone goes there and talks about what they do, but what we don't talk about is how we impact as a whole, the segments of the population that need help. For example, the kids coming into foster care issue, we talked about how we have services for this and services for that. What **we need to do is have some data and come together in regards to how we're impacting that number** on a monthly or a yearly basis because we talk a lot anecdotally about how we're doing, but when you **actually look at numbers**, I think it tells a different story. Folks don't really want to measure things here, from my experience. That's all I like to do because that's what really tells me something. I think there's a couple people in the county that really are interested in **measurement and outcomes**, but for the most part, our leaders are really not interested in that, from what I've seen, and I think that has a huge impact on going forward and how we address the needs of our community."*

**Q4c. In your opinion, how could any of the existing services/programs in your community be implemented better?**



As stated earlier under suggestions for service improvement, Key Stakeholders further confirm the need for partnerships among local agencies (medical, mental health, human services, education) to address resident needs via a holistic approach. This approach will not only more effectively meet resident needs by bridging service gaps, but will also reduce duplication of services and waste.

### Recommendations for Partnerships

- ❖ Key Stakeholders offer many partnership ideas:
  - **Collaboration between health care providers and human services** needs to begin in early childhood by working with families that need health care services in addition to social services.
  - **Better collaboration between mental health agencies and primary care providers** will allow mental health practitioners to cross-train/educate primary care providers for a better understanding of behavioral and mental health needs and issues.
  - **Partnering between medical community, community mental health, health and human services, social work, and education** to move from a silo approach to a more holistic approach will benefit residents that have multiple needs, and reduce system waste.
  - **Partnering should also include various relevant groups, such as the Visiting Nurses Association and the Council on Aging.**
  - **Taking an inventory of programs and services offered** will reduce duplication of, and gaps in, services.
  - **Hospitals could better collaborate with each other** instead of remaining competitors.
  
- ❖ Successful partnerships currently in place include:
  - **Partnerships between hospitals and health department**
  - **Health Department working with other county agencies/organizations** – current partnerships with human services and community mental health have been successful

*Q5. Are there any partnerships that could be developed to better meet a need? Q5a. (If yes) What are the partnerships? Q5b. (If yes) How could they be better developed?*

## Verbatim Comments on Recommendations for Partnerships

*"I think the biggest piece is if we could partner with the **hospitals** that **need to be more involved**. When I say that, I mean, especially when you're **looking at early childhood**, we have very limited access to **families** before the children enter school. There's no way to find them, and these **families need a lot of help**, and doctors are the ones who are a consistent place for these families to go, so to have the hospitals on board and to have the family **doctors** or **pediatricians partnering**, we would have **better access to these families to get them additional services they need**. At one point, we had done a needs assessment, and an overwhelming number of our families said the one place they go to for early childhood information is their doctors, so we know doctors play a huge part in that, meaning it needs to be important that they're part of our work as well."*

*"I think in general **everyone in this community could be better partners to meet the needs of everybody instead of there being a competition or exclusion**. I think, just in general, the **community has always been divided between the two hospitals**, and right now, it's very, **very acutely divided**, and the **one hospital is being very predatory**, and they're trying to get rid of everyone else, and that creates a **hostile environment** and a lot of ill will, **so a lot of people are going out of the community because of that; a lot of people are seeking healthcare outside of our area here because they don't like the general feeling of that**. It's not being well-received in our community, and people are going outside. We get a lot of referrals from hospitals outside of our community with residents of our community."*

*"I think the **medical community, Community Mental Health, Health and Human Services, and counseling and education all need to really be together, collaborating** on these issues because all of these systems are impacted and many times are dealing with the same people. I think our doing things in such a siloed manner means **we're not treating the individuals really holistically** like we could be, and I think we're **wasting resources** the way we're currently doing it. I think connecting those systems together - the education, our counseling agencies, our community service providers for domestic violence and for homelessness and then our health, our Community Mental Health, and then our Health and Human Services, and then medical."*

*"I think we **need to have a much better partnership with our primary care doctors** in this community. We want to do more **cross-training to help them understand more about behavioral health needs**. We could do a better job of educating family practitioners about mental health issues."*

Q5. Are there any partnerships that could be developed to better meet a need? Q5a. (If yes) What are the partnerships? Q5b. (If yes) How could they be better developed?

## Verbatim Comments on Recommendations for Partnerships (Continued)

*"I just really think generally we **need to take an inventory**. Maybe I'm wrong; I'm not aware of what all are doing, which leads me to believe that if I don't know that there's got to be some **duplication of services or gaps** that we're not seeing. Without saying what they are, I think we need to do an inventory first - **a county inventory of what's out there**. I think [the hospital and the health department partner well] to a degree. We do some programs for the public health, the hospitals sit on the community services, we sit on Visiting Nurses Association boards, and obviously we've coordinated with Community Mental Health to try to **make sure that there is coordinated physical and behavioral health, which has been a huge gap in this community** for a long time, so I think there are some that are doing it quite well, but it could be better because I know that VNA and Council on Aging were beginning to talk about partnering together, but I don't know where that's at."*

*"I think there's a **lot of partnerships we can do in the community so we're not wasting resources or duplicating services or fighting over the same patient population**. As you look at how can we jointly work to look at our opioid abuse issue, **how can we jointly work to deal with our high incidence of cancer**. I think things like that - there is an opportunity. I would say **the hospitals work relatively well with the health department; the hospitals don't always work well with each other**. Community Mental Health resides in a building that the other hospital owns, but the other hospital doesn't offer mental health. We offer in-patient mental health here, and then we offer an out-patient counseling center, so I think there's a lot of mental health resources in the area; I don't know that it's always coordinated well, but there is definitely a lot of resources here."*

*"I think there needs to be a **better way in the community of maybe comparing notes for a certain client so that we know we're providing this service to this client**, but what are other agencies doing? Because oftentimes, especially - I'll refer to seniors again - they have help coming in, but they have no idea where they're coming from, and **that would eliminate either a duplication of services or a service being missed**, so I think there needs to be a **way that we share information better**. I do think that [a **centralized database**] would help."*

*"Maybe the leaders of all of the agencies can **get together and talk about their issues**, and we can see if it's an issue that nobody can take care of. Is there somebody who can do something for this community? All the home health agencies - we all can offer something different. All the hospitals, all the human services, kind of **talk about the needs and then develop sort of a strategic plan**, like 'Who's going to provide this? What group's going to do it or take care of these people?'"*

**Q5. Are there any partnerships that could be developed to better meet a need? Q5a. (If yes) What are the partnerships? Q5b. (If yes) How could they be better developed?**

# ***Barriers to Health Care Access***

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Key Stakeholders report several barriers to programs and services, but the two greatest, by far, are **transportation** and **cost**. There have been several efforts to address barriers, but the lack of resources remains a hurdle to addressing any of them more effectively.

### Barriers & How They Can Be Addressed

- ❖ Key Stakeholders identified the following barriers or obstacles to obtaining care:
  - **Transportation**; particularly for low-income, elderly, and rural residents
  - **Cost; inability to afford out-of-pocket expenses** (e.g., co-pays, deductibles, spend-downs)
  - **Health literacy/education**; lack of awareness of programs/services that exist, complexity in navigating the system
  - **Cultural** barriers; distrust of system/medical community, comfort level in seeking care
  - Residents **drawn to services in the larger, neighboring counties** (Genesee, Oakland, Wayne)
  - **Lack of convenient office hours**; residents unable to seek care during working hours, forced to go to ER/Urgent Care
  - **Lack of community resources**
  
- ❖ Many report that efforts have been underway to address barriers. Examples include:
  - Expansion of public transportation; funding for Blue Water Transit Authority
  - Subsidizing cost of travel through bus/cab vouchers
  - Clinics that offer free or sliding-scale care
  - Local organizations with emergency funds available
  - Creation of a population health program to change lifestyles/habits
  - Conducting surveys to obtain resident feedback

**Q6. Are there any barriers or obstacles to health care programs/services in your community? Q6a. (If yes) What are they? Q6b. Have any of these barriers been addressed? Q6c. Are there any effective solutions to these issues? Q6d. (If yes) What are they? Are they cost effective? Q6e. Have any solutions been tried in the past?**

## Verbatim Comments on How Barriers Can Be Addressed

“Well, we are doing our **survey**, so I think our hope is to, again, **elevate our level of understanding**, but have we actually **developed a strategic plan**? No, the answer is no, and I hope that will be one of the things to come out of this.”

“I think actually we’re pretty fortunate with our **Blue Water Transit authority**. The **director has brought millions of dollars into our community to increase the service area** that the buses go on. He’s met resistance sometimes in some of the towns adjacent to or outside of Port Huron, so you can’t get public transportation throughout our county. It would be awesome if you could, but you cannot, but he’s been working on that, trying to expand the area. Some of the other things are through us; **we pick people up**, bring them in, **we give out bus passes**. Financial: there are **some organizations that have emergency funds available** to people, and so whenever we can, we access that. We also do that here; we have a fund, we call it the Lifeline fund, and people donate dollars into it, our staff put dollars into it. We get the community to donate money into it. We use that to pay for anything that’s not covered for somebody or they don’t have the resources.”

“There have been things that everyone has tried; I don’t know that anything has been overwhelmingly successful. We’ve done **bus vouchers, cab vouchers**, worked with the **local home care agency**, worked with the EMS.”

“I think through potentially some **coordinated efforts** from some of these other agencies - that they **all should have an education component**. We need to **start in the schools**. Unfortunately, a fifth grader can’t cook their own meals or buy their own groceries, so how do we help them to not make the same lifelong choices that they’ve grown up with? So, I think **the key is educate**. That doesn’t mean it’s going to lead to automatic behavioral change, but if we can change ten percent, that all can trickle down.”

“There’s nothing that comes out that says it’s [transportation] an easy solution. It **does come down to resources and cost**, which is why, with the way the buses are being funded, you can’t be everywhere, so you select some of the main routes. I think that was a very good effort for those that don’t have any transportation, and we do have ambulances and cabs. Has Uber made a difference for people, having someone a little more local, less costly? I don’t know, I’ve never used it, but it does come down to resources. We can’t be all things to all people.”

**Q6. Are there any barriers or obstacles to health care programs/services in your community? Q6a. (If yes) What are they? Q6b. Have any of these barriers been addressed? Q6c. Are there any effective solutions to these issues? Q6d. (If yes) What are they? Are they cost effective? Q6e. Have any solutions been tried in the past?**

Many Key Stakeholders applaud current practices that include community members in planning and decision-making. All of them believe that it is critical to have a wide array of community leaders, as well as consumers, included in planning and decision making regarding health and health care issues in the community.

### Involvement of Relevant Stakeholders/Community Residents

- ❖ Stakeholder opinions **differ with respect to whether there currently is sufficient involvement of relevant parties in health care planning and decision making.** Some cite business and consumer board participation. Others feel the consumer voice is not included to the extent it should be.

*“I think with our urging, **we can diversify our Board of Health**, but it isn’t set up uniquely to have somebody like that there. I do think **consumers should have a voice at the table**. I think **they can add a lot to the conversation**, and the reason is that I think we get so caught up in what we’re doing, we start seeing things within our blinders, and we don’t always see what’s actually happening at the end of the trail. I’ve seen it, and you can see it going on for decades, you’ll see things keep going on as I said, so what is the outcome of what you’re doing, and **if you don’t ask people who are actually supposed to be receiving those services, you’ll never know.**”*

*“I think the **stakeholders are involved**. I **don’t think that there’s a good representation for a lot of the things we do** in this community, and I’ll speak to what I know about the Child Abuse and Neglect Council - **the folks that are on the board, many of them that are the decision-makers have absolutely no experience whatsoever in child welfare**, yet they are the ones that have oversight of the Council, and so I think that our department, as a Department of Health and Human Services - being an administrator of so much of the medical insurance for folks in the community - we have a quarter of our population in the county on some form of assistance through our office, and most of those are for health insurance, yet we have no place on any board for healthcare anywhere in this county.”*

*“I think we tap into the same resource - the same people. They’re typically **business leaders** that sit on all the boards and all the agencies, or somebody that is in a business instead of putting out a call to [**consumers**] as you call it, but I don’t think we have a forum for that, even. If we had a coordinated effort amongst all these agencies, as I mentioned, **we would bring in more citizens**. Each agency or committee could bring in a community member.”*

*“I do [think that **consumers should be involved**]. I really do because they’re the ones - we can all sit on the top and make decisions, but when it comes down to how it really plays out in real life, **I think they’re the ones that know.**”*

Q8. With regard to health and health care issues, are relevant stakeholders or community residents involved in planning and decision making?  
Q8a. (If yes) Who is involved? Q8b. (If no) Should they be? Q8c. (If yes) Who should be?

# ***Community Resources***

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Key Stakeholders agree that St. Clair County has many resources to support the welfare of its residents, such as **caring and generous residents, committed volunteers, non-profit organizations, faith-based groups, dedicated business leaders**, and a **strong community foundation**. Moreover, health care organizations (hospitals, People's Clinic) often provide **free services** (support groups, care) and/or have **health care professionals who offer their services pro bono** in order to meet the health and health care needs of underserved area residents.

## Community Resources & Resource Limitations

- ❖ St. Clair County is described as a **caring, engaged, and generous community** with an **adequate amount of resources** for a community of its size and a large **volunteer base**.
- ❖ Key Stakeholders cited many resources that support health needs.
  - Local agencies such as the Council on Aging, Habitat for Humanity, Lions Club, Soup Kitchen, United Way not only address needs but many are staffed by volunteers.
  - Numerous **events/fundraisers** raise money to address needs (e.g., Empty Bowl, Gift of Sight).
  - A **healthy and involved business community** supported by Acheson Ventures spurs economic development and improves the business climate (e.g., new convention center, revamped downtown).
  - A **thriving faith-based community**/faith-based organizations come together regularly to offer resources.
  - **Hospitals provide free support groups** (e.g., bariatric, cardiac) and are at times **staffed by volunteer health care professionals** (physicians and nurses).
  - **Strong Community Foundation** provides grant funding to address area needs and is committed to improving health issues and early childhood development.
  - **St. Clair County Department of Public Health** collaborates and coordinates with many other local agencies and organizations to improve the health and health care climate of the region.

**Q7. What resources currently exist in your community beyond programs/services just discussed? Q7a. What are any resource limitations, if any?**

**Limited funding** is the main barrier to expanding the reach of successful and needed programs. However, there are many other resource limitations including **lack of awareness of existing programs and services**, **lack of meaningful data to drive decision making**, local organizations **competing for the same resources**, and a **reluctance to think more progressively** about ways to address the health and health care needs of area residents.

## Community Resources & Resource Limitations (Continued)

- ❖ Inadequate funding is a widely cited limitation as general fund dollars remain scarce at times. That said, many people, agencies, and organizations are willing to give what they have. Other limitations or concerns include:
  - The need for agencies and organizations to tap into the younger demographic to shore up an aging volunteer force
  - The challenge of connecting volunteers to those most in need, such as lower socioeconomic groups
  - Inadequate coordination and communication among health care providers and agencies
  - Lack of awareness of existing programs, services, and resources for both consumers and staff of agencies and organizations dedicated to improving the health and welfare of community residents
  - Local agencies and organizations competing for the same resources (e.g., funding, volunteers)
  - Lack of meaningful data to drive decision making, program planning, and program implementation
  - Transportation
  - Unwillingness to change mindset, expand scope, or think outside of the box when addressing area needs

**Q7. What resources currently exist in your community beyond programs/services just discussed? Q7a. What are any resource limitations, if any?**

## Verbatim Comments on Community Resources

*"I know at the **hospitals they do the free programs** if you have a healthcare issue. If you have a bariatric problem, they have a bariatric support group, if you have a cardiac problem, they have a cardiac support group. For my clinic, **our volunteer source is very good**. I utilize volunteer physicians the two days a week, and then I have volunteer nurses, and I have volunteer registration clerks, so for our free clinic, our volunteer source is very good. I know there's a **Lions Club**, there's a **United Way**, those types of resources. **We have received money from a community foundation**. They're very active in the community. Most of the groups are active here. We do the Gift of Sight for our patients here, and the Lions help support us if we utilize them. Most of our Gift of Sight gets eyeglasses and exams for the patients."*

*"I think the **faith community** - we have basically a coalition of all of the faith communities that come together regardless of denomination that I believe could have a major impact on our community, and I think that they're a great resource as long as we're willing to utilize them. **We have great school systems** in some of the parts of the county, some of the best in the state, so I think we have some pretty good resources here; it's just, I think, coordinating them is really the key."*

*"I speak for the hospitals - each of us have **very active volunteer departments**. I know our **United Way**, they do provide some transportation assistance. They do have a helpline that people can call for additional services. They have equipment rental - you don't even have to rent - borrow, so general healthcare equipment: walkers, wheelchairs, those kinds of things, so there are resources like that that are available. Again, I think it's just each site looking at what their greatest need is, but probably the most organized around providing the community benefit would be the United Way. I do sit on the community foundation board. Their approach is changing to really provide some community benefit. They have had an excellent track record in terms of garnering resources to assist, but with the **community foundation**, it is how do you get donors to buy into that because you're getting donors' money, and they have to believe in it. Clearly, a good example of that would be the backpacks that they do that they give to schoolkids in certain areas. They also provide some food during that time. There is a local school that has a very poor population, and there's weekend food that goes home with the kids, knowing that many of them don't have food on the weekend. The community foundation, depending on their strategies, has a great track record of getting their support."*

**Q7. What resources currently exist in your community beyond programs/services just discussed?**

## Verbatim Comments on Community Resources (Continued)

*"I think probably **it's time that we do a little thinking outside the box and create more partnerships**; look for programs that can help. We have a program through the Council on Aging where we work with the pharmaceutical companies. We actually have someone here on staff who knows how to access those programs for seniors. I think it's just looking for those little opportunities that we can put together and make a difference. The volunteer base is pretty decent. It could always be better, but I do think there's a good volunteer base in the community."*

*"The **social capital**, I think, **in this community is fabulous**. This is one of the **most generous communities** you'll find with the amount of money people are willing to give. Obviously, we're not a super wealthy community like Kent County or something like that, but **what people have - people give a lot**. I'm involved with a **lot of fundraising initiatives** because I'm on different community boards like our local **soup kitchen** board. We have an **Empty Bowl fundraiser** for that; we made \$35,000 in one night, and we sold over 500 tickets. Maybe it doesn't sound like a lot, but for this community, it is. I think we have a lot of great volunteer things going on. We've got a strong **Habitat for Humanity** with a strong volunteer base; the soup kitchen is run with a lot of volunteers, so I think that's a strength of this community. People of this community, by and large, **care deeply about the community**, the people, and are **very generous**."*

*"**I don't think one person knows about things that are out there**. I sit on various committees for whatever - Community Mental Health, health commission, aging - and **I'll discover things that are available that I didn't even know about**. I wish there was one collector of all of those - maybe there is, and I don't even know about that - of all the programs that are available and what they can do. We could have everything out there, but does everybody know about it? Also, untapped, in my mind, is the younger volunteer. **We have a lot of volunteers that are older, retired and want to keep busy, but a lot of the work we have we need healthier, younger volunteers**. So, I think that might be untapped. The high school kids need to do stuff for their resume or their portfolio, most of them do, but after high school and before they're 60. I don't know that we have that coordinated very well."*

*"We've got a **strong Community Foundation** that over the last couple years has redone their strategic plan, and they're really **focusing on health issues and early childhood development/school readiness**, so we're really seeing some of those grant dollars go directly into community programs focused on that. Our **United Way**, I think, is **very strong** and is supporting a lot of community health issues. We have a private - some philanthropy - **Acheson Ventures** - has put a lot of dollars into **economic development** trying to improve the business climate, and they're making some progress."*

**Q7. What resources currently exist in your community beyond programs/services just discussed?**

## Verbatim Comments on Resource Limitations

*"I think **our biggest limitation is within our own mindset**, to be quite honest with you. I think we keep ourselves **limited in scope**. I've heard with my own ears our leaders saying **they want to keep things the way they are**. The biggest barrier I see is **unwillingness to change and to come along and progress**."*

*"I do know that **our county has a lot of resources for families**. Now, accessing those resources might be difficult because, like I said, it **might be a challenge to go out and find them**, but once you've found them, I think they're there. [**There's a problem of lack of awareness of existing resources**], but I know they're out there because you hear about them here and there, so it would just be a matter of finding them and being aware. That's probably the biggest limitation - just not knowing what's out there."*

*"I think there are a number of **agencies and people that are all out raising money for different things**, so some of those are **competing**, and again, any time you're doing that, it really becomes the donors' interests, in terms of what they want to support, so that - in essence, there are **competing interests** in terms of who goes out there first and can tell the story. **Funding is probably the biggest limitation**, and then my other thought would be are there a couple of handful of initiatives that we can do a better job of providing support resources to come up with a plan and implementing a plan to improve health. I will tell you one of the difficult things, though - one of the goals of our community advisory committee was to improve the health of the community. **The problem is the data lags, so you don't always get good meaningful data in a timely manner**."*

*"I think sometimes **connecting volunteers to the healthcare needs of a lower socioeconomic group** - those two can be hard to connect, especially those people who are kind of on the margin."*

*"The **resource limitation is with our general fund dollars** - having those **continually reduced**. Everybody's funds, when it comes to state or federal dollars, have been reduced, and **people are expected to do more with less**. It's a new day, and you've just got to do more with less, and I think funds that come to us through state or federal avenues - **there's a shortage, especially those state general fund dollars**."*

**Q7a. What are any resource limitations, if any?**

# ***Impact of Health Reform***

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The majority of Key Stakeholders view both the Healthy Michigan Plan and the Affordable Care Act as impacting the community with mixed results. A couple of Key Stakeholders see both as having a purely positive impact on the community.

### The Impact of Federal Health Care Reform and the Healthy Michigan Plan

- ❖ The Affordable Care Act and the Healthy Michigan Plan have resulted in more St. Clair County residents with health insurance.
- ❖ Stakeholders widely applaud the expansion of coverage for low-income residents under the Healthy Michigan Plan.
- ❖ On the other hand, the reason both are viewed as a **mixed** blessing is because, while more residents now have some level of insurance, out-of-pocket expenses such as deductibles, co-pays, and spend-downs (for Medicaid) have made utilization unaffordable. The result has been that many people purchase insurance they don't use.
- ❖ Current or expected consequences of the reforms include the following:
  - + More residents obtaining needed care
  - + Reduction in demand for Department of Public Health services
  - High out-of-pocket expenses discourage the insured from seeking care
  - Some employers choosing to opt out of offering coverage and pay penalties instead
  - Work hours cut to move employees below the 30-hour threshold for mandated employer coverage
- ❖ The **effects of these reforms on short- or long-term health outcomes is unknown** at this early stage.

*Q9. What has been the impact of Federal Health Care Reform or the Healthy Michigan Plan in your community? Q9a. Has the implementation of HCR or Healthy MI positively impacted the access to health care? Q9b. In what ways have these changes impacted service delivery? Q9c. What impact has it had, if any, on health outcomes?*

## Verbatim Comments on Impact of Federal Health Care Reform and the Healthy Michigan Plan

*“The **positive thing is that we have almost 10,000 people in our community that have healthcare insurance (Medicaid) that didn’t have it before.** The other thing that I think is positive related to it is there’s certain wellness things that a person has to be engaged in, or they’ll end up paying higher copays or deductibles in the future. For example, for Healthy Michigan if you’re a smoker, you’ve got to quit - if you’re obese, you’ve got to address that - that sort of thing, so I think that’s all very positive. The **negative thing is that there’s not enough providers,** so that’s all that I think is negative. It brought more revenue in, too, because we get several million dollars from Healthy Michigan to serve that population - many of those people would fall through the cracks before.”*

*“I was excited to see that everyone would have some sort of health insurance and excited to see that we would be providing everybody with health insurance, but **what I’ve seen is almost the opposite take effect because the deductibles are so high that they stay away anyway. They now are paying money for insurance but are afraid to use it.** It almost has the reverse effect: the hospitals aren’t fuller, the doctors’ offices aren’t any busier, and people are coming to the ER so sick that they’ve got to access it. [They’re] definitely not [using it for preventive services]. Now, if they go to the hospital, they wait until they’re on death’s door.”*

*“Both [positive and negative]. A **lot more people have health care and health insurance,** and if they get really sick, there’s resources to treat them, so that’s a positive thing. You can usually get them signed up and get them to see whoever they need to see, even though the **copays and deductibles are staggering and are a huge barrier.** People don’t realize oftentimes they have **spend-downs of a couple thousand dollars, and there’s just not a way these people can meet them,** and as a result, they’re still **denied service.** I think on the other side of the fence, I’ve seen **a complex system become way more complicated.** So, now we have five health plans that do Medicaid, and they all have different formularies and different rules, and for a provider, **more health plans means more complexity,** more contracts, just a lot more stuff. So one health plan will allow you to get a wheelchair from this durable medical center but not another one. There’s just a lot of complexity and people coming on and off of health plans. **It’s hard to make sure people are getting the services they need** because they show up, and their insurance doesn’t pay for it, then they disappear, they just give up.”*

**Q9. What has been the impact of Federal Health Care Reform or the Healthy Michigan Plan in your community? Q9a. Has the implementation of HCR or Healthy MI positively impacted the access to health care? Q9b. In what ways have these changes impacted service delivery? Q9c. What impact has it had, if any, on health outcomes?**



## Verbatim Comments on Impact of Federal Health Care Reform and the Healthy Michigan Plan (Continued)

*"It's **positive** because **it's gotten more people insurance**, but we see the people that have got the Healthy Michigan but have a spend-down with Medicaid. **There's people that are falling through the cracks**; they may have the insurance, and then other people are getting the Obamacare, but **there's some that still can't afford either**. They may be \$100 over [the cut-off] to get Medicaid, but they **can't afford to buy insurance**, so those are the people we see. **They have no insurance, and they can't afford their lab work, and they can't afford their x-rays, and then they come see us**, and Mercy will review their finances and help them with their charity care - or Lake Huron Medical - or try and help them with what they can, but there's people who are falling through the cracks - sort of like the donut hole in Medicare."*

*"I think in some respect it has **added a lot of confusion for people**. I think it's given some people the opportunity to have better healthcare, but I still think there's **people falling through the cracks**, and that's going back to some of the people that just don't trust the system. I do think [people not trusting the government] is part of it."*

*"We've had a **positive impact** on that, absolutely. I think that we are **seeing more people**, maybe not necessarily seeing them a ton sooner, but **seeing them sooner than when they had no insurance at all**, so we are **reaching some of those people**, but there's a **huge section of people that still fall into that donut where they don't qualify for subsidized healthcare, and they can't afford the payment to buy the healthcare**, and the other piece that I see on the **negative side is that people who had good healthcare got booted out of it because their company got rid of it, and they got put to the Exchange, and now they're struggling a little bit**, but overall, more people have healthcare insurance, and more people are seeking care."*

*"I think for us it has been **positive** in that we were very active in trying to get patients to access that. Surprisingly, some patients didn't know about it, or their follow-through was not the best, so given how the state also streamlined the approval process, it did make it much **easier to get people to sign up**. I think the Healthy Michigan has had a big impact on patients having insurance, so at least **being able to find physicians who accept their insurance versus not having any insurance at all**. So, a **positive thing for the patients, the hospital, and the community**."*

**Q9. What has been the impact of Federal Health Care Reform or the Healthy Michigan Plan in your community? Q9a. Has the implementation of HCR or Healthy MI positively impacted the access to health care? Q9b. In what ways have these changes impacted service delivery? Q9c. What impact has it had, if any, on health outcomes?**

# ***Community Preparedness for a Disease Outbreak***

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With respect to community preparedness to handle an infectious disease outbreak such as Ebola, all Key Stakeholders express confidence in the community's hospitals and health department but at the same time recognize the limits of any system in dealing with a massive outbreak of a highly infectious disease.

## Community Preparedness for a Disease Outbreak

- ❖ Stakeholders were quick to praise local health officials and hospitals for the systems they have in place for managing an infectious disease outbreak.
- ❖ At the same time, Stakeholders recognize that even the highest levels of precaution may not be enough under severe circumstances, and that, as a mid-sized community, there is a limit as to what the system can handle.

*"I would say **extremely well** because I know here we have been trained, and we practice. I'm representing a hospital, so I know what we're doing. Now, that being said, maybe I should say very well because I can speak to my corner of the world, I guess. I'm not quite sure everybody is as ready as we are, so we couldn't take care of the whole county, so I would say very well. I'm pretty confident that all the hospitals have taken it very seriously and are staying up to date and staying practiced at what we need to do to be ready."*

*"**Very well.** I think we do a better job with that than almost anything else. We **have a full-time emergency preparedness coordinator.** I also have a **communicable disease coordinator**; they're both very strong individuals. Scientifically, they're good workers, they understand their topics, and they're on top of it, so **they communicate a lot with our health care providers and our hospitals.**"*

*"I would say **somewhat well** and **way better than it was five years ago.** When I think about five years ago and the chaos that was created by H1N1 flu versus, [that was ] nothing like Ebola. I think we're light years ahead now, but we're nowhere near where we need to be. It's primarily a resource issue."*

*"I'd say **somewhat well.** That was a rote answer, but there's **certainly an awareness.** Something like that comes out - you develop your policies. We did, so we know what to do if that happens, **but actually pulling that off at a moment's notice** - if everybody had to do it, I think that **would be a drain on the community and all our resources,** but you walk into a hospital - they alert you if you have been exposed to these, they screen you, but if there was an actual outbreak, I think everybody would be stretched to their limits."*

**Q11. How well prepared are local health care professionals to deal with a communicable or infectious disease outbreak, such as Ebola? Would you say not at all well, not very well, somewhat well, very well, or extremely well? Why do you say that?**

In closing, a couple of Key Stakeholders offered comments confirming, or reiterating, issues they mentioned earlier, such as the need for better coordination of services among local agencies and organizations. It's also important to focus on improving rates of chronic disease (heart disease, COPD), lifestyle choices (smoking), and clinical preventive practices (hypertension).

### Stakeholders' Closing Comments

*"I would say that our top areas of health concerns are **hypertension, smoking, respiratory issues**; most of our patients have **COPD**, emphysema, and that seems to be a huge diagnosis that we deal with almost everybody. And, of course, **congestive heart failure**, which is the aging population, but I think that **respiratory problems** are very prevalent among our patients, so that's why the smoking came to my mind right away."*

*"I think, for me, **coordinating everything** - somehow we have to do that better. Everybody's kind of doing their own thing. If we get a patient, the best example I can think of is, we get calls all the time for pediatrics. Nobody does that, nobody wants to do that because the liability's too high. Nobody wants to take that risk, nobody takes them, and if they do, nobody knows about it because they call us all the time (people that won't take a pediatric case in a home care), that's what I do. So, the patients leave the hospital but they need a little more care. There's a high liability with a child and so few of them in home care, so it's hard to find somebody who's trained to care for a child in home care, so therefore I do know that most home cares don't accept them. We're very careful about it because it's hard to keep a full staff completely trained on pediatrics. I know that's one particular case where we could get together, and the community could say, 'We'll support whomever home care to be the pediatric expert and the funding to let them become experts.' Now, if nobody's taking them, or we're taking them, but we're scared to take them, so those things, again, back to coordinating. There's a very low population that knows how, everybody can't be an expert on it, so it probably doesn't make financial sense to have anybody, but **coordinating** that a little better would help."*

**Q12. In concluding, do you have any additional comments on any issues regarding health or health care in your community or St. Clair County that we haven't discussed so far?**

# ***Key Informant Survey***

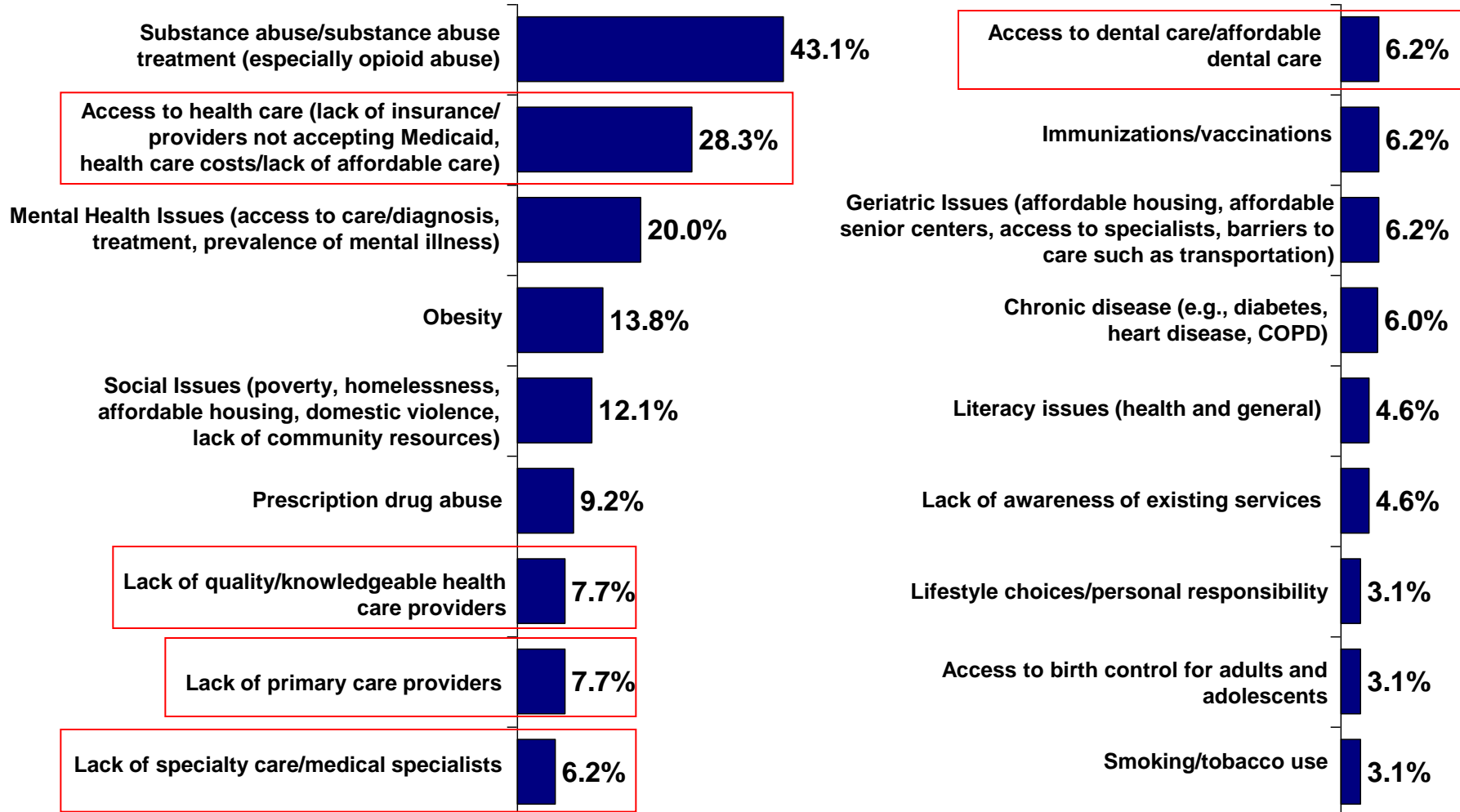
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# ***Health Conditions***

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Key Informants mentioned myriad issues when asked to cite the most pressing health issues or needs in St. Clair County top-of-mind. Most often reported are issues that revolve around three main topics: **substance abuse** (including addiction and access to treatment), **access to health care**, and **mental health** (including prevalence and access to treatment). **Social issues**, such as poverty, affordable housing, domestic abuse, and lack of resources, are also a concern. More specific areas of concern are **obesity** and **prescription drug abuse**.

**Most Pressing Health Needs or Issues in St. Clair County (Volunteered)**



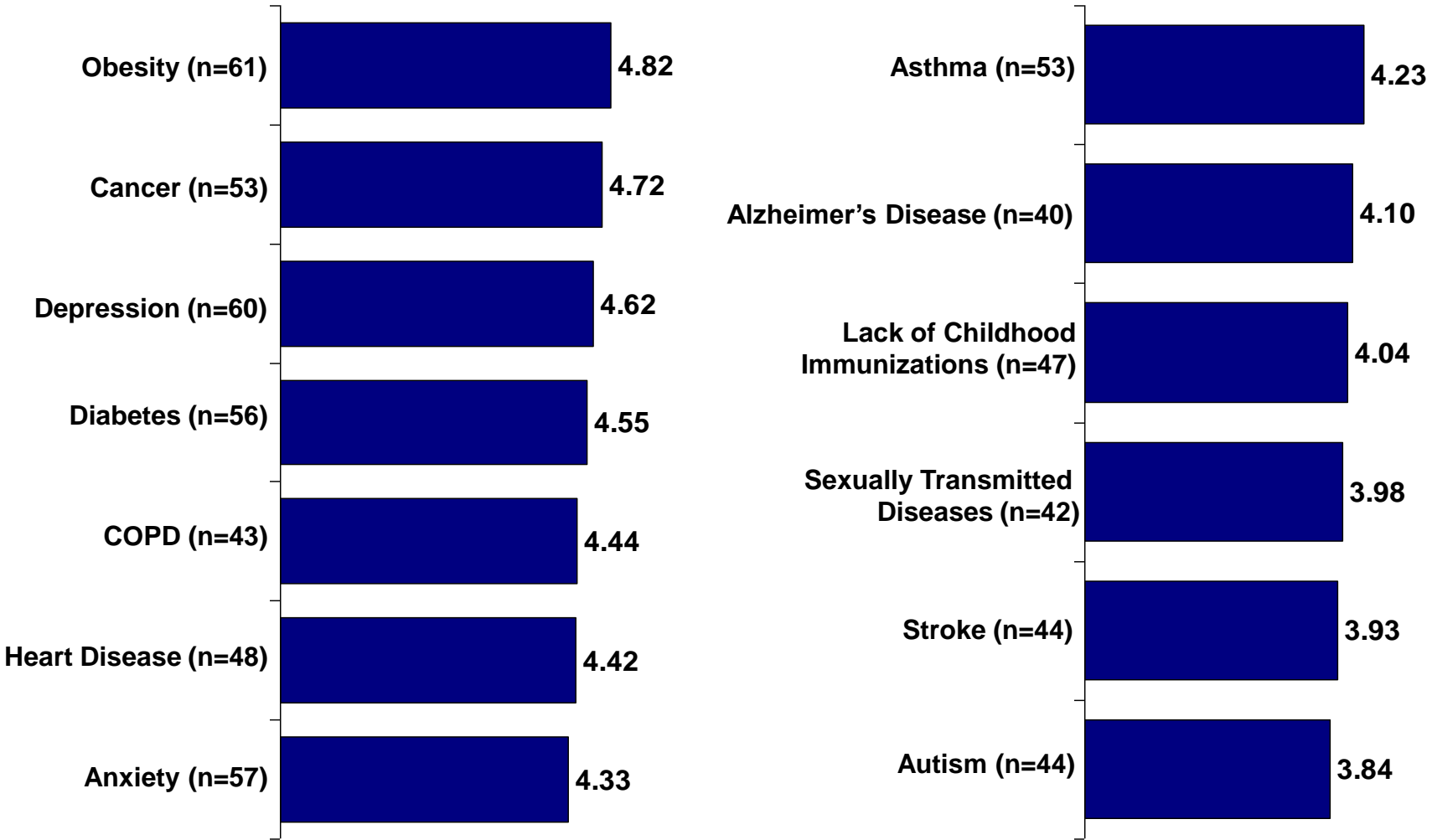
(n=65)

Q1: To begin, what do you feel are the **most pressing health needs or issues** in St. Clair County? Please be as detailed as possible.

= issues of health care access

Key Informants view **obesity** as the most prevalent health issue in St. Clair County, followed by **cancer**, **depression**, **diabetes**, **COPD**, **heart disease**, and **anxiety**. Autism, stroke, and sexually transmitted diseases are seen as less prevalent.

Perception of Prevalence of Health Issues in St. Clair County

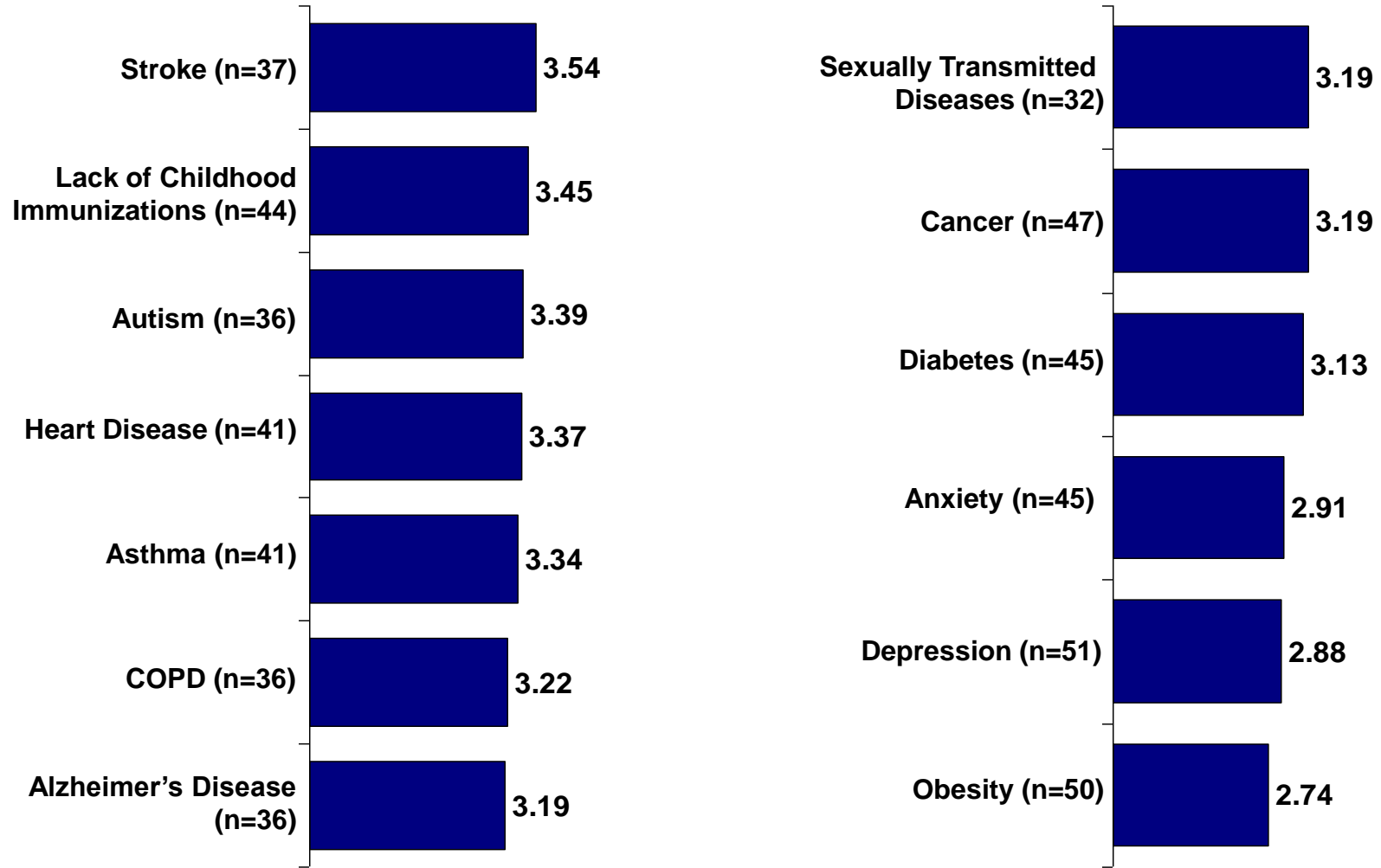


Q2: Please tell us how prevalent the following health issues are in St. Clair County. (1=not at all prevalent, 2=not very prevalent, 3=slightly prevalent, 4=somewhat prevalent, 5=very prevalent)



Key Informants are most satisfied with the community’s response to **stroke** and **childhood immunizations**, followed by **autism**, **heart disease**, and **asthma**. Conversely, they are least satisfied with the response to **obesity**, **depression**, and **anxiety**, which are three of the issues they believe are most prevalent.

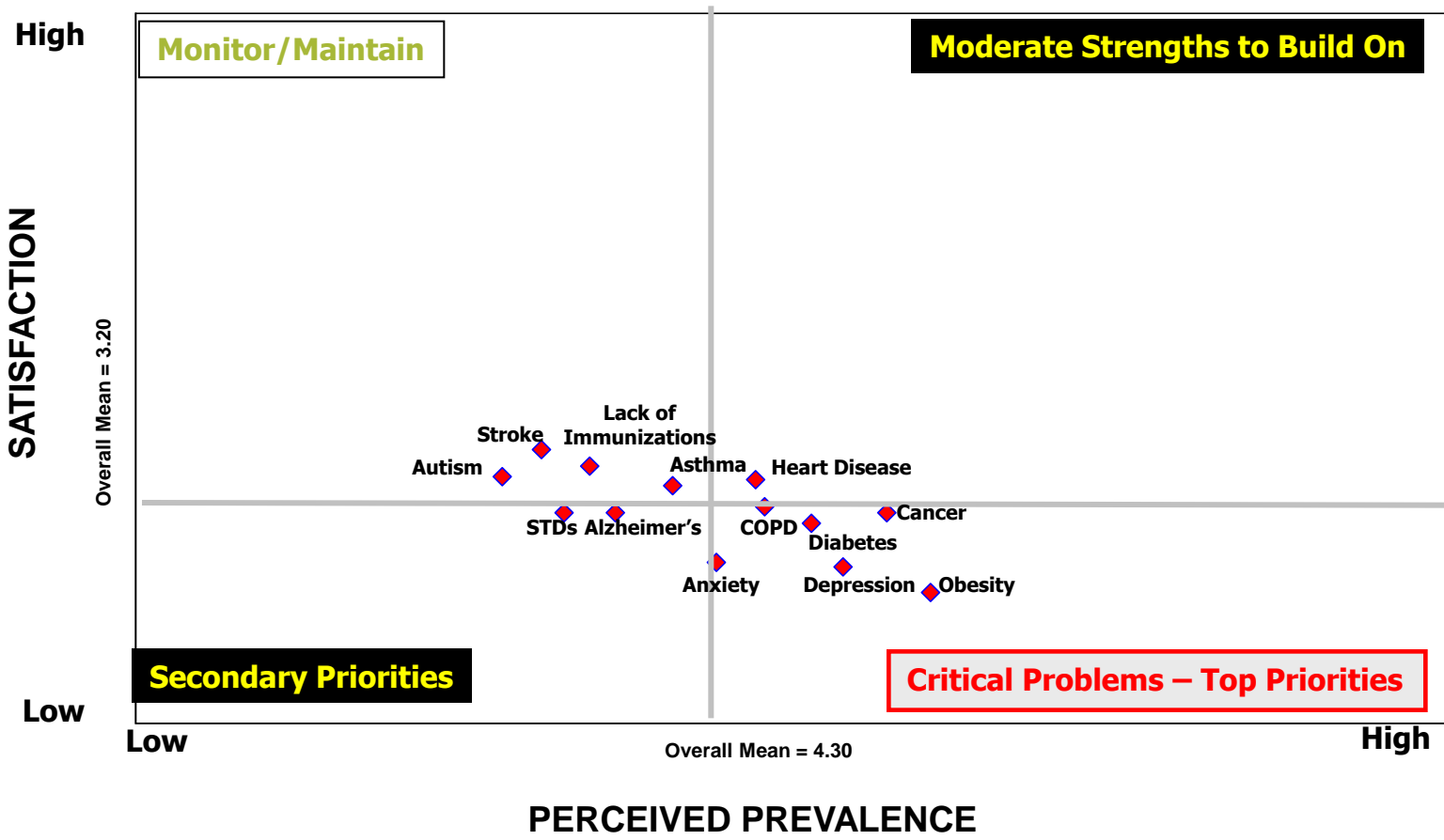
Satisfaction with Community’s Response to Health Issues in St. Clair County



Q2a: How satisfied are you with the community’s response to these health issues? (1=not at all satisfied, 2=not very satisfied, 3=slightly satisfied, 4=somewhat satisfied, 5=very satisfied)

The quadrant chart below depicts both problem areas and opportunities for improvement. **Heart disease** is considered an area of success because Key Informants perceive this issue to be prevalent and are satisfied with the community response to this condition. Conversely, **anxiety, depression, obesity, diabetes, and cancer** are critical problem areas because not only are they perceived to be prevalent but the community response has been less than satisfactory.

Performance of Community in Response to Health Issues in St. Clair County



Q2: Please tell us how prevalent the following health issues are in St. Clair County. Q2a: How satisfied are you with the community's response to these health issues?

An additional health issue in St. Clair County is the lack of programs and services, or the inadequacy of the existing programs and services. Residents could also benefit from education on lifestyle choices, end-of-life planning, recognizing symptoms and proper treatment, and from physician involvement in prevention education.

### Additional Health Issues Prevalent in St. Clair County

#### Programs/Services

*“**Continuity of care**; follow up may be difficult for some patients to do based on various social determinants.”*

*“**Health care for the elderly** is not covered through Medicaid.”*

*“**Limited specialty care** locally, which impacts work and school absenteeism.”*

*“People are **discharged without the services they need in place** to function. They end up in homeless shelters, jails, and drug houses.”*

*“**Poor community services or supports and lack of programs.** Program exit criteria does not often meet the needs of those who fall through the cracks.”*

#### Education

*“**Education** on being **responsible** for their own actions, and education on how to **care for themselves** if they have any of the previous health issues.”*

*“**End of Life Planning.** We find residents that we know are at end stage but have not had that conversation. Sometimes they still think it will go away and they will be better.”*

*“Getting parents and teachers **knowledge** and assistance on **how to treat and what to look for.**”*

*“**Lack of physician involvement in prevention education.**”*

Moreover, Key Informants see various issues related to teens, especially teen pregnancy and access to care that focuses on adolescents. Mental health issues, including prevalence, diagnosis, and treatment, are concerning. Dental care access is also an issue, largely because insurance covers little, if any, of the expense, forcing lower income groups to forego dental care.

### Additional Health Issues Prevalent in St. Clair County (Continued)

#### Teen/Adolescent Issues

*“Teen pregnancy.” (2)*

*“Children’s exposure to drugs.”*

*“Lack of access to medical care for adolescents.”*

*“Lack of pediatric neurology services and local in-hospital care for adolescents.”*

*“Teen health.”*

#### Mental Health

*“Mental health issues.” (3)*

*“Mental health diagnosis.”*

*“Response to serious mental health issues seems lacking through our local CMH.”*

#### Dental Care

*“Dental care.” (2)*

*“The availability of dental care for children is good but for adults it is very expensive.”*

Prevalent social issues include abuse (child, spousal, elderly) and nutritional issues, including a lack of food for some and unhealthy food choices for others. Some further stressed the high prevalence of cancer.

### Additional Health Issues Prevalent in St. Clair County (Continued)

#### Social Issues

*“**Child abuse.**”*

*“Decreased breastfeeding initiative.”*

*“**Elder abuse.**”*

*“**Hunger**; local agencies are cutting back hours to help and reducing the amount, and quality, of food.”*

*“**Poor nutrition, poor nutritional knowledge, lack of salubrious fare.**”*

*“Safe Sleep issue; incidence of SIDS.”*

*“Scabies, lice, and bed bugs.”*

*“**Spousal abuse**; not encouraged by lack of help, poor social justice recycle efforts.”*

#### Disease/Disorders

*“ADD and ADHD.”*

*“**Cancer** is a huge health issue as we are located across from Canada's large chemical factory.”*

*“Disabilities.”*

*“Lyme disease is very under-diagnosed and doctors deny that it is in this area.”*

*“SCC has a high rate of **cancer.**”*

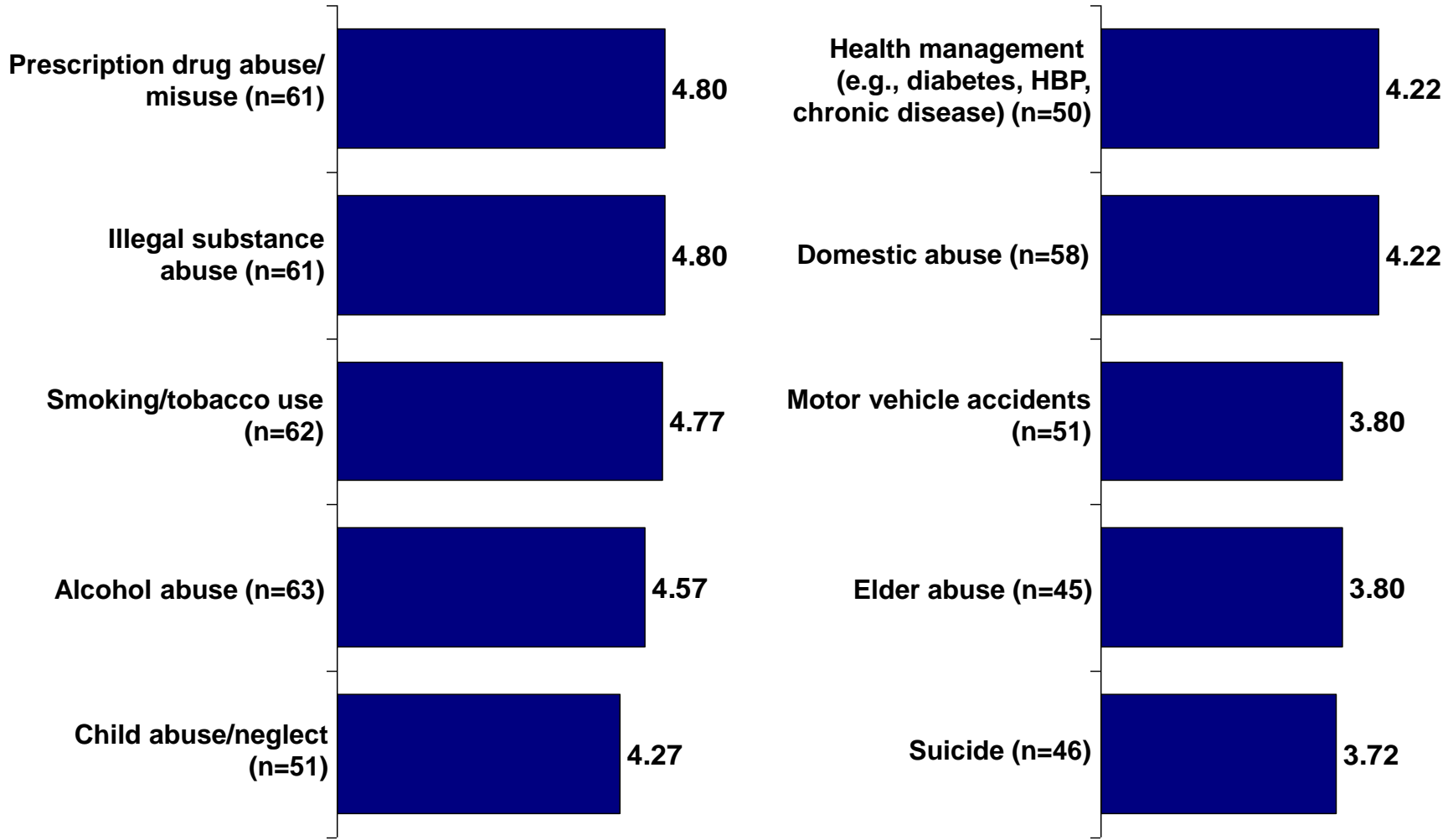
Q2b: What additional **health issues** are prevalent in your community, if any? For each listed, tell us how satisfied you are with the community's response to the health issue.

# ***Health Behaviors***

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Key Informants believe health behaviors involving the misuse/abuse of substances (prescription drugs, illicit drugs, tobacco, and alcohol) and child abuse/neglect are most prevalent. Suicide, elder abuse, and motor vehicle accidents are perceived as less widespread.

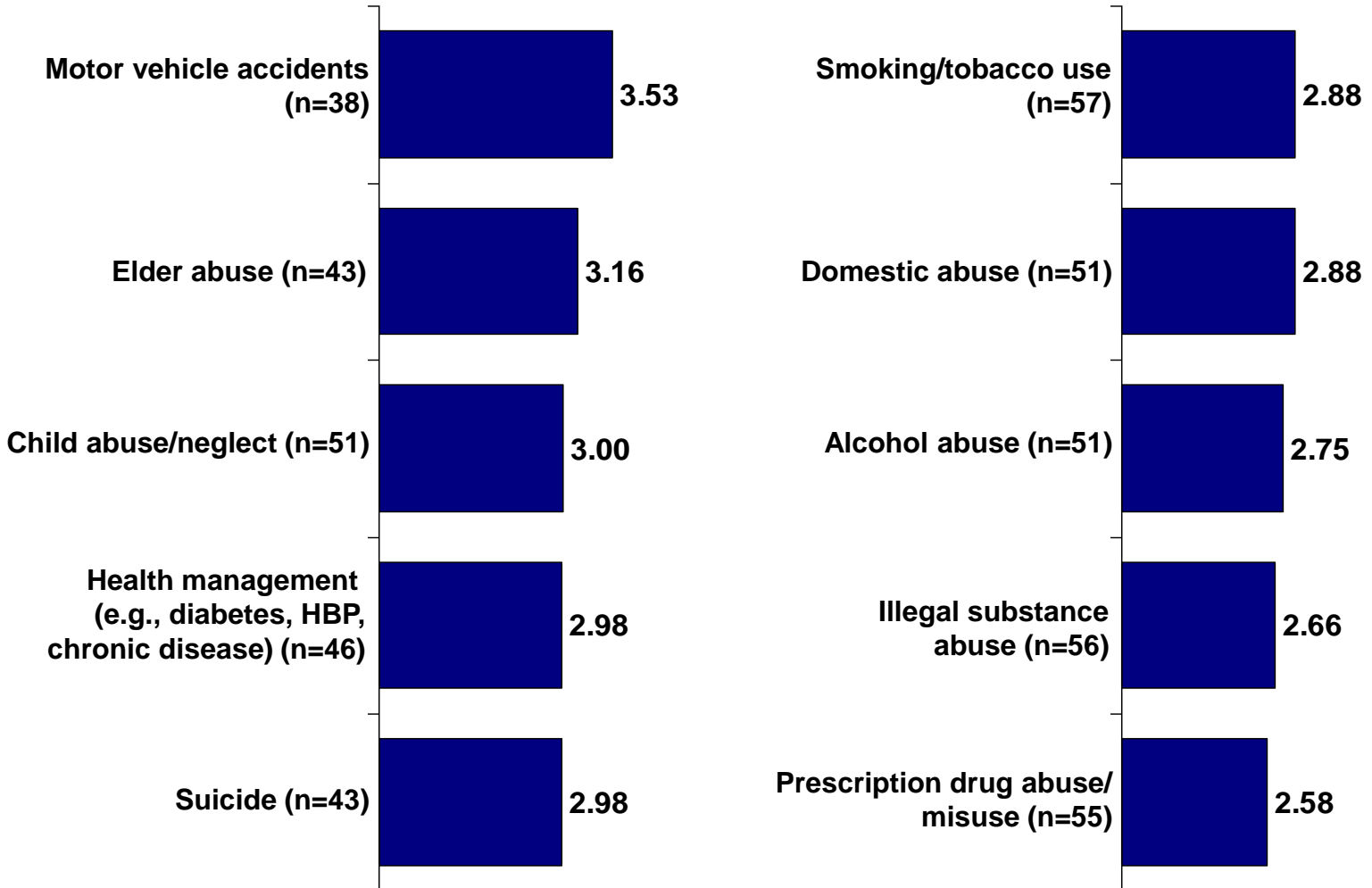
**Perception of Prevalence of Health Behaviors in St. Clair County**



Q3: Please tell us how prevalent the following health behaviors are in St. Clair County.

Key Informants are only moderately satisfied with the community’s response to all of the health behaviors rated. Opportunities for improvement exist with respect to behaviors identified as prevalent, such as **prescription drug abuse, illicit substance abuse, and alcohol abuse.**

Satisfaction with Community’s Response to Health Behaviors in St. Clair County

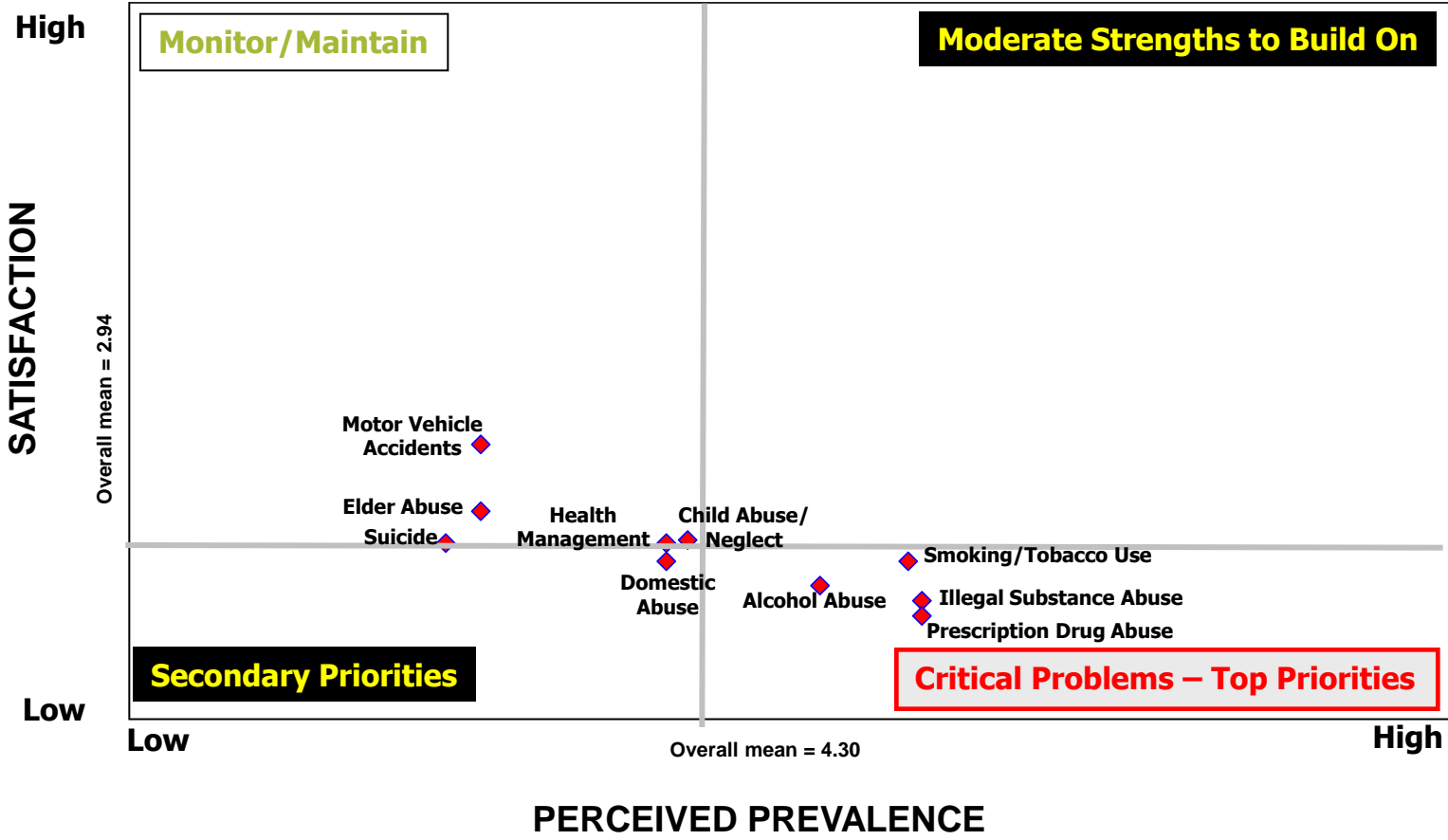


Q3a: How satisfied are you with the community’s response to these health behaviors?



The quadrant chart shows low to moderate satisfaction with community response to all health behaviors rated. The four areas most in need of addressing are the responses to **prescription drug abuse, illegal substance abuse, tobacco use, and alcohol abuse**. While satisfaction with **domestic abuse** is low, it is perceived to be less prevalent than other health behaviors.

Performance of Community in Response to Health Behaviors in St. Clair County



Q3: Please tell us how prevalent the following **health behaviors** are in St. Clair County. Q3a: How satisfied are you with the community's response to these **health behaviors**?

Key Informants believe **addiction** and **lifestyle choices** warrant further attention. Examples of the latter include overuse of technology, particularly screen time, and lack of activity due to sedentary lifestyles. It is suggested that lack of activity may be due to the cost of recreational facilities and limited places to exercise outside where cost would not be an issue. One Key Informant mentioned the abuse of antibiotics, which is enabled by health care providers.

### Additional Health Behaviors Prevalent in St. Clair County

**“Addiction.”** (2)

*“ABT (Antibiotic Therapy) usage. We need to educate the public about ABT usage and work with Physicians as I think some bend to the request of the family/patient and **they order an antibiotic that is not needed.** Then we end up with resistance!”*

*“**Lack of activity and inattentiveness to the world around them** (phones, etc.).”*

*“**Sedentary lifestyle. Gym and pool memberships cost too much. Limited walkways/sidewalks.**”*

*“There are a **lot of behavioral health issues in St. Clair County.** I believe we need to **utilize SCMH more** and offer more Community Seminars and Symposiums to educate community.”*

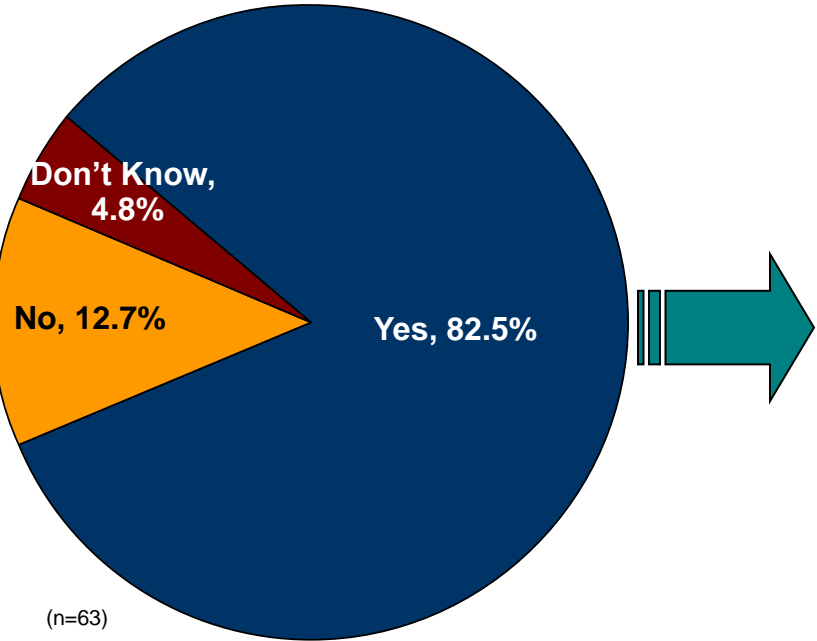
# ***Access to Health Care***

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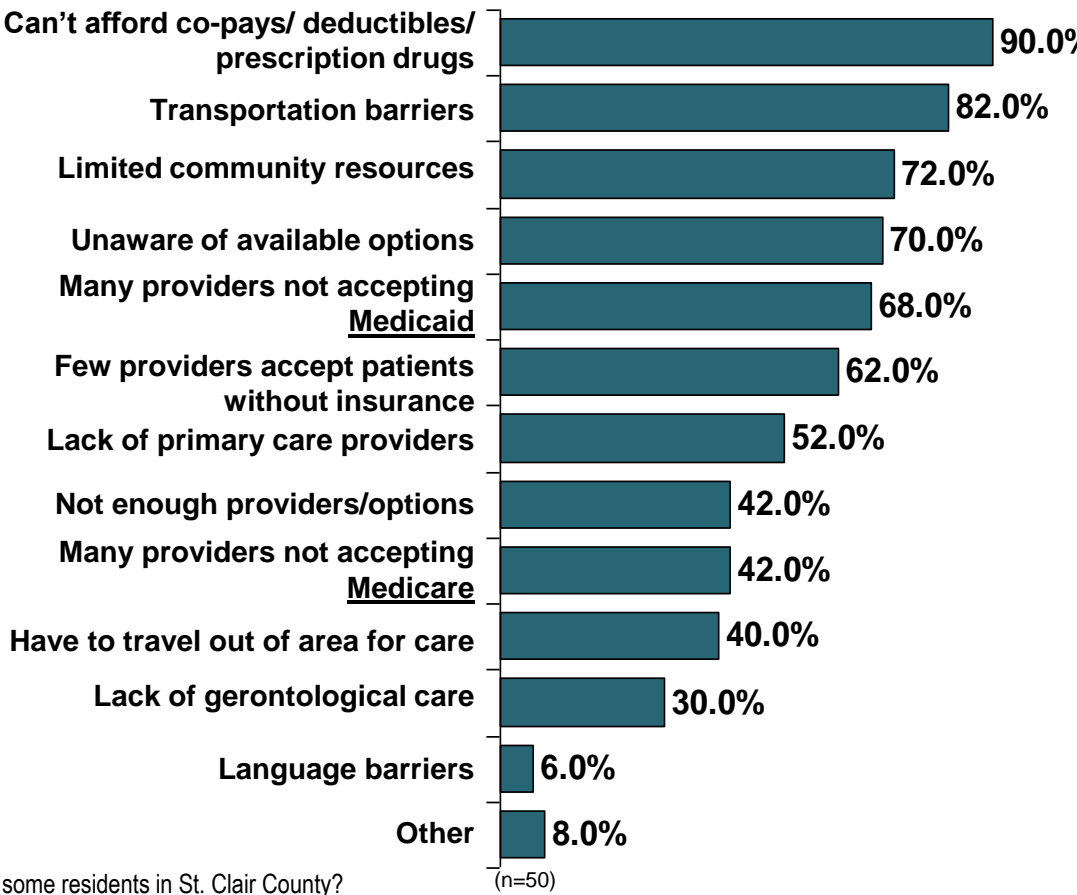
Eight in ten (82.5%) Key Informants believe access to health care is a pressing and prevalent issue in St. Clair County. The greatest barriers to health care access are: **inability to afford out-of-pocket expenses such as co-pays/deductibles, transportation issues, limited community resources, lack of awareness of existing programs/services, providers not accepting Medicaid, and few providers accepting patients without insurance.**

Access to Health Care

Is Access to Health Care a Pressing and Prevalent Issue in St. Clair County



Reasons for Lack of Health Care Access

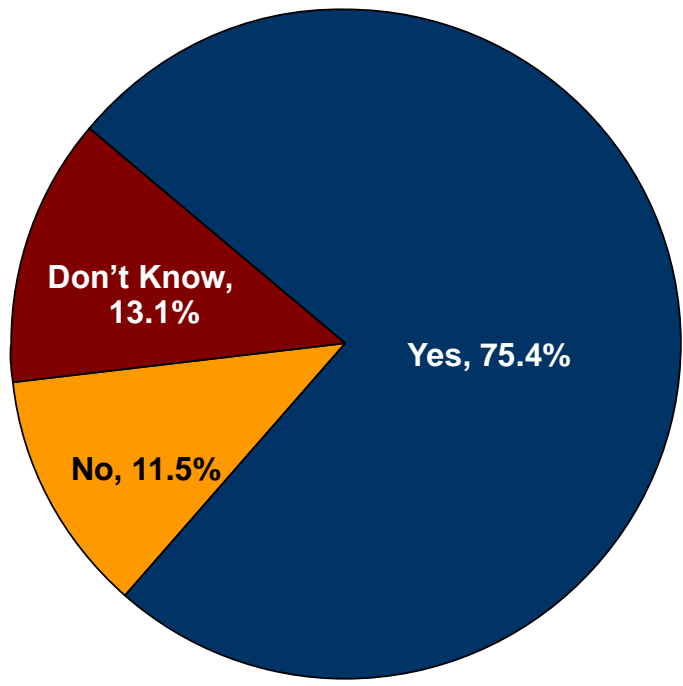


Q4: Do you believe that access to health care is a pressing and prevalent issue for some residents in St. Clair County?  
 Q4a: (If yes) In your opinion, why is access to health care an issue for some St. Clair County residents? (multiple responses allowed)

Three-fourths (75.4%) of Key Informants recognize that certain subpopulations or groups in St. Clair County are underserved with respect to health care. Those most at risk **lack insurance, either completely or partially**. Others considered at risk are senior adults and those with disabilities.

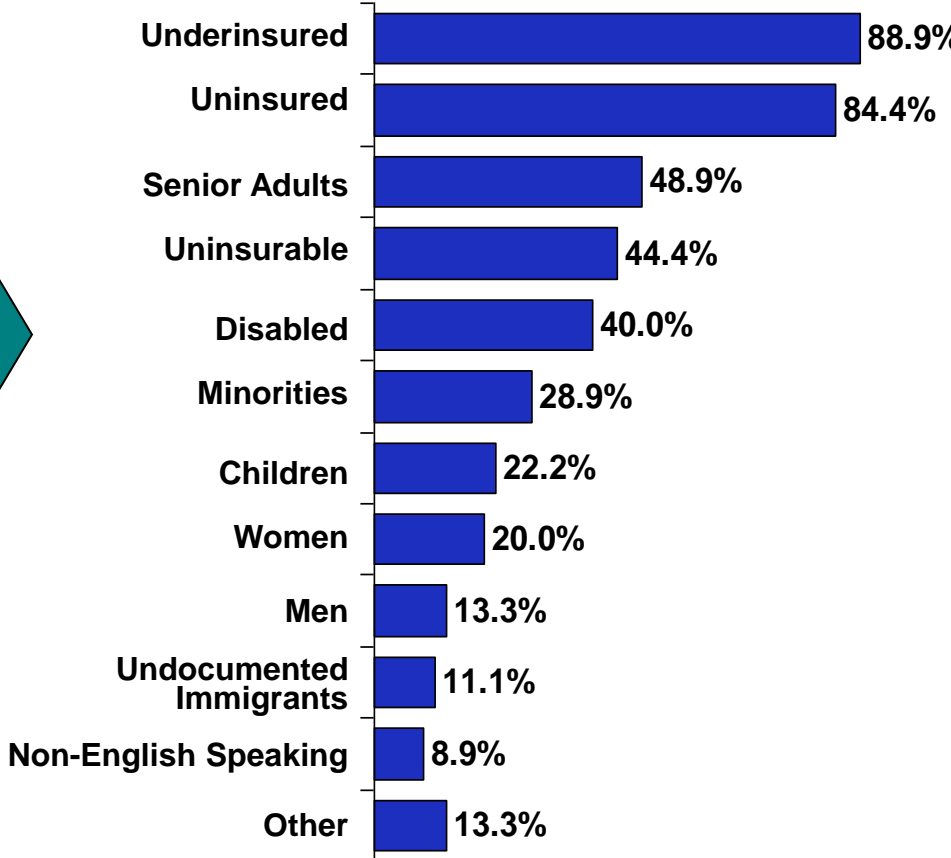
Subpopulations Underserved with Regard to Health Care

Are Specific Subpopulations or Groups Underserved?



(n=61)

Subpopulations or Groups Underserved



(n=45)

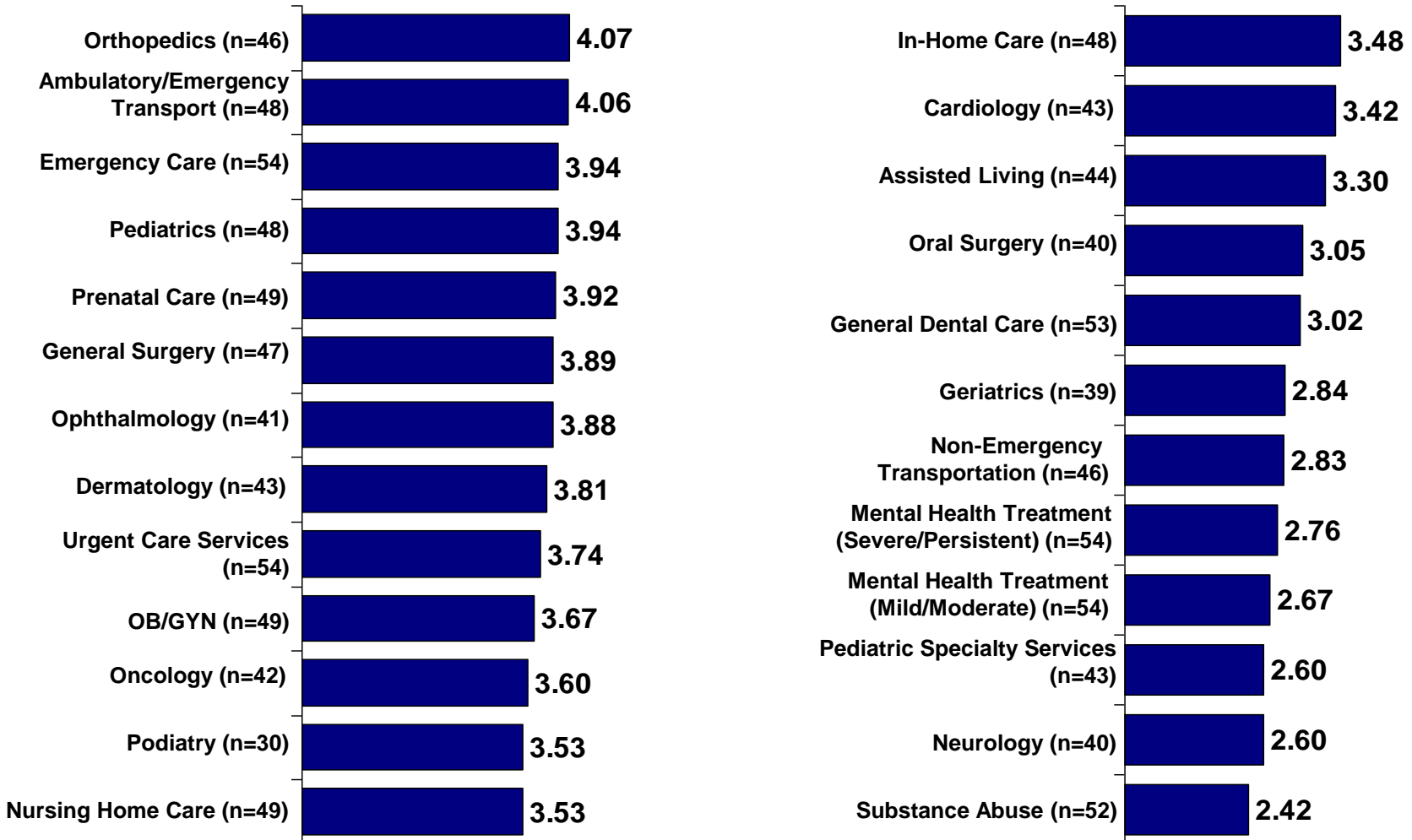
Q5: Are there specific subpopulations or groups of people in St. Clair County that are underserved with regard to health care?  
 Q5a: (If yes) Which of the following subpopulations are underserved? (multiple responses allowed)

# ***Gaps in Health Care***

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St. Clair County programs and services are perceived to best meet the needs/demands of residents are **orthopedics, ambulatory/emergency transport, emergency care, pediatrics, prenatal care, general surgery, and ophthalmology**. Conversely, **substance abuse treatment, neurology, pediatric specialty services, mental health treatment (mild to severe), non-emergency transport, and geriatrics** are perceived to be most lacking.

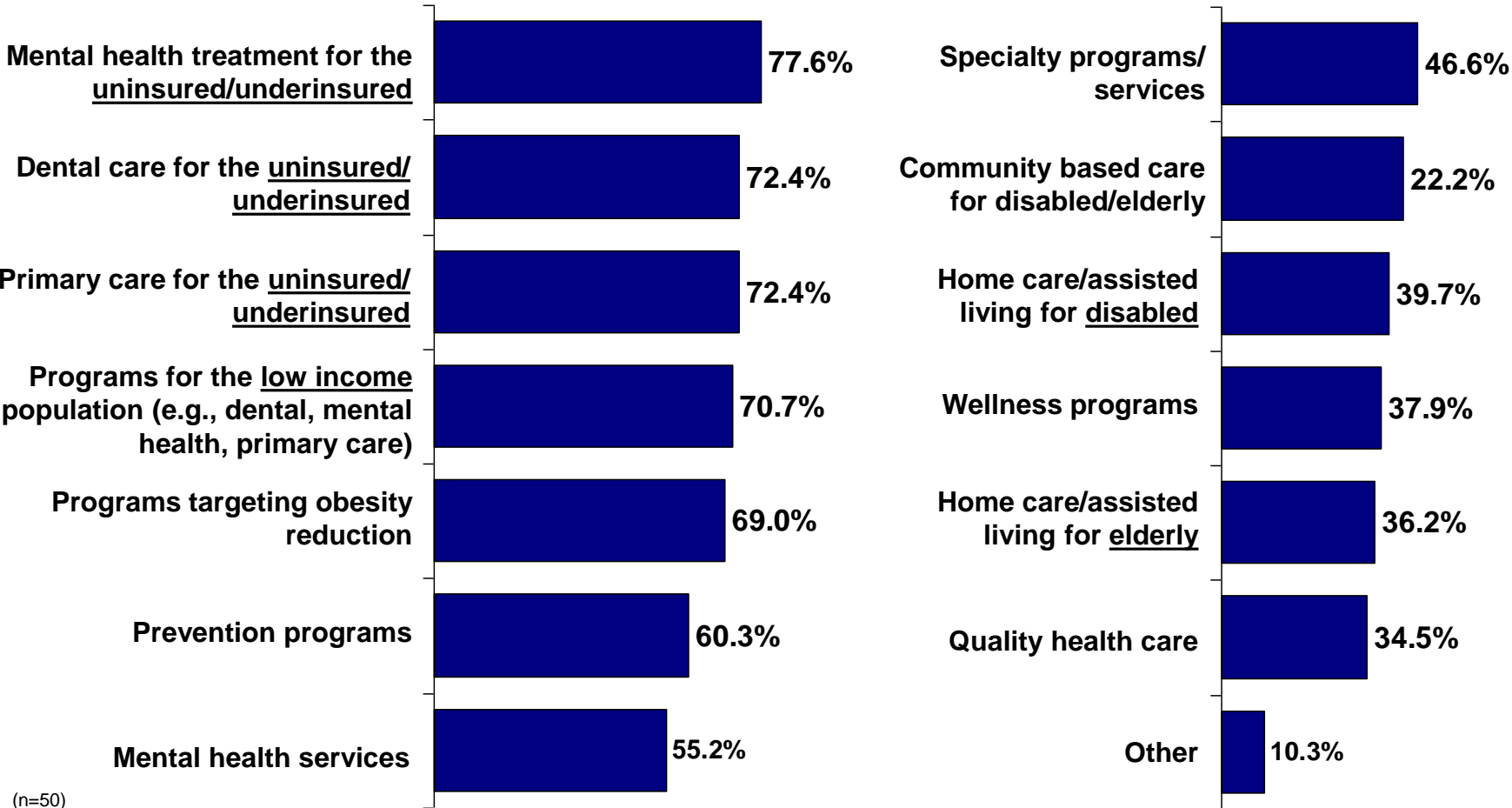
**Degree to Which Programs/Services Meet the Needs/Demands of St. Clair County Residents**



Q6: How well do the following programs and services meet the needs and demands of St. Clair County residents? (1=not at all well, 5=very well)

Key Informants report that St. Clair County lacks programs or services that **address the underserved** (e.g., **uninsured/underinsured** and **low income** residents). Although **primary care** and **dental services** are said to be lacking, the greatest void for this population is found in **mental health treatment/services**.

Programs/Services Lacking in St. Clair County



(n=50)

Q7: What programs or services are **lacking** in the community, if any? Please be as detailed as possible.

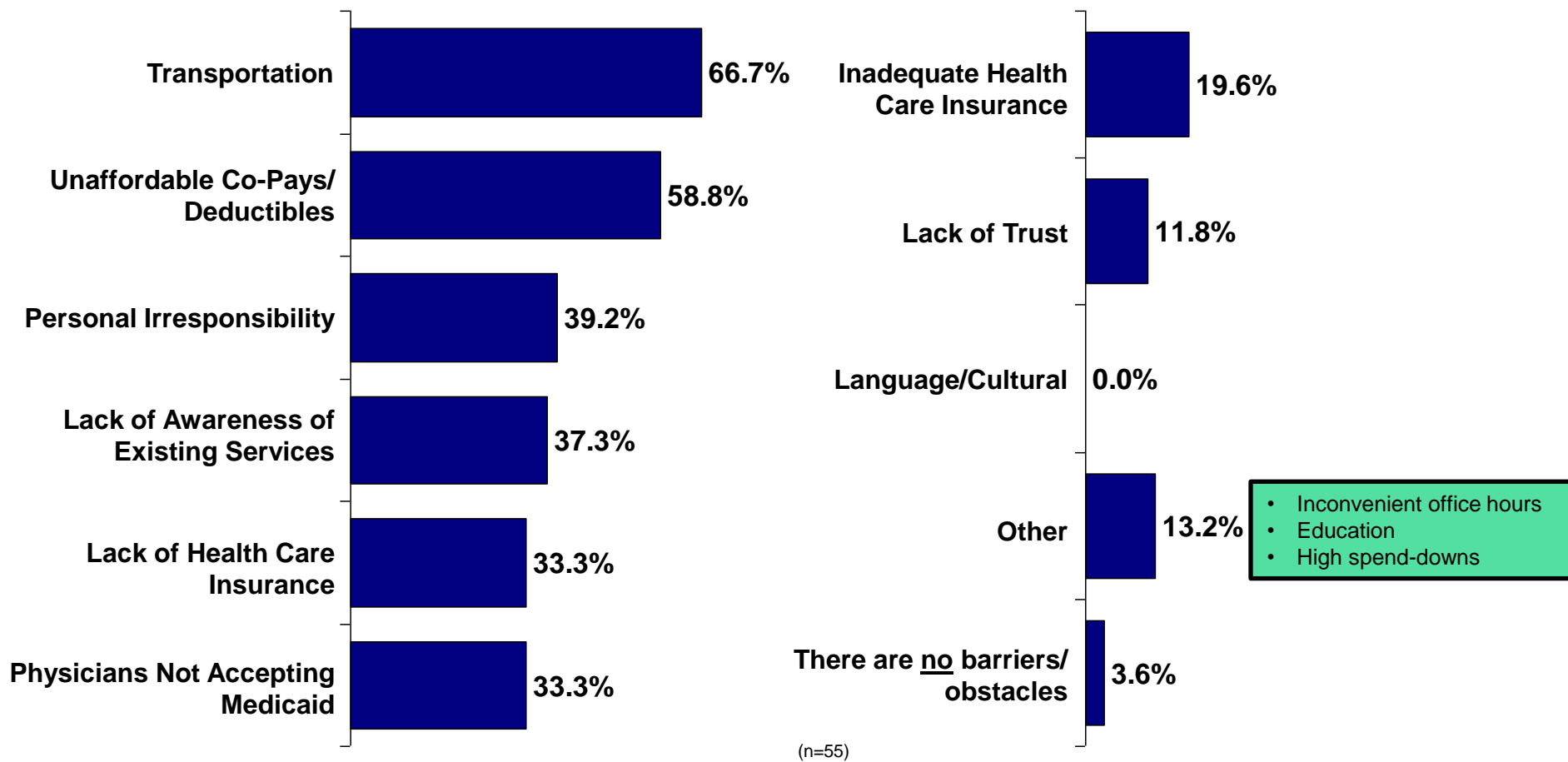


# ***Barriers to Health Care***

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According to Key Informants, the top two barriers or obstacles to health care programs and services are **transportation** and the **inability to afford out-of-pocket expenses such as co-pays and deductibles**. Other notable barriers include: **personal irresponsibility**, **lack of awareness of existing programs/services**, **lack of/inadequate health insurance**, and **limited providers accepting Medicaid**. Conversely, language/cultural issues are not considered to be widespread barriers to programs and services.

**Barriers and Obstacles to Health Care Programs/Services**



Q8: What are the **top three barriers** or obstacles to health care programs and services? Please rank from 1 to 3, where 1 is the greatest barrier, 2 is the second greatest barrier, and 3 is the third greatest barrier.

Key Informants' suggestions for alleviating barriers to health care include finding ways to provide more services to residents such as dental care, support groups, counseling, and care management. Recruiting specialists, especially pediatric specialists, to the area would address many needs. Providers and service agencies should also find ways to work with insurance companies to reduce their dictation of medical decisions and patient care, resulting in higher quality of care. Finding ways to reduce insurance companies' costs or broaden their coverage would also help.

## Effective Solutions to Barriers and Obstacles to Health Care Verbatim Comments

### Increase Program/Service Offerings

*"Community outreach to patients regarding health issues."*

*"More care management in primary care offices."*

*"More dental programs."*

*"More specialists, support groups, counselors to specialize in eating disorder therapies and health care to cover costs for treatments."*

*"Need to recruit medical specialists to come to this community."*

*"One of the three hospitals should open a pediatric specialty center and partner with Children's to provide services. I have no idea why it is so hard to keep an endocrinologist in SCC."*

### Work with Insurance Companies

*"Change criteria to stop insurance companies from dictating client/patient care."*

*"Have discussions with insurance companies to look at the quality of care, not the RVU's. Patients are being compromised and not given good quality care because physicians are given standards of what test they can order that insurance would cover, etc."*

*"Insurance should cover a lengthier amount of time for rehabilitation."*

*"Insurance companies shouldn't dictate physician knowledge, diagnosis, treatments or plan of care. Spend-downs stopped or lowered based on realistic affordability."*

Other solutions offered include finding ways to make care affordable, such as opening more centers that accept multiple forms of insurance or none at all, encouraging dental practices to accept Medicaid, and finding ways to reduce co-pays for prescription drugs. Additionally, there needs to be a county-wide solution to the issue of transportation, and one idea is a mobile clinic that can travel to events or where residents gather. More education, beginning early, for both patients and families, is another recommendation.

## Effective Solutions to Barriers and Obstacles to Health Care Verbatim Comments (Continued)

### Affordable Health Care

*“Affordable, one-stop community health centers.”*

*“Encourage dentists to take Medicaid.”*

*“Prescription co-pays should be reasonable and affordable.”*

### Transportation

*“Additional transportation to these various programs. Resources to provide these programs.”*

*“Ancillary transportation services.”*

*“Mobile neighborhood clinics, to food events, other resource events, where homeless gather. Have hours outside typical hours, early or late. Most people will let you take their BP and that opens conversation.”*

### Education

*“Education, public service advertisements.”*

*“Education needs to start in whatever setting the people use – Dr.’s office, clinic etc... I think families need to hear the same message as the patient. If family members are still working, then office hours may be an issue.”*

*“Prevention education and early intervention.”*

hard to take time off to meet an appointment. Expanded transportation hours for local shuttles would help ease some of the transportation burden. Better interagency cooperation and collaboration, as opposed to working in silos, would contribute to a more efficient and better system.

## Effective Solutions to Barriers and Obstacles to Health Care Verbatim Comments (Continued)

### Personal Responsibility

*“Nutritional support; some kind of mandatory :) plan.”*

*“Partnerships between physicians and patients. Continue to make it more difficult for people to smoke in public spaces.”*

*“Encourage more healthy lifestyles in our area.”*

### Extended Hours/Prompt Service

*“Extended hours. Scheduling an appointment and being seen at or very near to that time versus sitting in a waiting room for an hour and then waiting in the exam room. This poses a problem for those who work and have limited time away from work.”*

*“Increased hours of dial-a-ride.”*

### Coordination/Collaboration

*“Better communication with residents but also better interagency cooperation. Too many times agencies are locked in 'turf wars' and worried about their own numbers, etc., and the residents are the ones that miss out.”*

# ***Identifying and Addressing Needs***

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Only one-fourth (25.5%) of Key Informants are satisfied overall with the health climate in St. Clair County. Those who are satisfied cite **good services and programs for the size of the county** and **caring and capable health care professionals**. Those less than satisfied cite a **lack of services**, such as **mental health, primary care, and specialty care**, as well as a **lack of** health education for all residents. Further, substance abuse for both licit (prescription) and illicit drugs is a major problem, and chronic disease rates, such as cancer, are high.

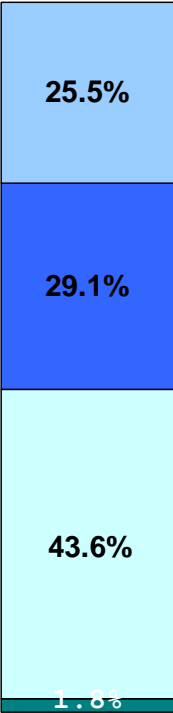
**Overall Satisfaction with Health Climate in St. Clair County**

**Level of Satisfaction**

**Reasons for Rating**

Satisfied/Very Satisfied **25.5%**

- Very Satisfied
- Satisfied
- Neither Dissatisfied Nor Satisfied
- Dissatisfied
- Very Dissatisfied



**Mean = 2.8**

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>✓ Lot of programs and services but awareness is lacking</li> <li>✓ Many programs and services for a county of its size</li> <li>✓ Hardworking people in the trenches</li> </ul>   | <ul style="list-style-type: none"> <li>✓ Dedicated health care workers who provide quality care and work hard to improve care</li> <li>✓ Caring providers</li> <li>✓ Services are growing (new cancer center)</li> </ul>   |
| <ul style="list-style-type: none"> <li>✓ Some things done well and others need to work on</li> <li>✓ Have a lot to offer but need to engage and work together</li> <li>✓ Opportunity for improvement in every area</li> </ul>  | <ul style="list-style-type: none"> <li>✓ Lack of personal responsibility</li> <li>✓ Difficult to change culture</li> <li>✓ Need to provide transportation services</li> <li>✓ Lack of services to meet the demand of every single person</li> </ul>  |
| <ul style="list-style-type: none"> <li>✓ Lack of education for consumers, parents and caregivers</li> <li>✓ Physicians still not accepting Medicaid</li> <li>✓ Cancer rate is high</li> <li>✓ Substance abuse high</li> <li>✓ Lack of specialty care/services</li> <li>✓ Not enough problem-solving to address the issues</li> </ul> | <ul style="list-style-type: none"> <li>✓ Prescription drug abuse high</li> <li>✓ Lack of access to mental health care</li> <li>✓ Lack of programs/services</li> <li>✓ Lack of physicians</li> <li>✓ Lack of quality care</li> <li>✓ Many people still underserved</li> <li>✓ Wellness and prevention are not priorities</li> </ul> |

Q10: Taking everything into account, including health conditions, health behaviors, health care availability, and health care access, how satisfied are you **overall** with the health climate in St. Clair County? Q10a: Why do you say that? Please be as detailed as possible.

When evaluating the impact of Federal Health Care Reform or the Healthy Michigan Plan in St. Clair County, Key Informants are more likely to cite negative, mixed, or no observable results, compared to positive results. Those who view the legislation as positive point to **greater access to health care for the uninsured or underinsured**, which translates into greater access to needed health services, the affordability of such medical care, and an expectation to see improved health outcomes in the future.

**Impact of Federal Health Care Reform/Healthy Michigan Plan in St. Clair County**  
**Positive Results Verbatim Comments**

*“Dramatically **increased talk and investigation into health care opportunities.**”*

*“**Everyone has access to health care.** The public needs to be educated on the importance of preventative care and if they have a medical problem they need education on maintenance of care.”*

*“I only see access to care. **Most people have coverage now. Few people are denied.**”*

*“**More patients have insurance.** Entities are actively working to improve health outcomes.”*

*“Programs are accessible and **access to care is better.**”*

Q11: What has been the impact of Federal Health Care Reform or the Healthy Michigan Plan in your community? In other words, in what ways has it impacted the following: (1) access to health care, (2) service delivery, and (3) health outcomes? Please be as detailed as possible.



Those who view results as mixed say **more people are now covered, but that doesn't necessarily translate into access** primarily for three reasons: (1) many people are purchasing insurance at an affordable premium with **high deductibles and co-payments they cannot afford**, resulting in their reluctance to use coverage for needed health services, (2) **simply having coverage doesn't mean a provider will accept it** and (3) many people who **don't meet the threshold of Medicaid cannot afford the premium of alternative coverage**.

**Impact of Federal Health Care Reform/Healthy Michigan Plan in St. Clair County**  
**Mixed Results Verbatim Comments**

*“Fewer uninsured, but it limits some people in between poverty level and affluence.”*

*“I think it has helped access and some outcomes for the poor. The reimbursement does not incentivize doctors, etc. to see the poor.”*

*“I think parts are working; people have access to health care because they now have Medicaid, but there are not enough Medicaid providers. Many are not eligible for Medicaid because their annual income is barely above eligibility thresholds. Also, can't afford the high premiums.”*

*“Many have engaged and signed up; however, I am not confident that they are maintaining the coverage and utilizing it. I see reports of those who sign up but nothing on use or if it's having a long term effect on our communities' health.”*

*“Medicaid expansion has been a blessing to many in our county, however those who do not qualify for Medicaid are forced to have insurance with high deductibles which essentially leaves them uninsured. They are paying high costs to have the insurance they need.”*

*“Medicaid expansion has perhaps improved access to health care; however, there are many that do not qualify for Medicaid that can't afford insurance under the act.”*

*“More people have health care, yes; however, being able to actually use that health care and find a provider is another story, the outcome being that we have a lot of people who now have healthcare but do not use it.”*

*“Prevention is covered but costs of treatments, medications, therapies are too expensive to do anything about the identified problem.”*

*“Unless people are aware of Downriver community health services, there are not enough caregivers accepting the health programs. Deductibles and co-pays remain barriers.”*

Q11: What has been the impact of Federal Health Care Reform or the Healthy Michigan Plan in your community? In other words, in what ways has it impacted the following: (1) access to health care, (2) service delivery, and (3) health outcomes? Please be as detailed as possible.

In addition to higher deductibles and co-pays preventing people from using their health insurance, many believe the ACA and HMP have had a negative impact on service delivery and outcomes. The process of navigating the health care system is complex and confusing, and providers continue to turn away people with Medicaid, which in turn leads to longer wait times for care. Many businesses (especially small) are saddled with more paperwork and unnecessary costs.

### Impact of Federal Health Care Reform/Healthy Michigan Plan in St. Clair County Negative Results Verbatim Comments

*“Ever since healthcare reform, there is much longer wait time to see a physician.”*

*“Few providers, knowing who or where to go, knowing your health coverage information.”*

*“I don't think Federal Health Care Reform made a difference in regards to access. Service delivery has suffered due to arbitrary requirements. Health outcomes have gotten worse.”*

*“I do not believe the current health care system is functioning as promised. Reform is necessary.”*

*“I have not seen a change in dental needs.”*

*“I think the Healthcare Reform is a disaster. I am an employer and it is becoming increasingly difficult for us to afford a quality insurance plan for our employees. I thought the reform was supposed to make this MORE affordable. Exactly the opposite has occurred.”*

*“Increased cost to insured persons and increased demand on emergency rooms and EMS by uninsured.”*

*“Increased need for services; fed into the entitlement, behaviors without responsibility/accountability. Reform care let people believe that the services are free. It's difficult for clinics to be financially responsible when the reimbursement from insurance plans is low.”*

*“Lack of physicians accepting patients due to insurance. Too high spend-downs.”*

*“Lack of physicians taking patients, resulting in lack of care and longer times for clients to receive care, therefore causing non-compliance and unaffordability. Limited resources in areas to meet the needs of our community and its problems.”*

*“Made people pay out of pocket for a service they rarely use due to cost.”*

Q11: What has been the impact of Federal Health Care Reform or the Healthy Michigan Plan in your community? In other words, in what ways has it impacted the following: (1) access to health care, (2) service delivery, and (3) health outcomes? Please be as detailed as possible.

Some also feel that government involvement has made it harder for providers to serve, because of increased paperwork and increased costs, with low reimbursements in return. This has limited what providers can do/will accept and, in turn, led to increased use of ER/ED services by those now with coverage.

**Impact of Federal Health Care Reform/Healthy Michigan Plan in St. Clair County**  
**Negative Results Verbatim Comments (Continued)**

*“It’s a joke! Significantly more people on government assistance for healthcare. And overall corruption by insurance companies; not covering services and charging high deductibles. Government hands out way too much nowadays.”*

*“Made treating patients more difficult and onerous.”*

*“More people insured that cannot afford the cost of premiums and the copays and deductibles that are attached.”*

*“Negative impact. As expected, those who work pay to help those who refuse to work.”*

*“Only certain physicians accept FHCR insurances in our community. Government is basically treating patients. Physicians are limited to what they can and cannot do for their patients. This causes more hospital inpatient admissions and ED visits.”*

*“Who is taking that insurance? Government controls what they can and cannot order (physician) and then that stops physicians from treating the patient to the fullest aspect of their healthcare.”*

Q11: What has been the impact of Federal Health Care Reform or the Healthy Michigan Plan in your community? In other words, in what ways has it impacted the following: (1) access to health care, (2) service delivery, and (3) health outcomes? Please be as detailed as possible.

Key Informants offer a multitude of strategies for improving the overall health climate in St. Clair County. Not surprisingly, better access to programs and services is one of the top mentions. Better access means many things, but it's clear Key Informants see a need for more, or more accessible, dental care and mental health services, especially for the underserved subpopulations. Also, finding a way to offset the out-of-pocket expenses from large co-pays or deductibles would be beneficial to the many residents who find it hard to make these payments.

## Suggested Strategies to Improve the Overall Health Climate in St. Clair County Verbatim Comments

### Better Coverage/Access

*“Better coverage for people to provide necessary services for dental and mental health issues.”*

*“Less income criteria; should be based on needs and prevention with intervention, not on poverty status.”*

*“More agencies assisting with prescriptions to those who cannot afford the co-pays.”*

*“More dental programs.”*

*“More government funded programs that will pay for physicals and TB tests to allow job placement for employers who want those looking for jobs to pay for this out of pocket.”*

*“More informal mobile clinics that meet people where they are; will bridge resources, both care and cost. Sadly, people have to want to help themselves, not sure what that answer is.”*

*“More outreach programs. More physician choices in our area. Open access for adolescents and young adults to receive birth control.”*

*“Outreach to more impoverished populations.”*

*“Recruit medical specialists to come to this community.”*

*“Strongly encourage dentists to serve the poor. A community center (such as YMCA) as a center for physical activity and health education. A medical resource bank to help with accessing medically necessary resources (medications, supplies, etc.) for the under/uninsured.”*

Q10: What one or two things could be done that would improve the overall health climate in St. Clair County? Please be as detailed as possible.

In addition to more, or better access to, services, several Key Informants see a need for better quality care in terms of being current and knowledgeable on the latest health and health care trends and displaying a caring and compassionate attitude toward patients/consumers. Another issue is that there appears to be a lack of awareness of existing programs and services in the area that an increased communication (e.g., marketing, advertising) campaign could easily address.

## **Suggested Strategies to Improve the Overall Health Climate in St. Clair County** **Verbatim Comments (Continued)**

### **Better Quality Care/Providers**

*“Better immunization rates. Mainly, pediatricians and PCPs need to discuss the benefits of immunizations with families instead of just shrugging it off to ‘whatever you want.’”*

*“Increase the quality of the physicians and specialists and increase effective programs related to personal wellness, e.g., diabetes, obesity, etc.”*

*“St. Clair County needs to have more service providers and those providers need to employ people who actually care. When there are people working with communities and citizens and they lack passion or compassion these people do not feel the need to change.”*

*“We need newer doctors with fresh ideas and knowledge for treatments.”*

### **Increase Awareness of Existing Programs/Services**

*“Find a way to let people know what services are available to them. Maybe a county directory with services for the elderly and disabled.”*

*“Increased awareness of available services.”*

*“Increase awareness of the resources already available.”*

More education is needed for both providers and consumers to minimize the negative effects of lack of coverage, access, and poor lifestyle choices. Increased education on wellness and prevention would help. Another strategy is to increase collaboration between health/health care agencies and schools and area businesses.

### Suggested Strategies to Improve the Overall Health Climate in St. Clair County Verbatim Comments (Continued)

#### Education

*“Educate physicians on how to maximize reimbursement from Medicaid patients so they do not turn the patient away.”*

*“Education on the importance of preventative care.”*

*“Helping the community be more knowledgeable of the options for care available.”*

*“Huge disconnect in understanding of coverage, regardless of whether the client has Medicaid or Medicare.”*

*“Increased education of health care and preventative measures.”*

*“Provide education on things that people can do without going to a doctor, such as lowering sugar intake. Give real information instead of the answers that big pharma or food companies manufacture to make money. The low fat marketing caused a lot of confusion.”*

#### Collaboration

*“Partner with schools and businesses to promote wellness.”*

*“More awareness of issues and planning to address them collectively.”*

Key Informants also suggest specifically on access to mental health and substance abuse services. Regarding mental health, there needs to be better access for people with mild to moderate mental illness as well as better access for children and adolescents in general. Since both licit and illicit drug abuse is considered to be a major community-wide problem, better access to substance abuse treatment programs should be a priority.

### Suggested Strategies to Improve the Overall Health Climate in St. Clair County Verbatim Comments (Continued)

#### Mental Health Services

*“Access to CMH services.”*

*“Additional resources for mental health.”*

*“Better accessibility to mental health treatment for people with schizophrenia, depression, personality disorders, eating disorders of bulimia, anorexia. Establish residential mental health facilities for kids.”*

*“Improve access to mental health services. There are many programs but it is difficult to get someone in unless they are homicidal or suicidal. We have so many people with depression, bipolar, etc.”*

#### Substance Abuse Services

*“Access to substance abuse and DV services.”*

*“Addressing the drug problem.”*

*“Availability of effective drug/alcohol treatment programs. Continued focus on drug use and abuse.”*

*“Substance abuse services!!!!”*

*“To offer services for patients that are in need. We need a ton of pain management physicians within our community to help the controlled substance abuse as well as illegal drug abuse in the area.”*

In addition to educating people in wellness and prevention, Key Informants suggest a need for more programs targeting smoking, obesity, ways to access affordable and healthy food, and promotion of healthier living through increased activity and healthier eating. Offering these programs or services at a young age and continuing throughout the life course would be most effective in improving the health climate of the county. Several Key Informants also mentioned the issue of transportation as a barrier to health and health care, but offering solutions to this issue is challenging.

**Suggested Strategies to Improve the Overall Health Climate in St. Clair County**  
**Verbatim Comments (Continued)**

**Prevention/Wellness/Health Promotion**

*“Address smoking more aggressively. Improved access to fresh foods.”*

*“Just more activity, e.g., playgrounds and health promotion.”*

*“Prevention and early intervention.”*

*“Promote a healthier lifestyle. Have fruit stands and vegetables. Offer fun and educational classes on health, nutrition and healthy behaviors. Address the unhealthy behaviors such as obesity, smoking and alcohol consumption.”*

*“Target obesity more aggressively.”*

*“Wellness programs.”*

**Transportation**

*“Affordable transportation.”*

*“More public transportation.”*

*“More transportation to existing services.”*

*“Provide transportation to medical services through transit system.”*

Q10: What one or two things could be done that would improve the overall health climate in St. Clair County? Please be as detailed as possible.



# ***Resident Survey***

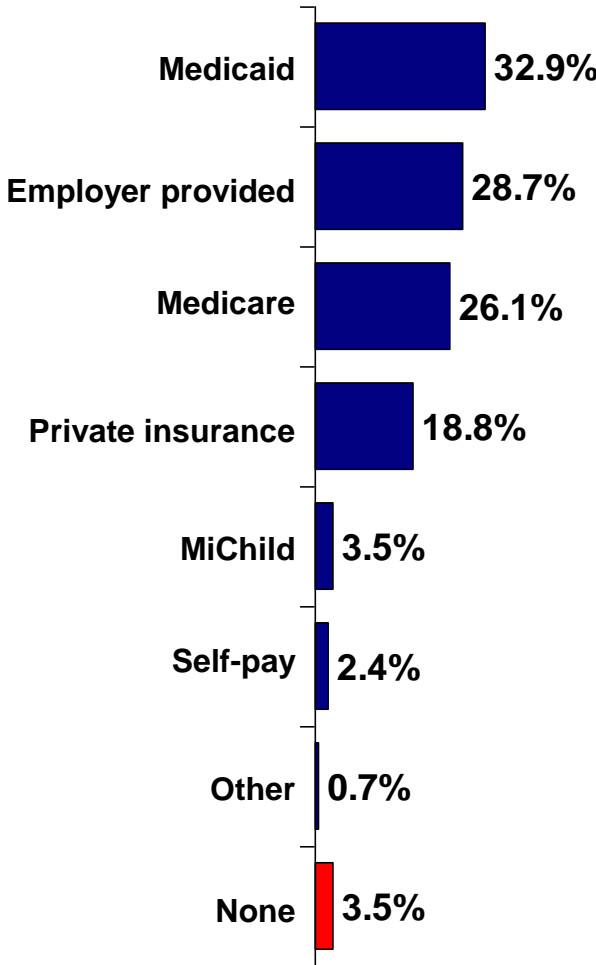
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# ***Health Information***

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Almost six in ten (59.0%) underserved residents have Medicaid and/or Medicare as their primary health insurance. More than one-fourth (28.7%) have employer provided coverage, 18.8% have private insurance, and 3.5% have no insurance.

Type of Health Insurance

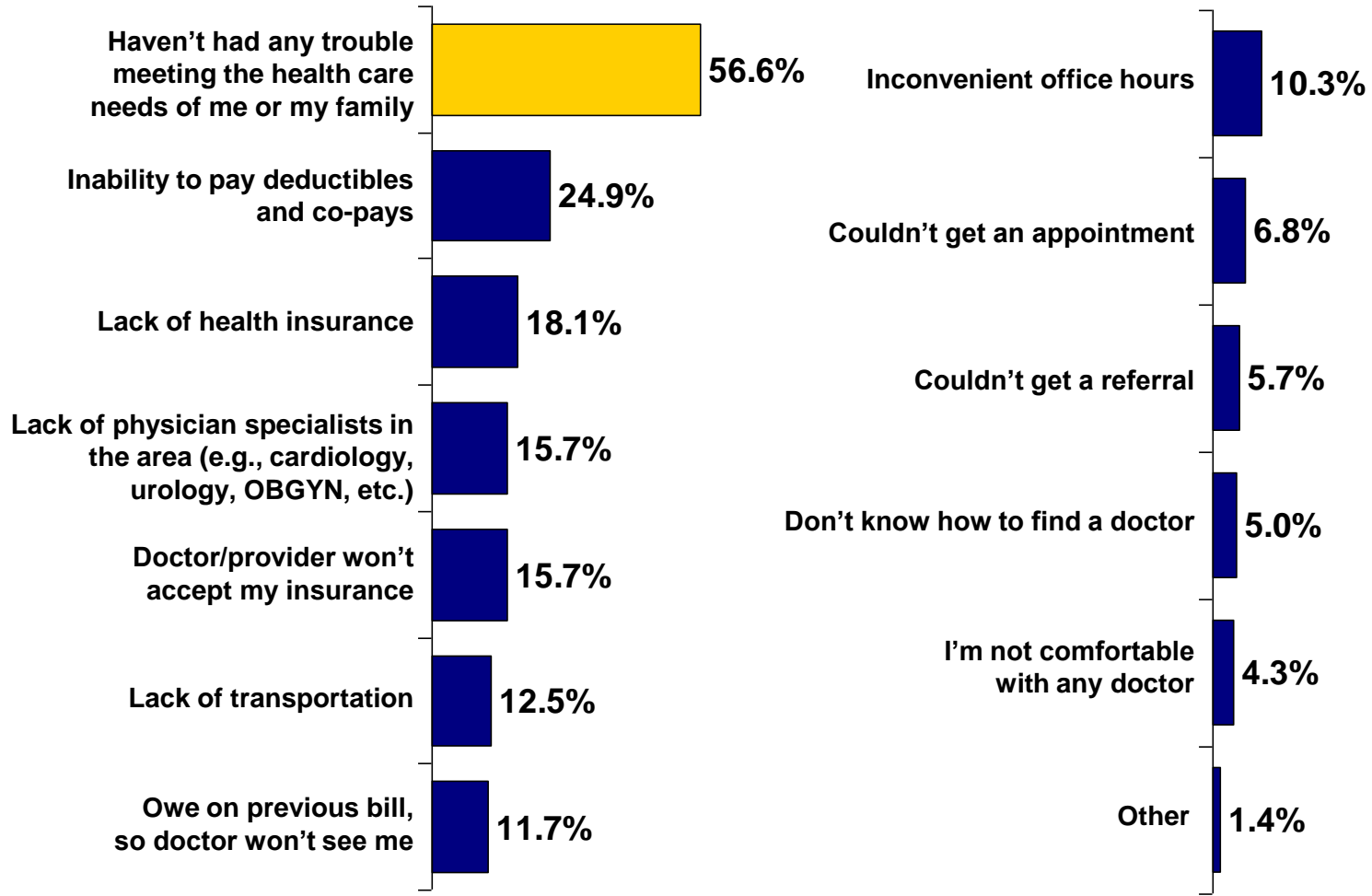


(n=425)

Q16: Which of these describes your health insurance situation? (Select all that apply)

More than four in ten (43.4%) underserved residents have had trouble meeting health care needs of themselves or their families in the past two years. The reasons most often cited include the **inability to afford out-of-pocket expenses such as deductibles and co-pays** and **lack of health insurance**, followed by a **lack of specialists** and **providers who refuse to accept the insurance they have**.

Reasons for Having Trouble Meeting Health Care Needs in the Past Two Years

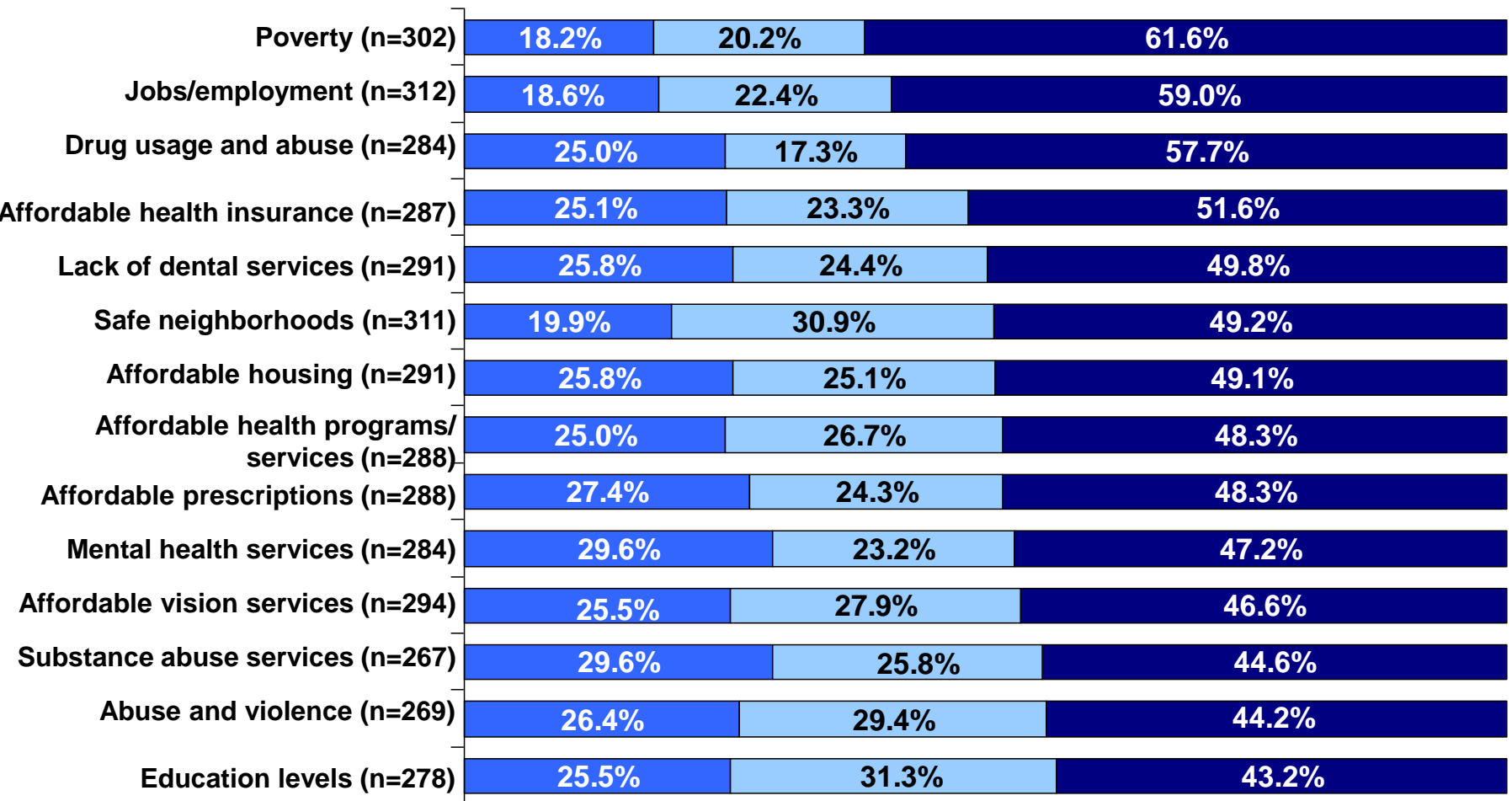


(n=281)

Q28: In the past two years, have you had any trouble meeting the health care needs of you and your family? If yes, why? (Select all that apply)

Top issues or concerns that underserved residents believe impact health include **poverty**, **jobs/employment**, and **drug use/abuse**. Other concerns are **affordable health insurance**, **lack of dental services**, **safe neighborhoods**, and **affordable housing**.

Top Issues/Concerns in the Community that Impact Health

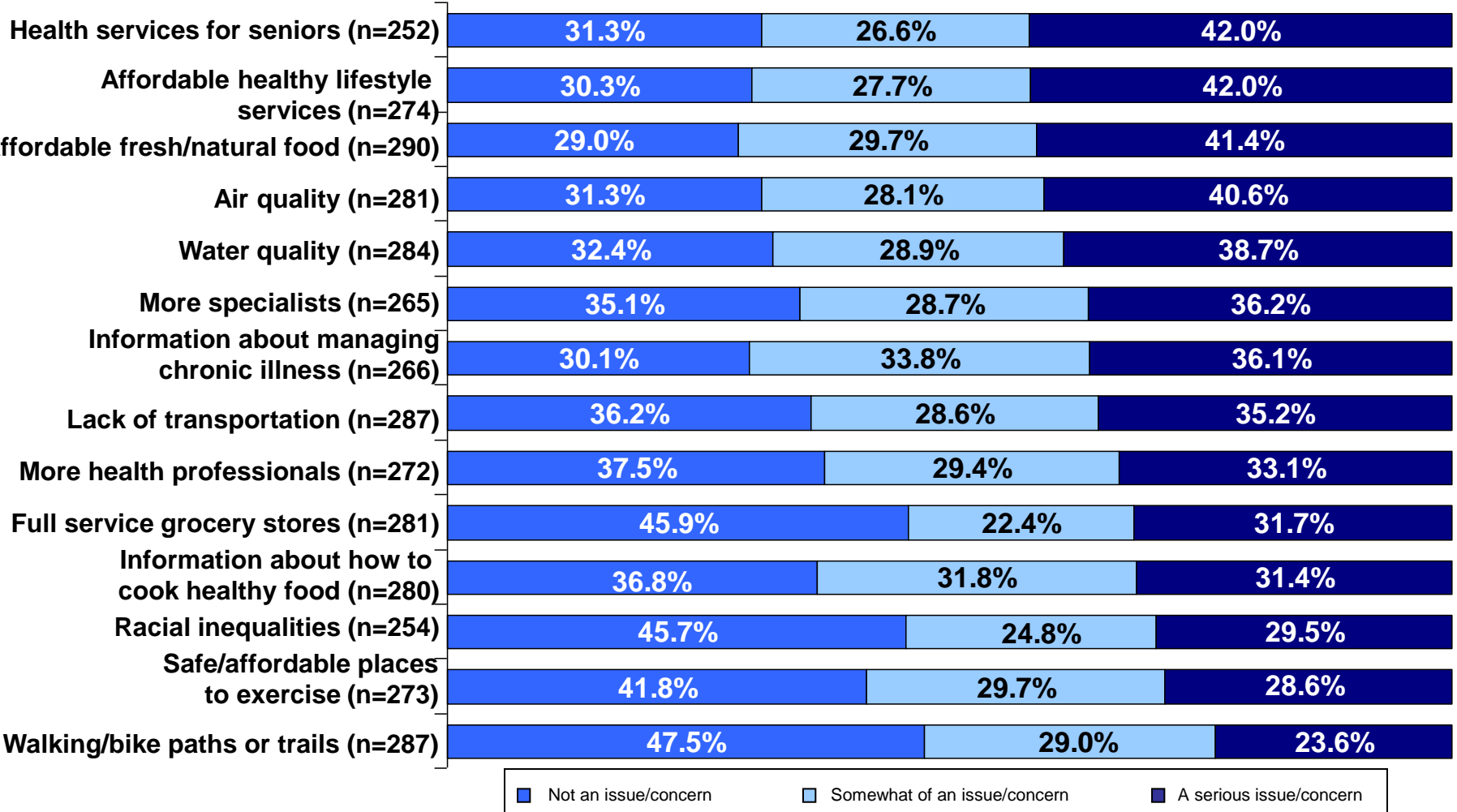


■ Not an issue/concern     
 ■ Somewhat of an issue/concern     
 ■ A serious issue/concern

Q29: What are the issues/concerns in your community that impact health?

Underserved residents are less concerned with **options for exercising** (paths, places to exercise), **racial inequalities**, **information about how to cook healthy food**, **full service grocery stores** and the **lack of health professionals**.

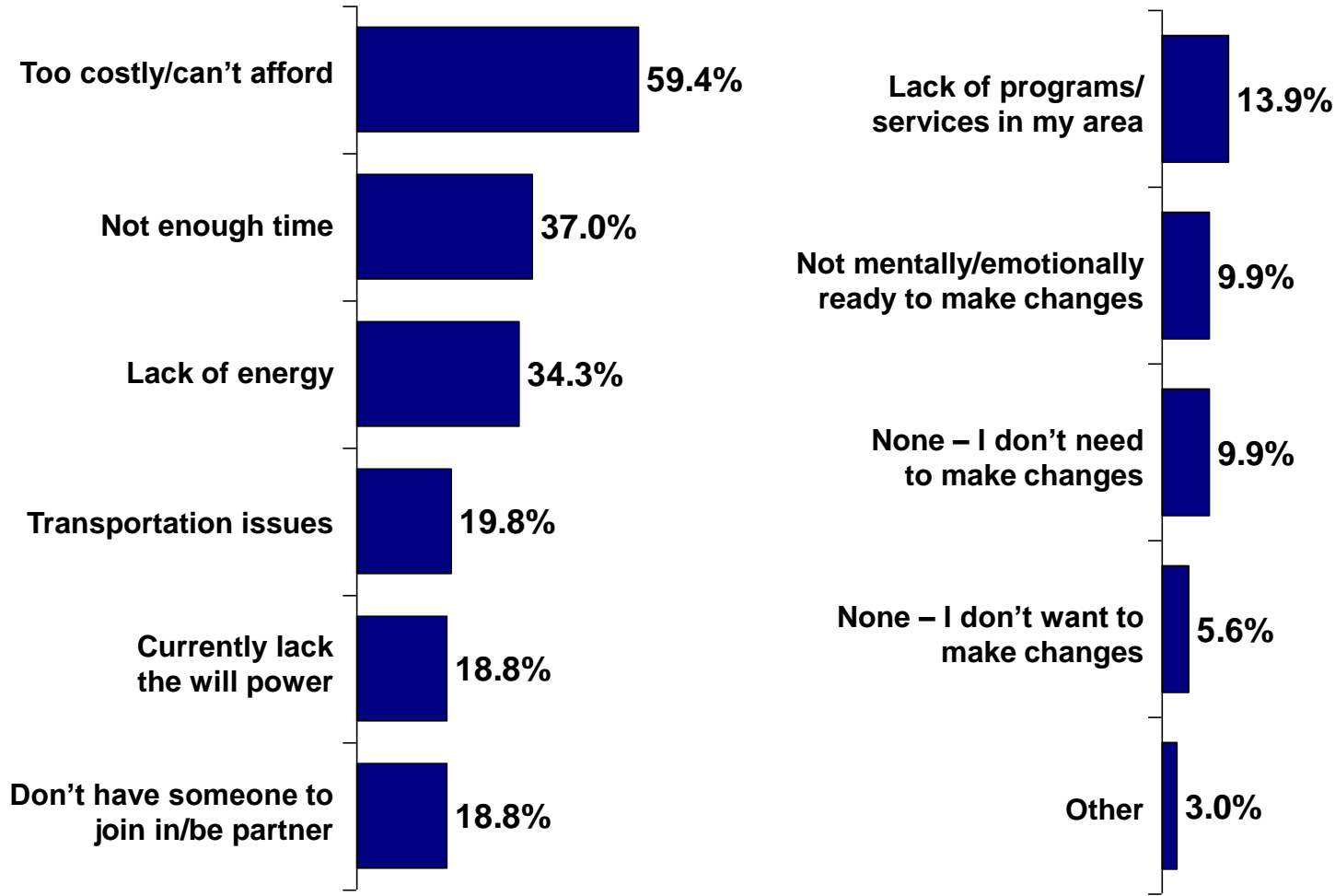
Other Issues/Concerns in the Community that Impact Health



Q29: What are the issues/concerns in your community that impact health?

Underserved residents face several barriers to living a healthy lifestyle, the greatest of which is **cost**. Further obstacles include **lack of time, energy, and will power**, as well as **transportation issues**. One in ten (9.9%) say they do not need to make any changes.

Barriers Preventing Living a Healthier Lifestyle



(n=303)

Q31: What are some of the barriers you face when trying to live a healthier lifestyle? (Select all that apply)

Underserved residents cite many programs, services, or classes that are lacking in the community, and they typically revolve around having access to: (1) **places to exercise** and get in shape that are either **free or more affordable**, as well as programs that offer **alternative forms of exercise** such as tai chi, yoga, meditation, etc. (2) **affordable and healthy food**, and **education on how to prepare healthy meals**, (3) **substance abuse treatment** programs, especially for youth, (4) **mental health treatment**, and (5) **education on life skills** (e.g., fiscal management, parenting).

### Programs, Services, or Classes Lacking in the Community – Verbatim Comments

*“A lot of people in the area could benefit from a multi-day class (not an hour-long seminar) on how to manage household finances, bill strategies, food budget, long term savings, etc.”*

*“Access to affordable personal trainers/nutritionists.”*

*“Addiction specialist, chronic pain management.”*

*“Better ways to eat healthy and not cost so much.”*

*“Classes or support groups for emotional eating. Yoga, meditation, counseling to name a few.”*

*“Foods for getting healthy should be cheaper.”*

*“Food stamps should require that 50% of your allowance has to be fruits and vegetables and the other 50% is whatever else.”*

*“Healthy food is expensive and spoils quickly.”*

*“Hearing services for people on Medicaid.”*

*“How to access the programs that are offered and more food and affordable housing needed.”*

*“I believe a healthy lifestyle is a personal behavior/choice; perhaps counseling or ideal/relatable peer programs could benefit the community.”*

*“I have not been successful in finding resources or support groups for teen victims of sexual abuse, child and teen family issues around alcohol and drug use by a parent or responsible adult (like AlaTeen), etc. Also mental health, specifically intense counseling services, are not available in the private community. This means that the only access to good care for severe mental illness in this community is CMH but in order to get CMH services the patient must meet Medicaid standards.”*

*“I think more and more people need to know and practice self defense and need to work out because active muscular people are healthy people. Prevention is key to healthy people.”*

*“I think that offering free fitness classes, i.e., yoga, aerobics, etc. in the community, would be helpful in getting people moving and realizing the importance of exercise for overall good health.”*

*“In-home breastfeeding education and support.”*

Q32: What health care related programs, services or classes are lacking in your community that you think should be made available? Please be as detailed as possible.



## Programs, Services, or Classes Lacking in the Community – Verbatim Comments (Continued)

*“Insurance paid gyms, free open fitness clubs.”*

*“Local exercise centers at schools, rural locations.”*

*“Low impact exercises in neighborhoods. Family exercises together.”*

*“Lower cost workout centers with childcare available more.”*

*“Meditation and yoga.”*

*“Mental health groups, dealing with mental health issues in a family, affordable exercise programs such as kick boxing, tae bo, dancercise.”*

*“Money management.”*

*“More affordable family gym memberships to the YMCA. They lowered their prices somewhat, but it is still not affordable for many families. As the community health center, they should continue to look for ways to reduce their fee structure.”*

*“More affordable foods and fitness centers that are family based.”*

*“More programs for people with disabilities.”*

*“Parenting, emergency preparedness.”*

*“Rehab for heart and other health problems.”*

*“Safe house for people when they have nowhere to go, no family to help them.”*

*“Social groups for children/adults with special needs (e.g., autism).”*

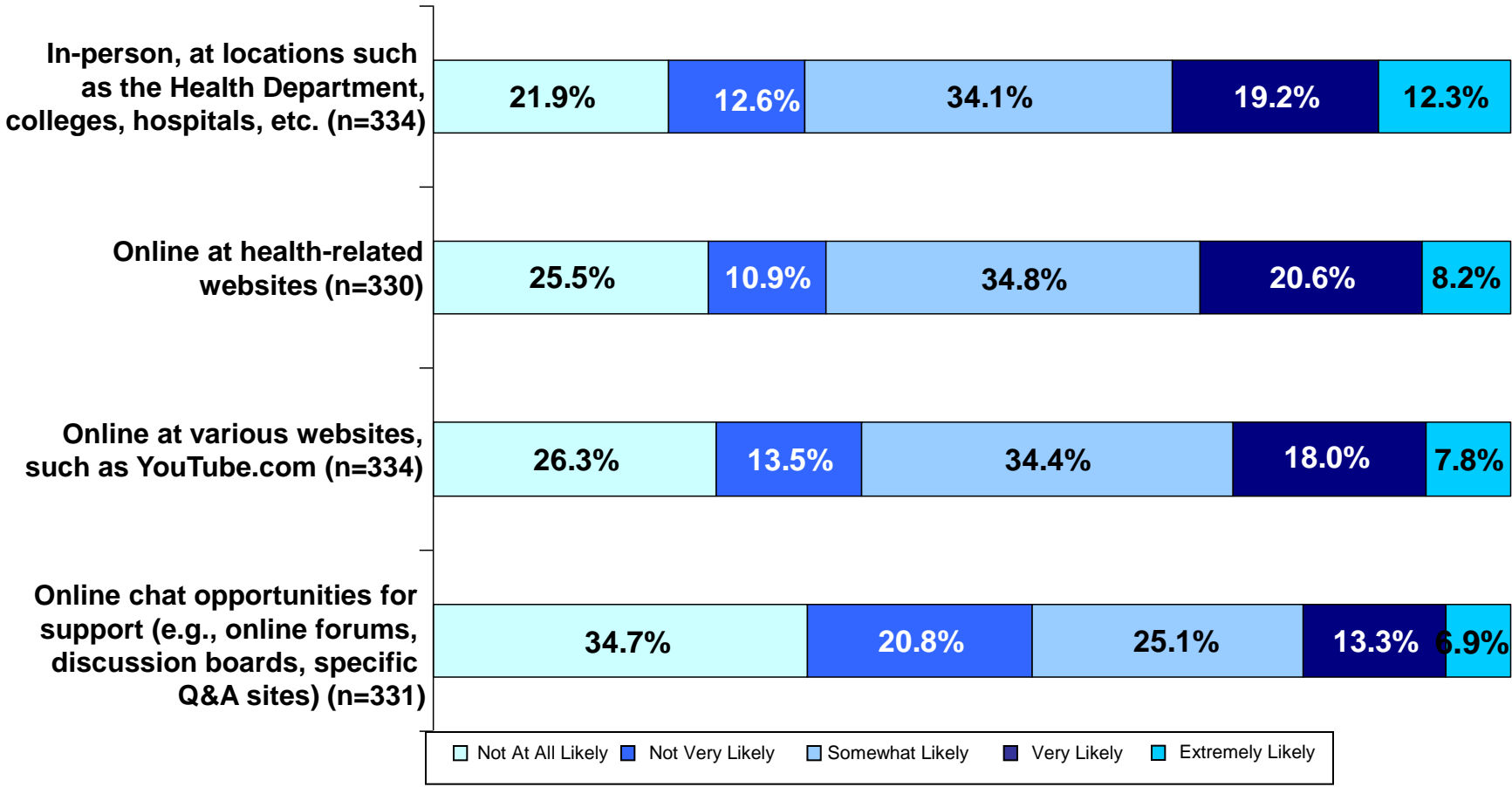
*“Some place like the YMCA to go that are not below poverty level and are not affluent.”*

*“Walking programs targeted to low income and seniors.”*

*“Weight loss/health programs.”*

If education or instruction on ways to live healthier lifestyles were provided in various formats, underserved residents are almost as likely to select online websites as in-person opportunities. That said, 13.7% of underserved residents indicate they are not at all likely to participate in any of these educational options devoted to leading healthier lifestyles.

**Likelihood to Participate in Education/Instruction on Leading Healthier Lifestyles**



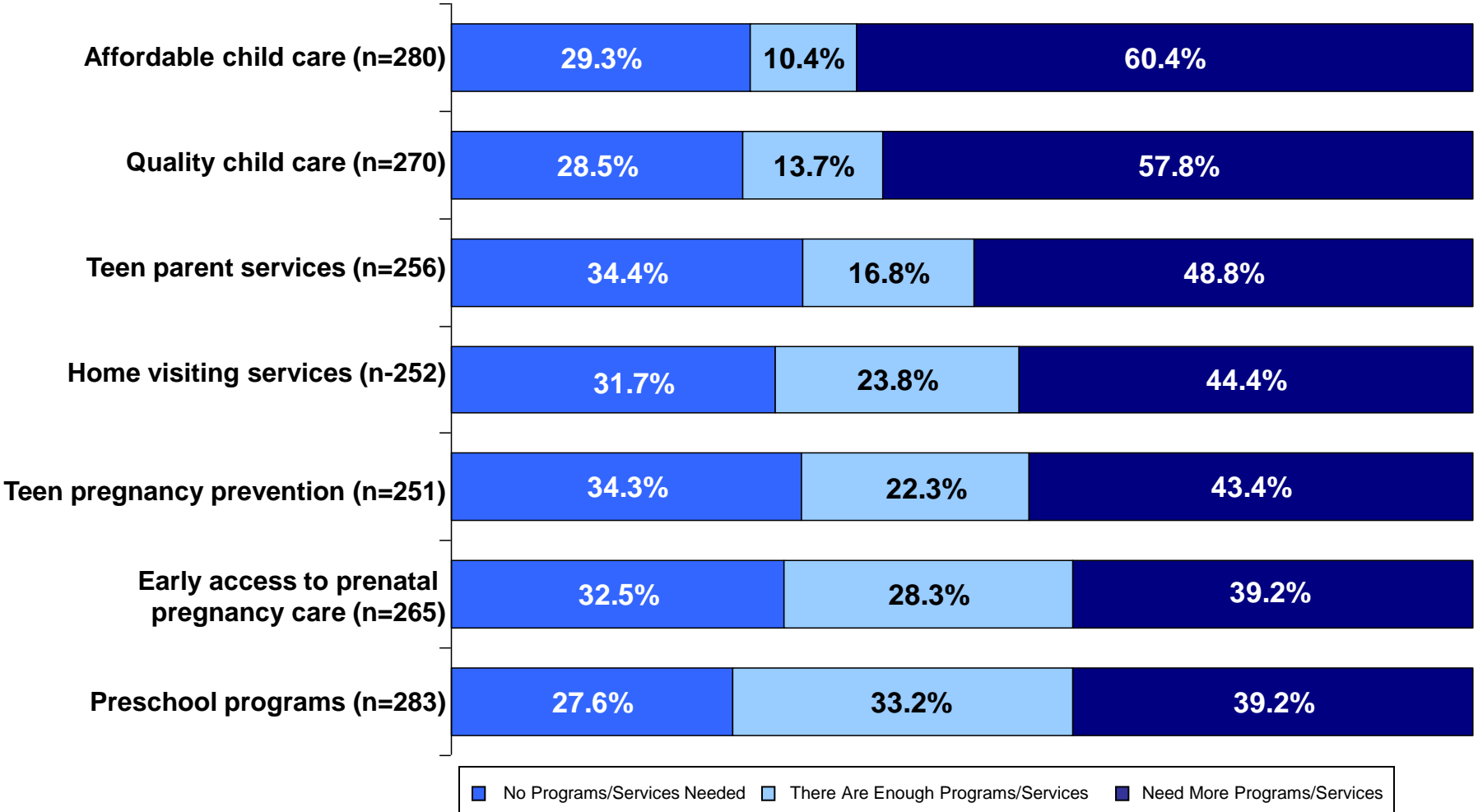
Q33: If education or instruction on how to lead a healthier lifestyle were available in different formats, please tell us how likely you would be to participate in these activities.

# ***Community Needs***

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The most widely cited unmet needs related to pregnancy and early childhood are *affordability* and *quality of child care*, followed by *teen parenting services*.

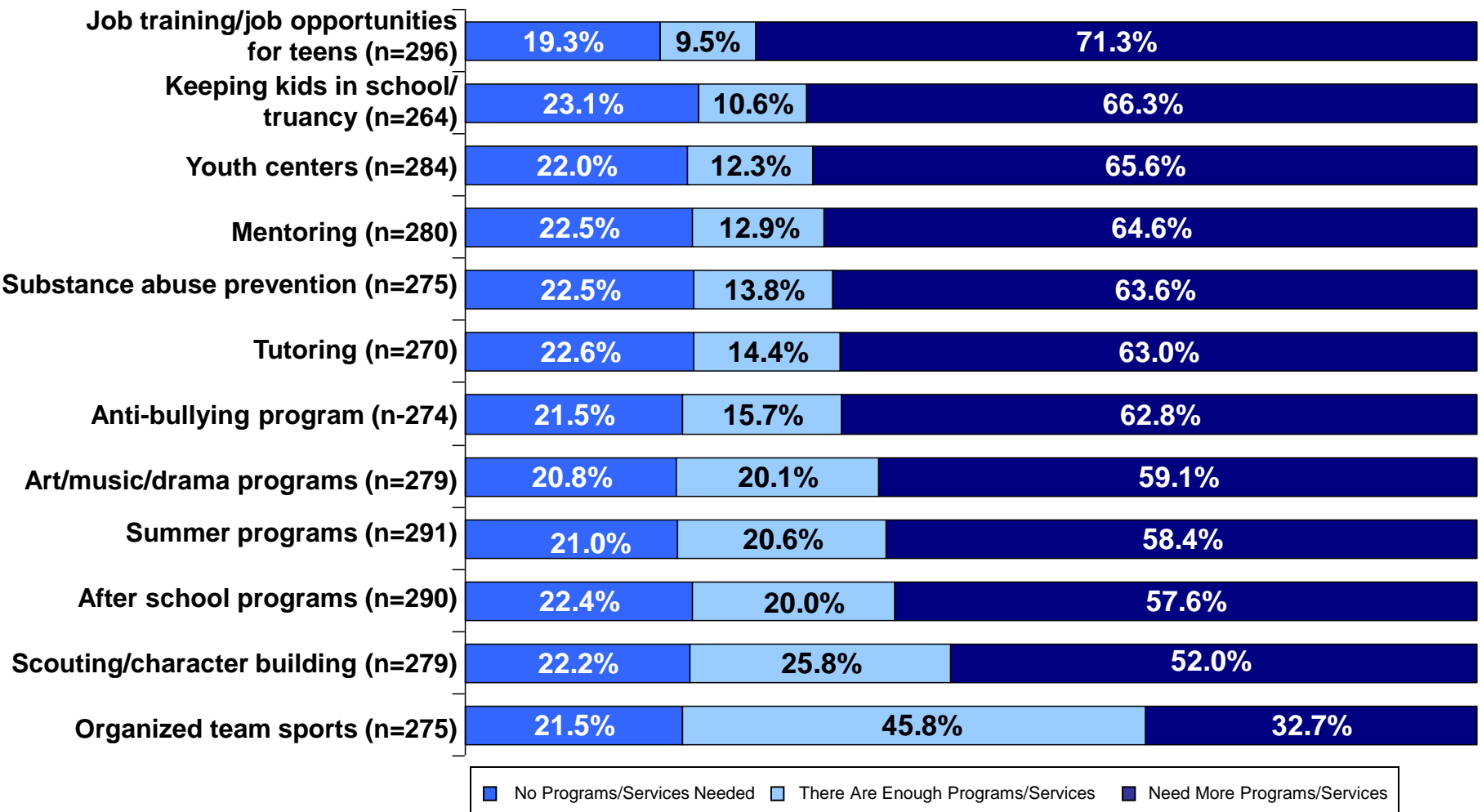
Need for Programs and Services for Pregnancy and Early Childhood



Q17: As it relates to **Pregnancy & Early Childhood** (pregnancy to age 5) programs and services, what is the level of unmet or underserved need in our community?

A majority of underserved residents report a need for more programs and services focusing on **job training, education, and extra-curricular activities** (other than organized sports) for youth, as well as programs aimed at steering youth toward healthy choices. For example, there is a need for adults who can **mentor** and **tutor** youths, and there is a need for **substance abuse prevention** and **anti-bullying programs**.

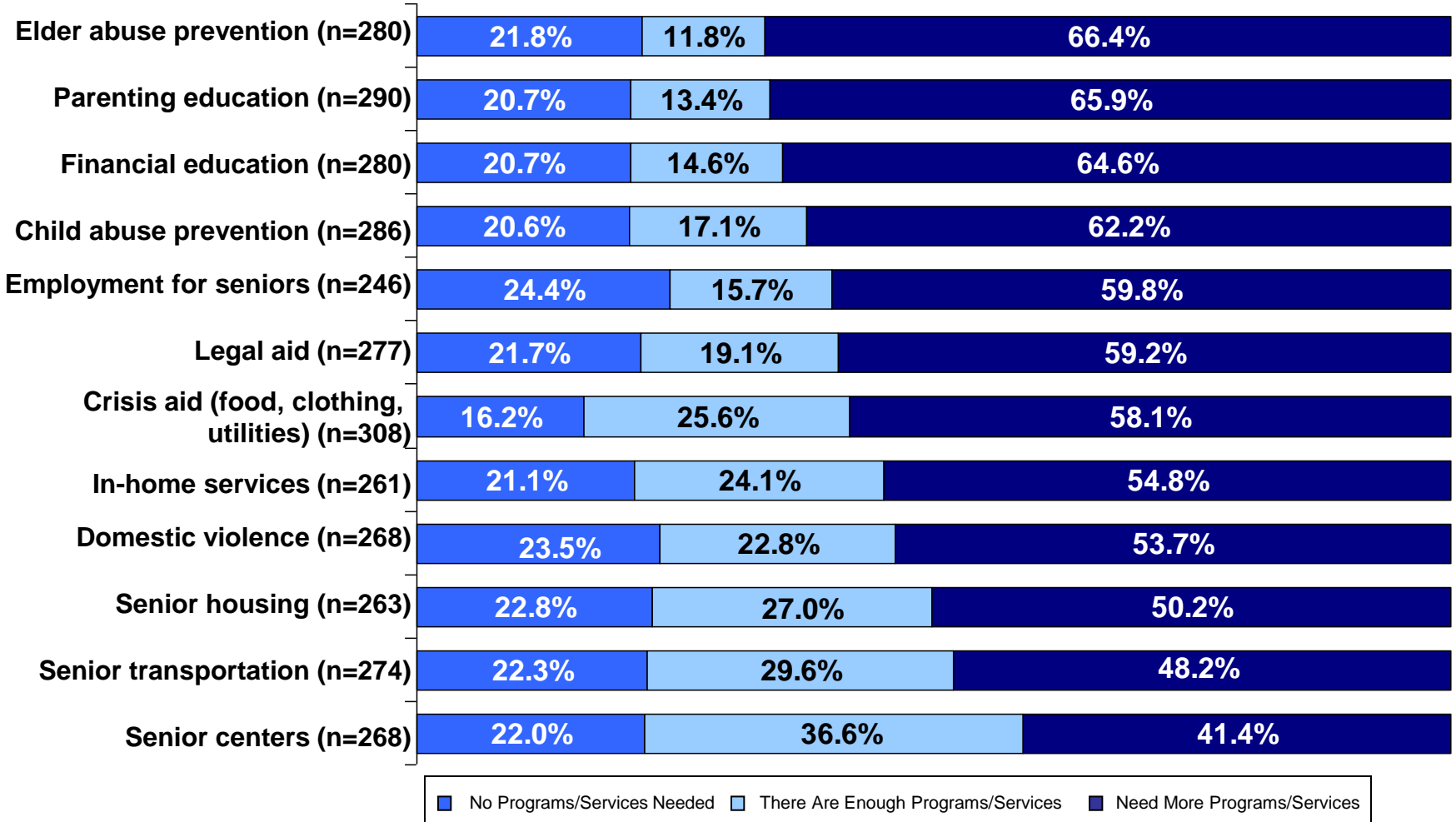
**Need for Programs and Services for Youth (Age 5-18)**



Q19: As it relates to Youth (Ages 5 to 18), what is the level of unmet or underserved need in our community?

According to underserved residents, there is a need for many different programs and services tailored to families and senior adults. More than six in ten believe there is a need for more programs targeting **elder abuse prevention, parenting education, financial education, and child abuse prevention**. Almost as many see a need for **employment for seniors, legal aid, and crisis aid**.

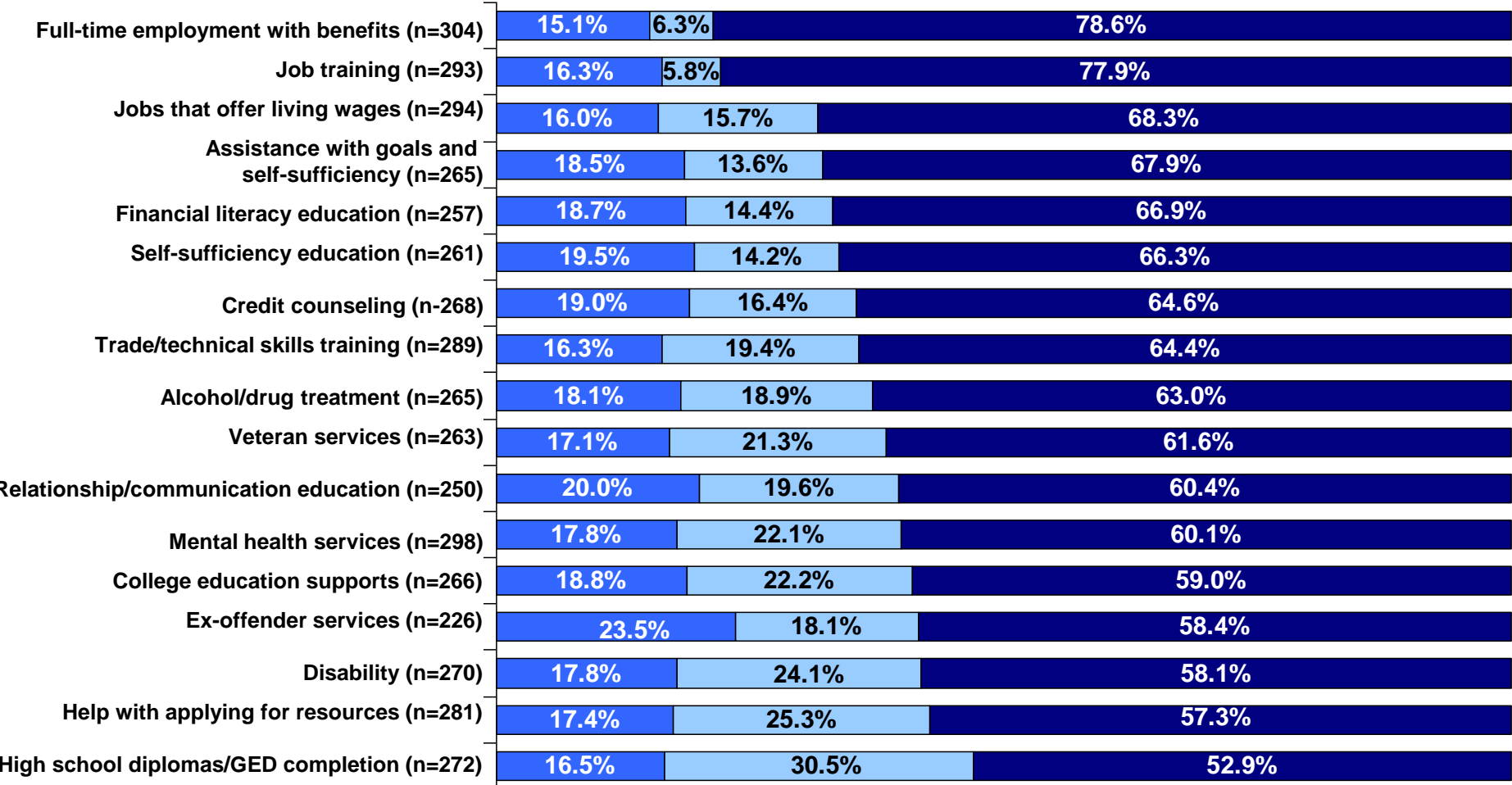
**Need for Programs and Services for Families and Senior Adults**



Q21: As it relates to programs and services for Families and Seniors, what is the level of unmet or underserved need in our community?

There is also a need for many programs and services targeting individuals. More than three-fourths of underserved residents report a need for **full-time jobs with benefits as well as job training**. Other needs include **job that offer living wages** as well as **education on ways to be more self-sufficient and financially literate**.

Need for Programs and Services for Individuals



■ No Programs/Services Needed 
 ■ There Are Enough Programs/Services 
 ■ Need More Programs/Services

Q23: As it relates to programs and services for **Individuals**, what is the level of unmet or underserved need in our community?

# ***Housing Needs***

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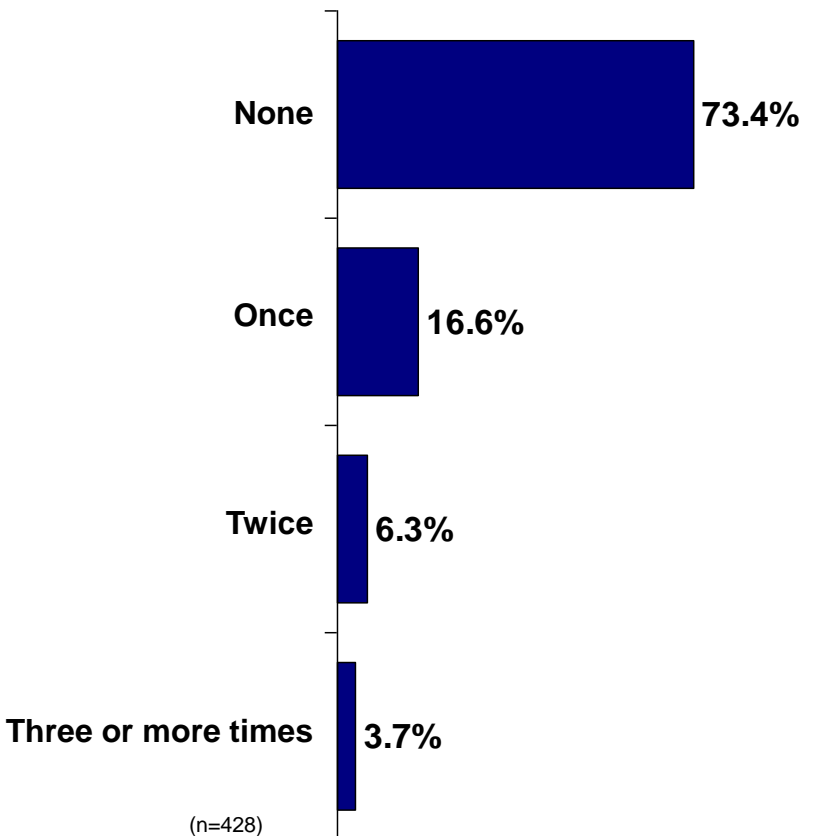
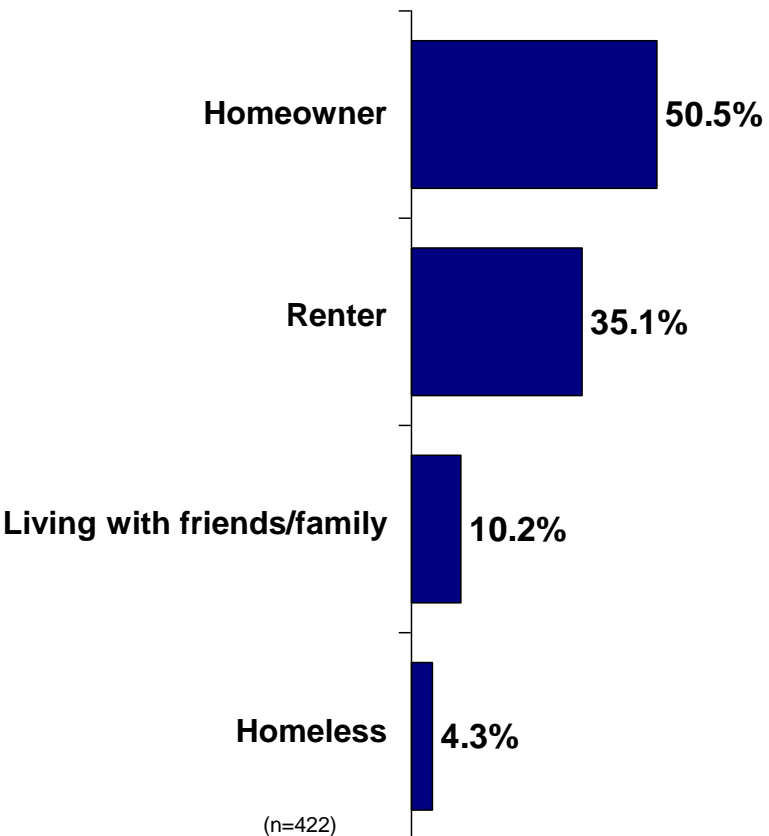


Half of the underserved residents are homeowners, while 4.3% are homeless. More than one-fourth (26.6%) have moved at least once in the past year.

Housing Situation

Living Situation

Number of Times Moved in the Last Year

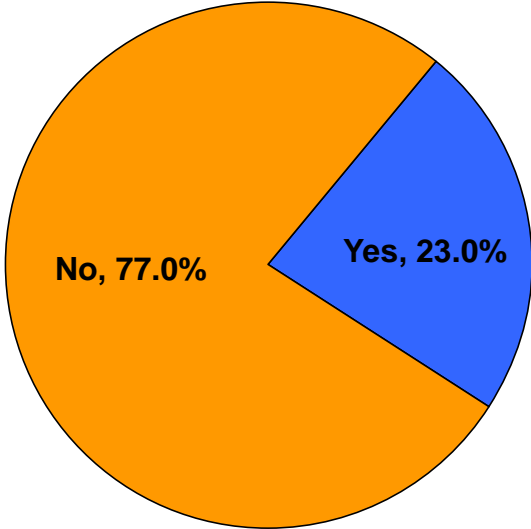


Q14: Please indicate your living situation. (Select one)  
Q15: How many times have you moved in the last year? (Select one)

Fewer than one-fourth (23.0%) of the underserved households have children 5 years or younger, while four in ten (40.5%) have children between the ages of 6 and 18. More than one-fourth (28.4%) have a senior adult in the household.

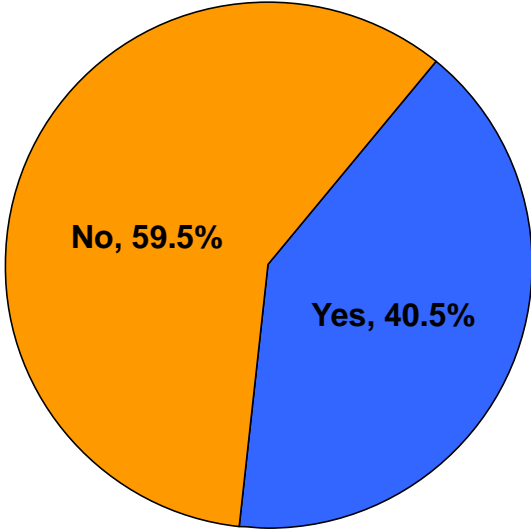
Children or Seniors in the Household

There is a Child Age 5 or Younger in the Household



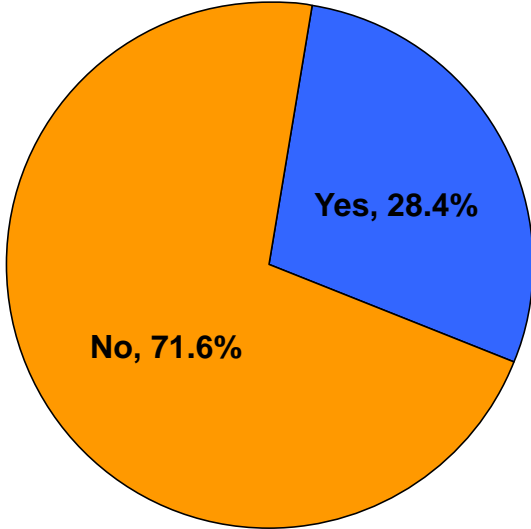
(n=387)

There is a Child Between the Ages of 6 and 18 in the Household



(n=385)

There is a Senior Over Age 60 in the Household

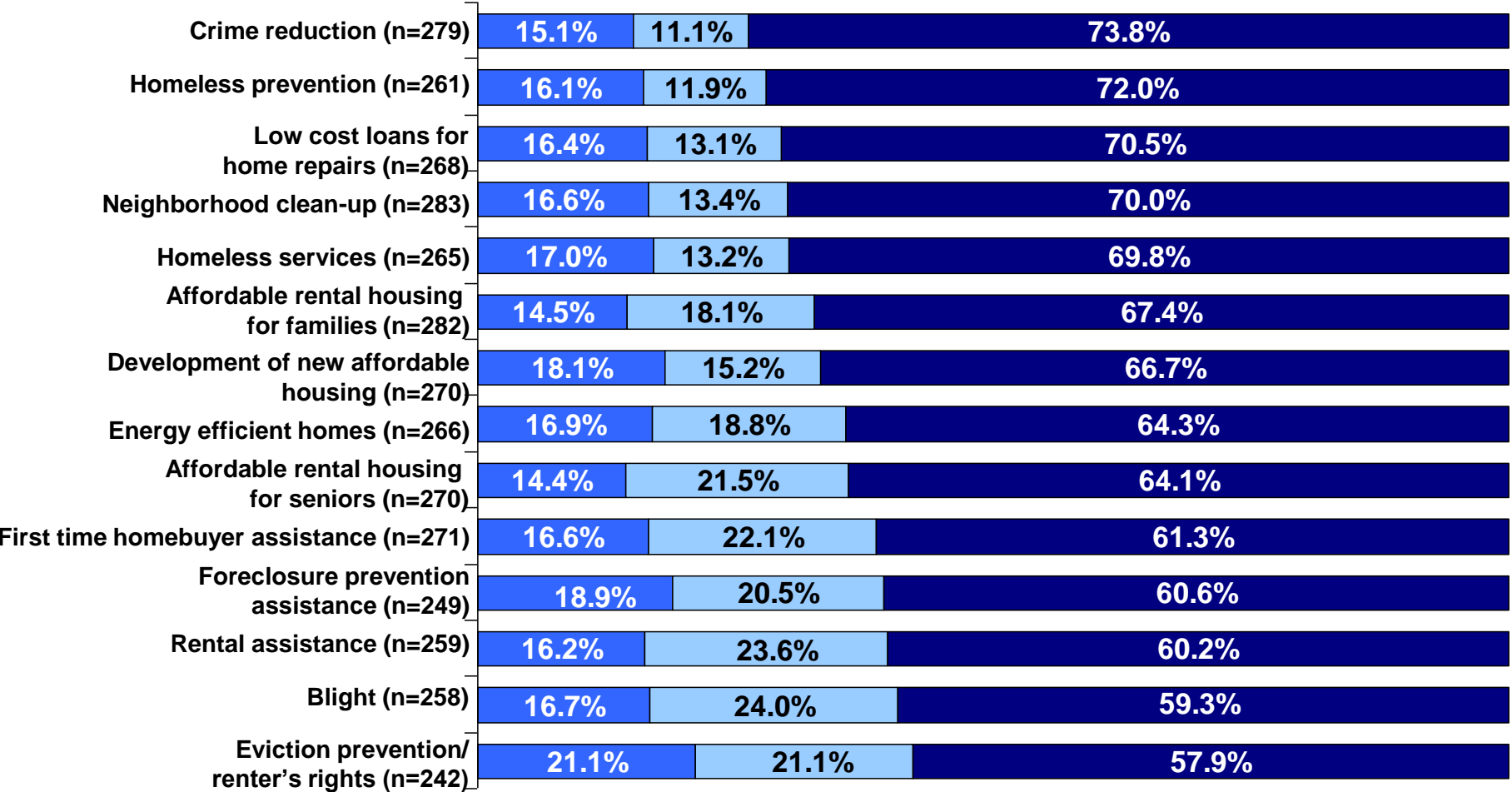


(n=405)

Q8: Are there any children or seniors (over the age of 60) in your household? Select Yes or No for each statement.

The greatest needs for programs and services targeting housing and neighborhoods include **crime reduction**, **homeless prevention**, **low costs loans for home repairs**, and **neighborhood clean-up projects**. Additionally, there is a need for **more affordable housing options** (e.g., new development, rentals for families and seniors), **homeless services**, and **more energy efficient/weatherized homes**.

Need for Programs and Services for Housing and Neighborhoods



■ No Programs/Services Needed
 ■ There Are Enough Programs/Services
 ■ Need More Programs/Services

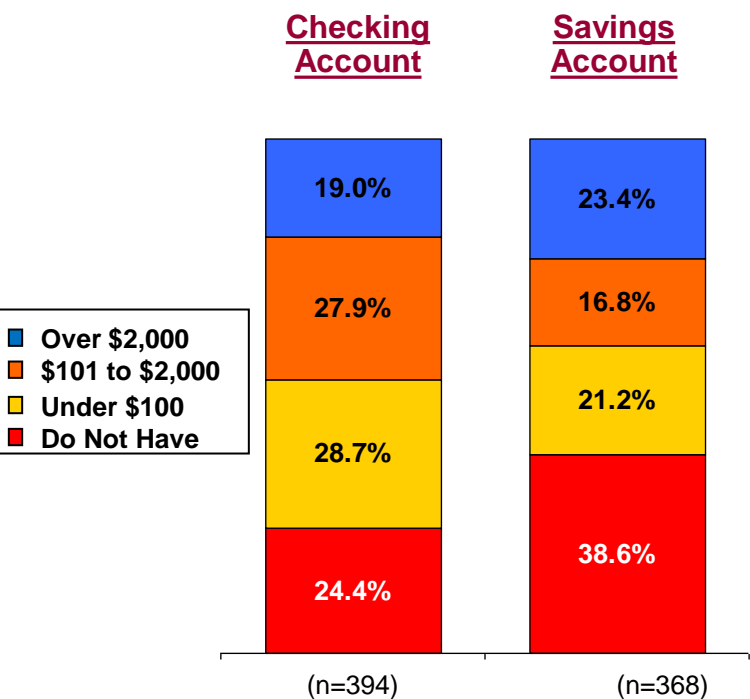
Q25: As it relates to programs and services for Housing and Neighborhoods, what is the level of unmet or underserved need in your community?

# ***Financial Needs***

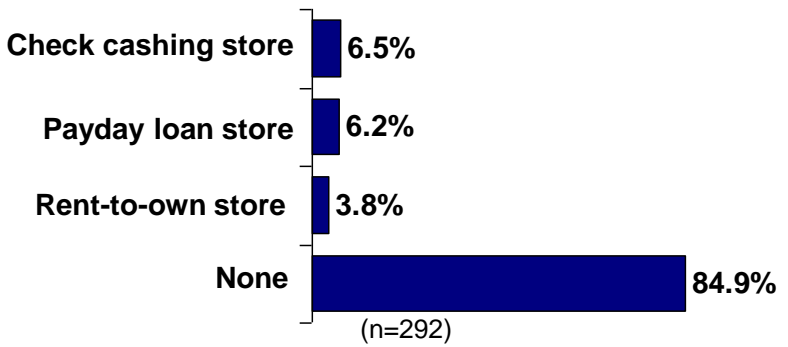
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One in four report no checking account, while one in five have a checking account with a balance of \$2,000 or more. Almost four in ten (38.6%) report having no savings account, while almost one in four have a savings account with a balance of \$2,000 or more. The vast majority have not used check cashing, payday loan, or rent-to-own stores. Six in ten have put no money into a retirement account in the past six months.

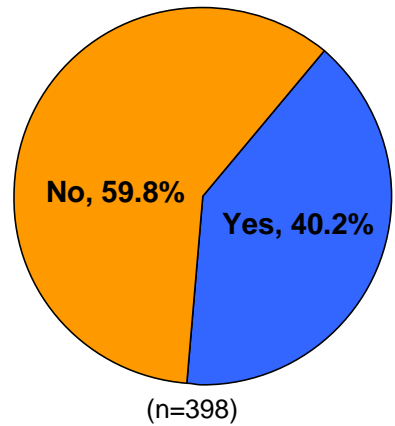
### Financial Situation



### Use of Money Services in Last Year



### Have Put Money Into a Retirement Plan/Work Pension in Last 6 Months



Q11: Indicate your current checking and savings account balance. (Select the answer below that best approximates your current balance for Checking and Savings)  
 Q12: Indicate all that you have used in the last year. (Select all that apply)  
 Q13: If you are not retired, have you put money into a retirement plan or work pension in the last 6 months? (Select one answer)

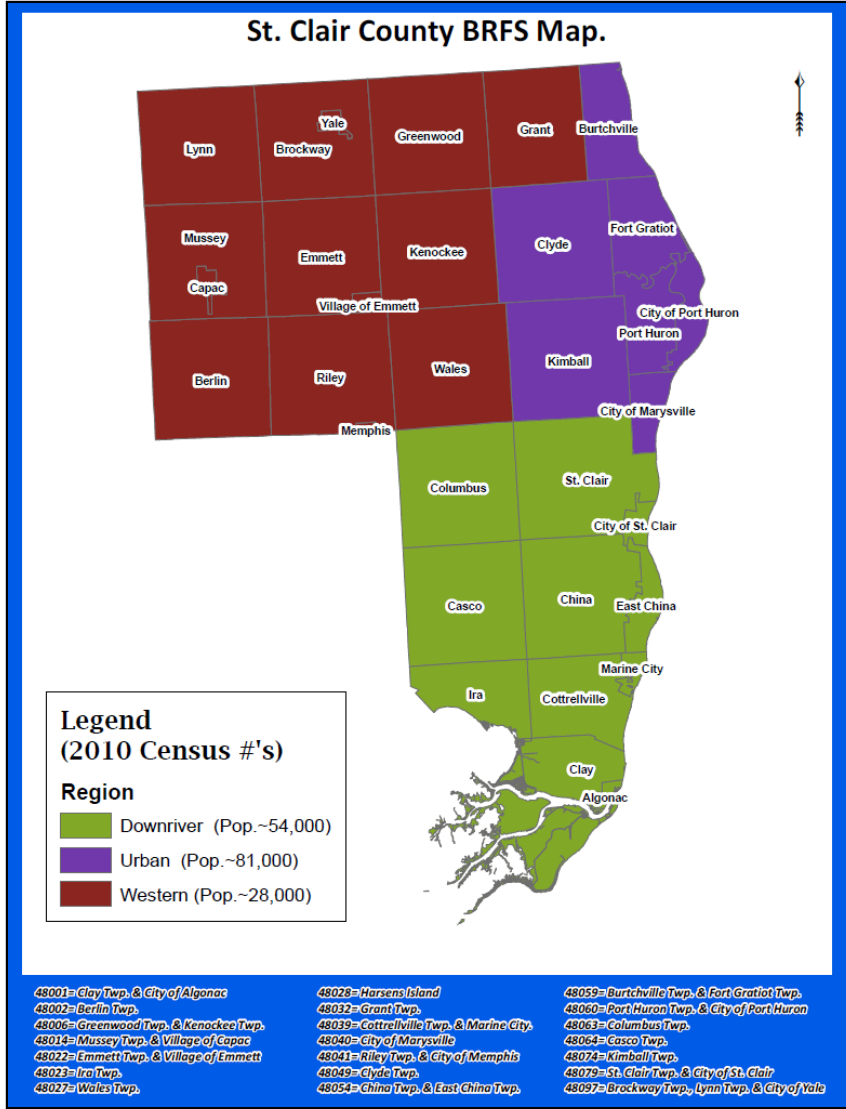
# ***APPENDIX***

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# *Maps*

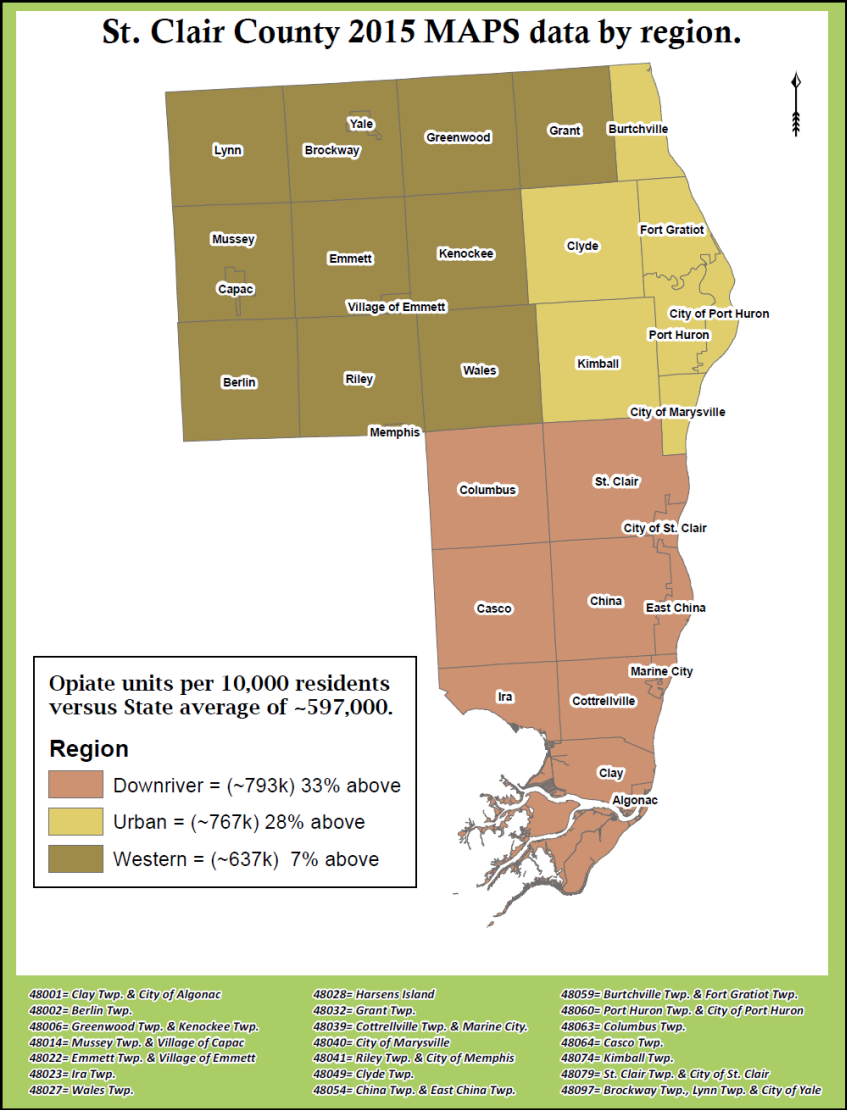
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# St. Clair County BRFs Map





# St. Clair County MAPS Opiate Use – 2015



# ***Respondent Profiles***

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# Key Stakeholder Interviews

**Chief Executive Officer of Lake Huron Medical Center**

**Chief Executive Officer of McLaren Port Huron Hospital**

**Chief Executive Officer of St. John River District Hospital**

**Chief Executive Officer of Visiting Nursing Association**

**Executive Director of Council on Aging**

**Executive Director of People's Clinic for Better Health**

**Executive Director of St. Clair County Community Mental Health**

**Executive Director of St. Clair County Department of Health and Human Services**

**Executive Director of St. Clair County Great Start Collaborative**

**Medical Health Officer of St. Clair County Health Department**

**Registered Nurse of Beacon Home Care**

# Behavioral Risk Factor Survey

|                                   | TOTAL     | A. Northeast | B. Southern | C. Western |
|-----------------------------------|-----------|--------------|-------------|------------|
| <b>Gender</b>                     | (n=1,204) | (n=414)      | (n=413)     | (n=377)    |
| Male                              | 52.5%     | 51.3%        | 51.6%       | 57.9%      |
| Female                            | 47.5%     | 48.7%        | 48.4%       | 42.1%      |
| <b>Age</b>                        | (n=1,193) | (n=412)      | (n=407)     | (n=374)    |
| 18 to 24                          | 22.0%     | 22.7%        | 17.3%       | 29.3%      |
| 25 to 34                          | 17.8%     | 14.8%        | 23.7%       | 15.5%      |
| 35 to 44                          | 16.8%     | 18.7%        | 15.8%       | 13.3%      |
| 45 to 54                          | 18.8%     | 18.9%        | 19.1%       | 17.8%      |
| 55 to 64                          | 13.5%     | 13.9%        | 12.7%       | 13.9%      |
| 65 to 74                          | 6.6%      | 6.9%         | 6.7%        | 5.2%       |
| 75 or Older                       | 4.4%      | 4.1%         | 4.7%        | 5.0%       |
| <b>Race/Ethnicity</b>             | (n=1,192) | (n=408)      | (n=409)     | (n=375)    |
| White, non-Hispanic               | 90.7%     | 85.6%        | 97.8%       | 92.5%      |
| African American/Black            | 3.9%      | 6.4%         | 0.1%        | 4.1%       |
| Hispanic                          | 2.6%      | 3.4%         | 1.5%        | 2.2%       |
| Native American                   | 2.6%      | 4.5%         | 0.5%        | 1.0%       |
| Asian                             | 0.1%      | 0.1%         | 0.0%        | 0.2%       |
| Other                             | 0.1%      | 0.1%         | 0.0%        | 0.0%       |
| <b>Region of St. Clair County</b> | (n=1,204) | (n=414)      | (n=413)     | (n=377)    |
| Northwest                         | 50.4%     | 100%         |             |            |
| Southern                          | 32.9%     |              | 100%        |            |
| Western                           | 16.7%     |              |             | 100%       |

# Behavioral Risk Factor Survey (Continued)

|  | TOTAL     | A.<br>Northeast | B.<br>Southern | C.<br>Western |
|--|-----------|-----------------|----------------|---------------|
| <b>Marital Status</b>                              | (n=1,197) | (n=412)         | (n=411)        | (n=374)       |
| Married  | 48.1%     | 45.0%           | 51.2%          | 51.5%         |
| Divorced   | 11.7%     | 15.9%           | 8.3%           | 5.4%          |
| Widowed  | 3.9%      | 4.6%            | 3.7%           | 2.2%          |
| Separated  | 0.9%      | 1.0%            | 0.8%           | 0.4%          |
| Never married                                      | 30.0%     | 29.8%           | 28.8%          | 33.0%         |
| A member of an unmarried couple                    | 5.5%      | 3.8%            | 7.3%           | 7.4%          |
| <b>Number of Children Less Than Age 18 At Home</b> | (n=1,200) | (n=411)         | (n=413)        | (n=376)       |
| None   | 62.1%     | 62.4%           | 62.3%          | 60.5%         |
| One  | 17.4%     | 16.0%           | 16.6%          | 23.1%         |
| Two  | 13.1%     | 13.7%           | 14.3%          | 8.9%          |
| Three or more                                      | 7.4%      | 7.9%            | 6.8%           | 7.5%          |
| <b>Number of Adults and Children in Household</b>  | (n=1,204) | (n=411)         | (n=413)        | (n=376)       |
| One  | 14.2%     | 14.7%           | 15.1%          | 10.9%         |
| Two  | 33.8%     | 34.7%           | 32.6%          | 33.5%         |
| Three  | 20.7%     | 20.9%           | 19.1%          | 23.1%         |
| Four   | 16.8%     | 15.2%           | 20.6%          | 14.2%         |
| Five   | 9.0%      | 9.4%            | 7.4%           | 11.1%         |
| More than five                                     | 5.5%      | 5.2%            | 5.2%           | 7.2%          |

# Behavioral Risk Factor Survey (Continued)

|   | TOTAL     | A.<br>Northeast | B.<br>Southern | C.<br>Western |
|---|-----------|-----------------|----------------|---------------|
| <b>Education</b>                            | (n=1,201) | (n=411)         | (n=413)        | (n=377)       |
| Never attended school, or only Kindergarten | 1.2%      | 2.3%            | 0.0%           | 0.5%          |
| Grades 1-8 (Elementary)                     | 0.8%      | 1.1%            | 0.1%           | 1.6%          |
| Grades 9-11 (Some high school)              | 8.3%      | 9.0%            | 6.4%           | 9.8%          |
| Grade 12 or GED (High school graduate)      | 36.0%     | 35.6%           | 34.8%          | 39.5%         |
| College 1 year to 3 years (Some college)    | 35.8%     | 33.7%           | 38.4%          | 36.8%         |
| College 4 years or more (College graduate)  | 17.9%     | 18.4%           | 20.3%          | 11.8%         |
| <b>Employment Status</b>                    | (n=1,201) | (n=413)         | (n=412)        | (n=376)       |
| Employed for wages                          | 55.6%     | 57.4%           | 57.3%          | 46.5%         |
| Self-employed                               | 6.4%      | 4.8%            | 7.2%           | 9.7%          |
| Out of work for more than a year            | 2.0%      | 2.2%            | 1.5%           | 2.1%          |
| Out of work for less than a year            | 3.0%      | 1.4%            | 5.4%           | 3.4%          |
| A homemaker                                 | 5.4%      | 5.1%            | 6.3%           | 4.4%          |
| A student                                   | 7.4%      | 6.5%            | 4.6%           | 15.7%         |
| Retired                                     | 12.5%     | 12.7%           | 12.6%          | 11.4%         |
| Unable to work                              | 7.7%      | 9.8%            | 5.0%           | 6.7%          |

# Behavioral Risk Factor Survey (Continued)

|                                | TOTAL     | A.<br>Northeast | B.<br>Southern | C.<br>Western |
|--------------------------------|-----------|-----------------|----------------|---------------|
| <b>Household Income</b>        | (n=1,106) | (n=387)         | (n=380)        | (n=339)       |
| Less than \$10,000             | 4.5%      | 6.5%            | 2.4%           | 2.6%          |
| \$10,000 to less than \$15,000 | 5.2%      | 6.4%            | 5.0%           | 1.8%          |
| \$15,000 to less than \$20,000 | 3.9%      | 4.2%            | 4.0%           | 2.6%          |
| \$20,000 to less than \$25,000 | 10.4%     | 13.4%           | 6.1%           | 9.3%          |
| \$25,000 to less than \$35,000 | 9.8%      | 8.9%            | 12.1%          | 8.1%          |
| \$35,000 to less than \$50,000 | 15.9%     | 12.7%           | 19.4%          | 19.8%         |
| \$50,000 to less than \$75,000 | 22.7%     | 25.8%           | 19.1%          | 19.8%         |
| \$75,000 or more               | 27.5%     | 22.1%           | 32.0%          | 36.0%         |
| <b>Poverty Status</b>          | (n=1,104) | (n=386)         | (n=380)        | (n=338)       |
| Income under poverty line      | 11.4%     | 15.7%           | 6.9%           | 6.4%          |
| Income over poverty line       | 88.6%     | 84.3%           | 93.1%          | 93.6%         |
| <b>Own vs. Rent</b>            | (n=1,202) | (n=413)         | (n=413)        | (n=376)       |
| Own                            | 72.4%     | 67.4%           | 74.4%          | 83.3%         |
| Rent                           | 20.7%     | 26.4%           | 17.6%          | 9.7%          |
| Other arrangement              | 6.9%      | 6.2%            | 8.0%           | 6.9%          |
| <b>Military Service</b>        | (n=1,204) | (n=414)         | (n=413)        | (n=377)       |
| Served                         | 10.8%     | 11.3%           | 12.0%          | 7.2%          |
| Did not serve                  | 89.2%     | 88.7%           | 88.0%          | 92.8%         |

# Key Informant Surveys

|                                       |                                  |   |
|---------------------------------------|----------------------------------|---|
| Registered Nurse (7)                  | CPS Investigator                 | Nursing Facility Transition Coordinator       |
| Physician/MD (6)                      | Critical Care Paramedic          | Program Director                              |
| Clinical Coordinator (2)              | Emergency Management Liaison     | Public Health Nurse                           |
| Director (2)                          | Dental Assistant/Office Manager  | Senior Service Coordinator                    |
| Pharmacist (2)                        | Director, Mental Health Agency   | Services Specialist at DHHS                   |
| Registered Nurse, Manager (2)         | Director of Nursing              | St. Clair County Board of Health              |
| Social Worker (2)                     | Early Childhood Home Visitor     | Supervisor                                    |
| Administrator                         | Financial Professional           | Workforce Development Specialist/Case Manager |
| Administrator, Assisted Living        | Education                        |   |
| Care Manager, LMSW                    | Eligibility Specialist with DHHS |   |
| Caseworker at DHHS                    | Executive Director               |   |
| CEO/Owner                             | Homeless Healthcare Director     |   |
| Child Protective Services             | Manager                          |   |
| Chronic Care Manager                  | Manager at DHHS                  |   |
| Community Service Program Coordinator | Medical Provider                 |   |



# Resident (Underserved) Survey

|                        | TOTAL   |
|------------------------|---------|
| <b>Gender</b>          | (n=441) |
| Male                   | 18.8%   |
| Female                 | 81.2%   |
| <b>Age</b>             | (n=447) |
| 18 to 24               | 7.4%    |
| 25 to 34               | 17.9%   |
| 35 to 44               | 21.3%   |
| 45 to 54               | 22.4%   |
| 55 to 64               | 21.3%   |
| 65 to 74               | 8.9%    |
| 75 or Older            | 0.9%    |
| <b>Race/Ethnicity</b>  | (n=437) |
| White/Caucasian        | 88.3%   |
| Black/African American | 4.3%    |
| Hispanic/Latino        | 5.7%    |
| Asian                  | 0.0%    |
| American Indian        | 0.7%    |
| Other                  | 0.9%    |

|  | TOTAL   |
|--|---------|
| <b>Marital Status</b>                              | (n=442) |
| Married  | 43.0%   |
| Divorced   | 21.0%   |
| Widowed  | 6.1%    |
| Separated  | 2.5%    |
| Never married                                      | 27.4%   |
| <b>Education</b>                                   | (n=450) |
| Less than High School                              | 9.3%    |
| High School Degree/GED                             | 21.1%   |
| Some College/No Degree                             | 23.6%   |
| Associate's Degree                                 | 14.4%   |
| Bachelor's Degree                                  | 19.3%   |
| Graduate Degree                                    | 12.2%   |
| <b>Relationship to Blue Water Community Action</b> | (n=434) |
| None   | 51.2%   |
| Community partner                                  | 19.6%   |
| Used services within the past 12 months            | 17.5%   |
| Employee   | 9.4%    |
| Other  | 3.5%    |

|                                   | TOTAL   |
|-----------------------------------|---------|
| <b>Source of Income</b>           | (n=418) |
| Employed for wages                | 56.2%   |
| Social Security                   | 23.0%   |
| Self-employment                   | 10.3%   |
| Supplemental security income      | 8.4%    |
| Retirement/pension                | 7.9%    |
| Child support                     | 7.7%    |
| Unemployment                      | 7.4%    |
| Public Assistance                 | 5.5%    |
| Other                             | 3.1%    |
| <b>Household Income (Monthly)</b> | (n=411) |
| \$500 or less                     | 15.8%   |
| \$501 to \$1,000                  | 15.1%   |
| \$1,001 to \$1,250                | 6.6%    |
| \$1,251 to \$1,700                | 10.7%   |
| \$1,701 to \$2,050                | 8.5%    |
| \$2,051 to \$3,000                | 7.5%    |
| \$3,001 to \$4,200                | 11.4%   |
| \$4,201 to \$6,250                | 10.5%   |
| \$6,251 or more                   | 13.9%   |

# Resident (Underserved) Survey (Continued)

|          | TOTAL   |
|----------|---------|
| Zip Code | (n=429) |
| 48060    | 59.7%   |
| 48059    | 14.2%   |
| 48079    | 5.1%    |
| 48040    | 4.7%    |
| 48049    | 3.7%    |
| 48074    | 3.3%    |
| 48039    | 1.4%    |
| 48001    | 1.2%    |
| 48006    | 1.2%    |
| 48014    | 0.7%    |
| 48097    | 0.7%    |
| 48450    | 0.7%    |
| 48023    | 0.5%    |
| 48027    | 0.5%    |
| 48047    | 0.5%    |
| 48054    | 0.5%    |

|          | TOTAL   |
|----------|---------|
| Zip Code | (n=429) |
| 48022    | 0.2%    |
| 48061    | 0.2%    |
| 48062    | 0.2%    |
| 48063    | 0.2%    |
| 48419    | 0.2%    |
| 48422    | 0.2%    |
| 48503    | 0.2%    |