St. Clair County Behavioral Risk Factor Survey

Research Results from the 2016 Behavioral Risk Factor Survey

A Research Project for

ST. CLAIR COUNTY
HEALTH DEPARTMENT
Our Community. Our Environment.

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VIP
RESEARCH AND EVALUATION
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INTRODUCTION

Background and Objectives

- VIP Research and Evaluation was contracted by the St. Clair County Health Department to conduct a Behavioral Risk Factor Survey (BRFS) as part of their larger community-wide health needs assessment in St. Clair County.

- 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, which would include a Behavioral Risk Factor Survey.

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). Further, the information gathered will be utilized in the broader Community Health Needs Assessment.

- The overall objective of the BRFS 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 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

- A Behavioral Risk Factor Survey was conducted among 2,004 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:
    - Landline telephone numbers are drawn from two strata (lists) that are based on the presumed density of known household telephone numbers
    - Numbers are classified into strata that are either high density (listed) or medium density (unlisted)
    - Telephone numbers in the high density strata are sampled at the highest rate; in this case the ratio was 1.5:1.0

- In addition to landline telephone numbers, the design also targeted cell phone users. Of the 2,004 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.

Methodology (Continued)

- 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. In these cases, every attempt was made to speak with the randomly chosen adult; interviewers were instructed to not simply interview the person who answered the phone or wanted to complete the interview.

- 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 BRFS, 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.

Methodology (Continued)

- Data weighting is an important statistical process that was used to remove bias from the BRFS 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

- Design weighting takes into account the number of landline phones and the number of adults in each household. It also takes into account the number of available phone numbers and the number of phone numbers selected within each geographic strata and density strata. The first step is to calculate the stratum weight (STRWT) from the number of records in the strata and the number of records selected.

Methodology (Continued)

- The components of the design weighting formula are as follows:
  - ➢ STRWT – accounts for differences in the basic probability of selection among strata (subsets of area code/prefix combinations). STRWT = number of available phone numbers/number of phone numbers selected.
  - ➢ IMPNPH – the number of residential telephone numbers in the respondent's home
  - ➢ NUMADULT – number of adults in the respondent's household

- The formula used for design weighting the BRFS data is:

Design Weight = STRWT * 1/IMPNPH * NUMADULT

- Raking weighting ensures the data are representative of the population of adults in St. Clair County on a number of demographic characteristics, such as age, gender, race/ethnicity, marital status, education, home ownership, and region. Raking weighting incorporates the known characteristics of the population into the sample. For example, if the sample is disproportionately female, raking will adjust the responses of females in the sample to accurately represent the proportion of females in the population. This is done in an iterative process, with each demographic characteristic introduced into the sequence. This process may require multiple iterations before the sample is found to accurately represent the population on all of the characteristics named above.

- The formula used for the final weight is: **Design Weight * Raking Adjustment**

SUMMARY

Summary of Findings

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 and 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 stoke)
  - 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 satisfaction
  - No health care coverage
  - Smoking cigarettes
  - Binge drinking
  - No personal health care provider
  - No routine physical checkup
  - Visiting a dentist
  - Having cholesterol levels checked
  - Perceiving a prescription drug abuse problem
  - Knowledge of someone who abused prescription drugs
  - Being health literate

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

Summary of Findings (Continued)

Health Status

- St. Clair County adults are physically and emotionally healthy, as supported by the following major measures of health status, the first of which is higher than the corresponding measures for adults living in Michigan and across the U.S.:
  - 84.8% *perceive their health as good or better* (good/very good/excellent)
  - 92.2% are *satisfied or very satisfied with their life*
  - 81.0% say they *receive needed social and emotional support*

- Slightly more than one in ten are considered to be in *poor physical health* (13.4%) or *poor mental health* (11.6%).
  - Additionally, one in ten (9.3%) report their poor physical or mental health *prevents them from conducting their usual activities*, such as self-care, work, or recreation, for fourteen or more days in the past month

- 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 BRFS 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 (Continued)

- 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.
  - For example, 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, one-third (34.6%) of adults who have poor mental health currently take medication or receive treatment for their mental health

- 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.
  - Reluctance to seek treatment or take medication might result from a perceived stigma attached to the label of mental illness
    - Four in ten (40.2%) of all adults do not view people as "caring and sympathetic to people with mental illness"
    - Moreover, 56.8% of adults with severe psychological distress view others as uncaring and unsympathetic

Summary of Findings (Continued)

Health Status (Continued)

- 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)

- 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 22.0% 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've received advice are satisfied with it
  - Additional barriers to weight control are 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)

Health Care Access

- Among adults aged 18-64, 88.7% currently have health care coverage.
  - Over half (52.7%) have coverage through a plan at work or through a union
  - Non-White adults and men are less likely to have health care coverage compared to White adults and women, respectively

- One in ten (10.5%) adults had to forego needed medical care in the past year due to **cost**.
  - Moreover, 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**

- One in three (32.0%) St. Clair County adults have visited an Urgent Care Center in the past year, and 28.4% have visited the Emergency Room

- 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 most often seen among the youngest adults (18-24) and non-White adults

Summary of Findings (Continued)

Health Risk Behaviors

- 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

- The prevalence of cigarette smoking among St. Clair County adults is 28.1%, higher than Michigan or the U.S.
  - 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

- The prevalence of non-cigarette smoking (cigars, pipes), e-cigarettes (vaping), hookah, and smokeless tobacco use is low.

- Four in ten (39.7%) 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 and 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 most common among men and adults less than 45 years old
  - Both heavy drinking and binge drinking rates are higher than MI or the U.S.

Summary of Findings (Continued)

Health Risk Behaviors (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.
  - Insufficient food access is most prevalent among those in the lowest socioeconomic groups

- Almost nine in ten adults (86.0%) purchase fresh fruits and vegetables within their own community or neighborhood, and 93.7% say it is <u>easy</u> 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, and there are no stores in their neighborhood

- 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, only 64.3% are currently taking medication for their HPB

Summary of Findings (Cont'd.)

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

- Eight in ten adults (80.3%) have a <u>medical home</u> (have a personal care provider) and 3.2% have more than one.
  - More than six in ten (63.5%) adults have visited a doctor for a routine checkup within the past year, a rate worse than MI or the U.S.
  - Men and non-Whites are less likely to have either a medical home or 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 to more than one-fourth of area adults

Summary of Findings (Continued)

Chronic Conditions

- The prevalence estimates for the following chronic conditions measured are lower than both state and national estimates, and the rates are as follows:
  - Cancer (non-skin) (5.5%)
  - Skin cancer (3.6%)
  - Heart attack (4.1%)
  - Angina/coronary heart disease (3.3%)
  - Stroke (2.3%)

- Prevalence rates for arthritis (27.4%) and diabetes (10.0%) are lower than Michigan but higher than the U.S.

- Prevalence rates for lifetime asthma (24.4%), current asthma (15.4%), and COPD (10.2%) are all higher than both Michigan and the U.S.
  - **Women have higher rates on all three measures compared to men**

- People with diabetes see a health care professional for the condition, on average, more than three times a year (3.3). Additionally, they have been checked for A1c, on average, three times (3.1) in the past year.
  - Almost all (95.8%) have received information on how to care for their diabetes in the past year

Summary of Findings (Continued)

Chronic Conditions (Continued)

- Regarding receiving information on how to manage chronic conditions other than diabetes, the proportion of people who received information on managing their chronic condition within the past 12 months varies, but in general, the vast majority are getting some information to help them manage their condition:
  - Angina/coronary heart disease (93.3%)
  - Skin cancer (92.5%)
  - Heart attack (89.7%)
  - Arthritis (87.8%)
  - Stroke (86.1%)
  - Cancer (non-skin) (82.2%)
  - Asthma (82.2%)
  - COPD (79.6%)

- By far, the most common source of information for managing chronic illness is one's ***physician or health care professional***. Other useful sources are the Internet, family/friends, 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).

Summary of Findings (Continued)

Chronic Conditions (Continued)

- 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")
  - Stroke (22.3% "not very well" or "not at all well")

- One-third (32.0%) of area adults suffer from chronic pain; only 1.8% say this 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 well off

- Most chronic pain sufferers have talked to their health care provider about their pain, to which seven in ten (69.5%) say their provider recommended either prescription or over-the-counter medication.
  - Very few (1.8%) recommended medical marijuana

Summary of Findings (Continued)

Chronic Conditions (Continued)

- 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

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, almost four in ten (38.1%) 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 do have problems with these issues
    - Those most in need of assistance tend to be youngest (18-24) or oldest (75+), non-White, lack a college education, and have 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.
    - Most adults read/use written information at least once a week
    - More than eight in ten (81.3%) report have at least 25 books in their home

Summary of Findings (Continued)

Perception of Substance Abuse

- 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 perceived to be abused most often are opiates, stimulants, and depressants
  - Young adults (18-24) are perceived to be the biggest abusers, while minors are not considered to be
  - 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.

Summary of Measures

Strengths		
✓St. Clair County better than MI or US on many indicators measured ✓Good or better general health status, physical health, and mental health ✓High satisfaction with life ✓Adequate social and emotional support ✓Low to moderate prevalence of psychological distress ✓Most have health care coverage and a primary care provider (PCP) ✓Most have had no problems receiving needed medical care ✓Almost all believe their personal physician does not give too many pills in one prescription ✓Most buy fresh fruits/vegetables locally and feel fresh produce is readily available in their community ✓Most have enough to eat and it is the type of food they want	✓Low prevalence of tobacco use other than cigarettes, e-cigarettes, smokeless tobacco, and hookah ✓Half of adults are light to moderate drinkers ✓Most engage in leisure time physical activity, better than MI and US ✓Most believe treatment is effective for mental illness ✓Most confident they can navigate the health care system ✓Most adults are health literate (can complete forms confidently and on their own, and understand their health condition/situation) ✓Almost all adults report they have the necessary reading and writing skills to do a job well ✓Two-thirds consider reading to be among their favorite activities ✓Vast majority are happy with their smile	✓Vast majority have routine physical checkups ✓More than half currently trying to lose weight or maintain their current weight through increased exercise and better eating ✓Lower prevalence than MI or US on major chronic conditions such heart disease (heart attack, angina/CHD, and stroke) and cancer (both skin and non-skin) ✓Vast majority receiving information on how to manage arthritis, asthma, diabetes, heart attack, angina/CHD, stroke, cancer, and COPD ✓Vast majority at least moderately confident they can do all things necessary to mange their arthritis, asthma, diabetes, heart attack, angina/CHD, stroke, cancer, and COPD well ✓Majority say existing programs and services help them manage their arthritis, asthma, diabetes, heart attack, angina/CHD, stroke, cancer, and COPD well

Summary of Measures (Continued)

Opportunities for Improvement

- One-third of adult population obese, greater than MI or US
- Three in ten are overweight (but not obese)
- Almost four in ten believe community programs/services/resources do not help them manage their weight well
- Only one in five say their provider has given them advice about their weight
- One-fourth have hypertension, better rate than MI or US
- More than one-third not treating their HBP
- One-fifth have mild to severe psychological distress
- Two-thirds with severe psychological distress or poor mental health are not taking medication or receiving treatment
- One in four think people are not generally caring/sympathetic to those w/mental illness
- One in ten could not receive needed health care in past year due to costs
- No routine check-up in past year for more than one-third, worse than MI and US
- One-third suffer from chronic pain and more than one-fourth are limited from doing usual activities because of it

- More than one-third say their chronic pain is not managed well
- Four in ten less than satisfied with how their provider helps them manage their chronic pain
- Six in ten believe prescription drug abuse is a problem in the community, and the vast majority of them think prescription opiates, stimulants, and depressants are abused
- Four in ten know someone personally who has taken prescription medication to get high
- More than six in ten think there is a problem in the community with illicit heroin and methamphetamine use
- More than one-fourth smoke cigarettes, higher than MI and US
- Smoking is perceived as a community problem by more than half
- Larger proportions of "heavy" and "binge" drinkers than MI or US
- More than one-fourth have not had their cholesterol checked, worse than MI and US
- More than one-third have high cholesterol (although better than MI and US)

- Almost one in ten don't always have enough to eat
- Almost half engage in no muscle strengthening activities
- Three in ten visited Urgent Care or visited ER/ED at least once in past year
- Almost one-third have not visited the dentist in the past year for any reason
- One in ten have had problems getting needed dental care in the past year
- Prevalence of asthma and COPD higher than MI or US
- One in ten have diabetes
- More than one-fourth have arthritis
- Roughly one in five not receiving information on how to manage their asthma, COPD, or non-skin cancer
- Three in ten report existing programs and services do not help them manage their arthritis, cancer (both skin and non-skin), and COPD well
- One in five report the existing programs and services do not help them manage their asthma well

Comparison of BRFS 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

Comparison of BRFS 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%
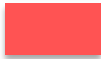
= best measure among the comparable groups

= worst measure among the comparable groups

Sources: Estimates for Risk Factor and Health Indicators, State of Michigan, Regional Tables, Michigan BRFS, 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 BRFS 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

DETAILED FINDINGS

Perception of Community Problems

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

Problem	Percentage
Alcohol/drugs/substance abuse	33.4%
Jobs (lack of)/unemployment	12.3%
Education	7.1%
Environment	6.8%
Streets/roads (physical shape)	5.8%
Politics/Government	5.8%
Crime	5.2%
Poverty	3.8%
Lack of things to do for kids/teens	3.0%
Transportation	1.7%

(n=850)
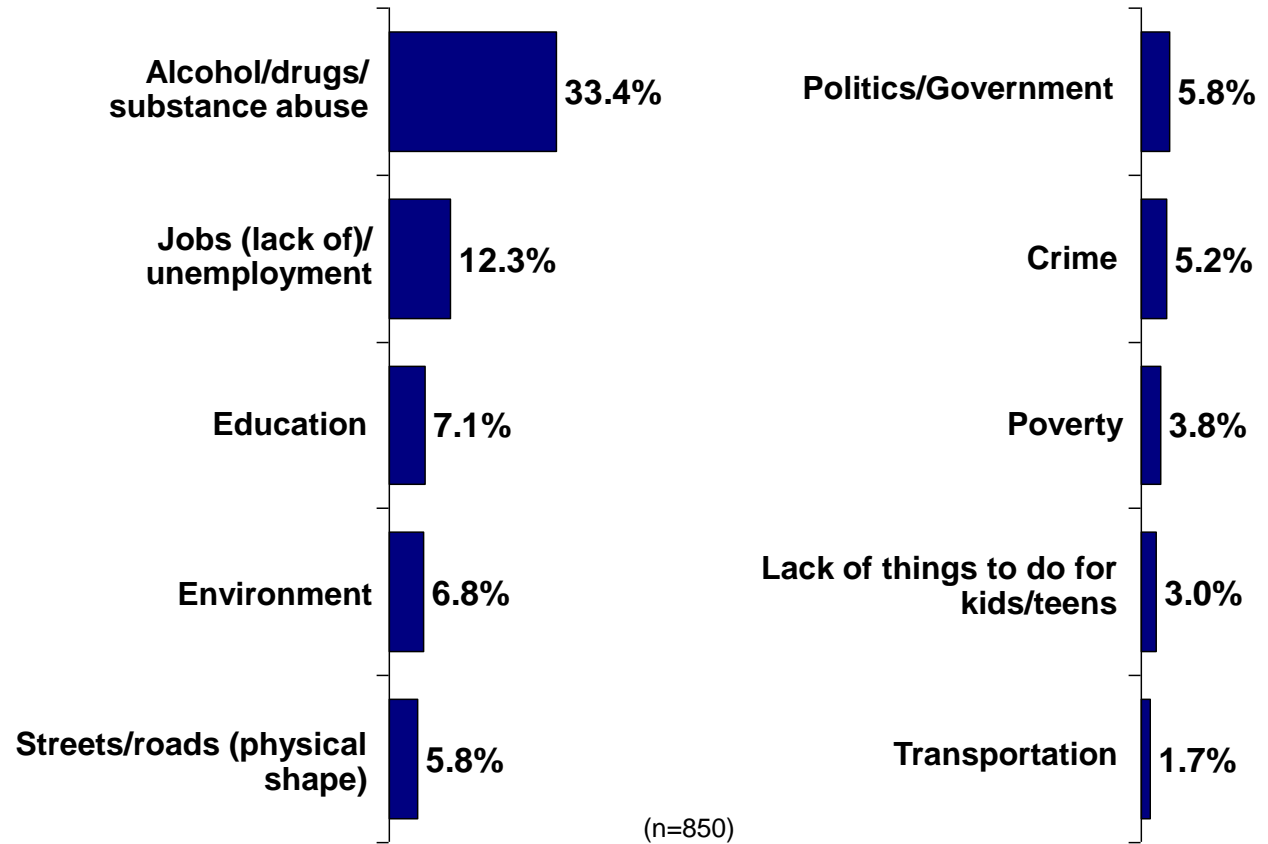
Q1.1: What do you feel is the most important problem in your community today?

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

Cancer	30.7%
Alcohol/drugs/ substance abuse	16.0%
Environmental concerns	11.4%
Obesity	7.7%
Lifestyle choices (diet, smoking, lack of exercise)	5.2%
Access to health care	3.3%
Health care costs/lack of affordable care	3.0%
Care for the elderly	2.9%
Mental illness	2.8%
Chronic disease	2.6%

(n=870)
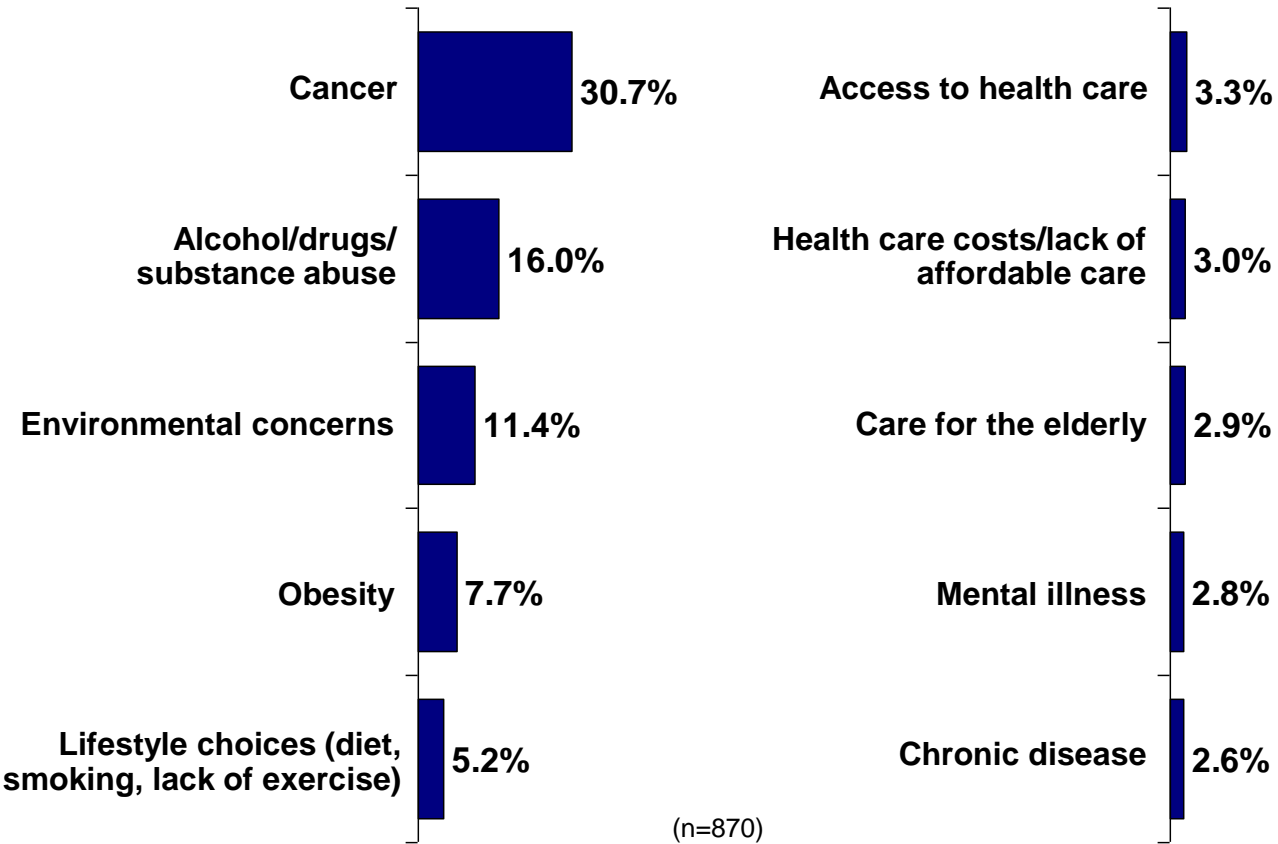
Q1.2: What do you feel is the most important **health** problem in your community today?

Health Status Indicators

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

Perception of General Health, Life Satisfaction, and Social Support

Perception of General Health

Good/Very Good/Excellent   84.8%

- Excellent: 21.9%
- Very Good: 38.1%
- Good: 24.8%
- Fair: 11.7%
- Poor: 3.4%

Fair/Poor 15.1%

(n=1,204)

Overall Satisfaction with Life

Very Satisfied/Satisfied   92.2%

- Very Satisfied: 44.9%
- Satisfied: 47.3%
- Dissatisfied: 5.7%
- Very Dissatisfied: 2.1%

Very Dissatisfied/Dissatisfied 7.8%

(n=1,169)

Frequency of Emotional Support

Always/Usually   81.0%

- Always: 53.9%
- Usually: 27.1%
- Sometimes: 11.9%
- Rarely: 3.4%
- Never: 3.7%

Rarely/Never 7.1%

(n=1,167)
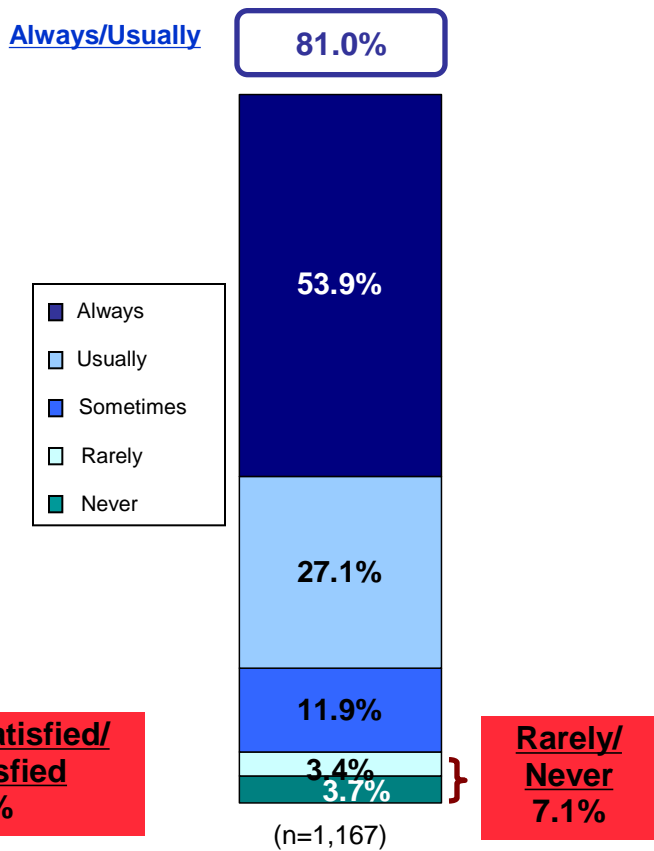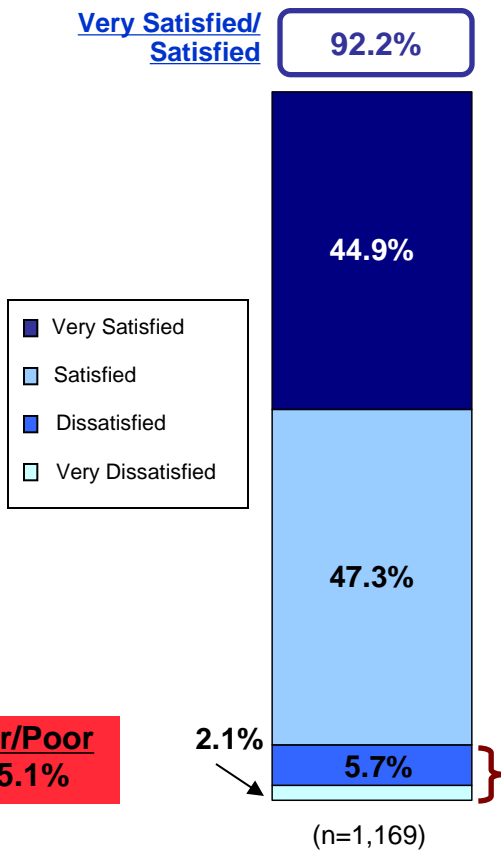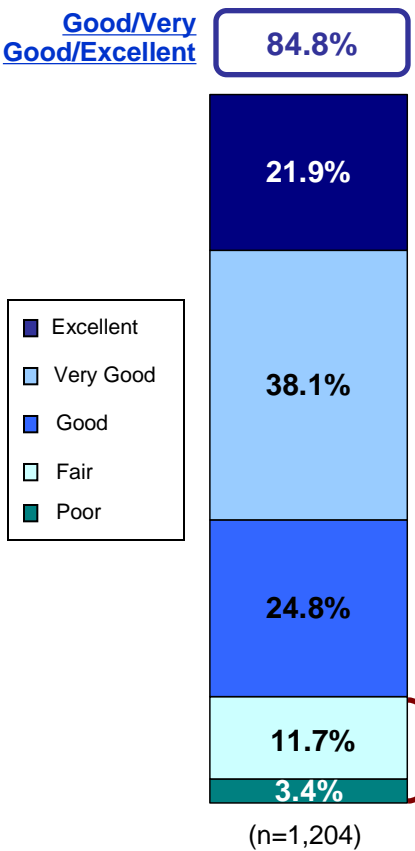
Q1.3: Would you say that in general your health is…
Q21.2: In general, how satisfied are you with your life?
Q21.1: How often do you get the social and emotional support you need?

VIP Research and Evaluation

40

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)

15.1%

(n=1,204)
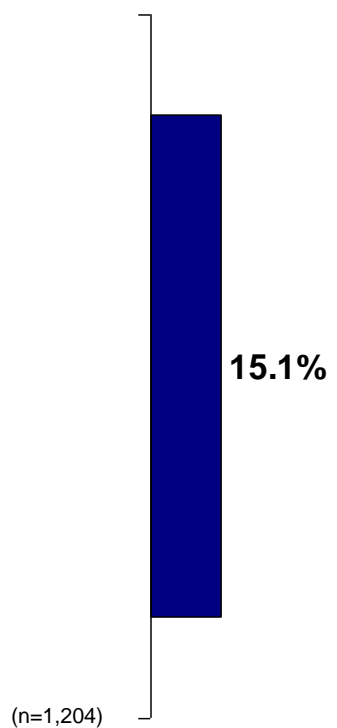
*Among all adults, the proportion who reported that their health, in general, was either fair or poor.

Health Fair or Poor by Demographics

Age

18-24	7.6%
25-34	5.5%
35-44	18.1%
45-54	18.5%
55-64	24.4%
65-74	20.5%
75+	30.0%

Gender

Male	13.4%
Female	17.1%

Race/Ethnicity

White, Non-Hispanic	13.7%
Non-White	28.9%

Poverty Level

Below Poverty Line	42.3%
Above Poverty Line	11.3%

Education

< High School	32.5%
High School Grad	18.3%
Some College	9.4%
College Grad	10.2%

HH Income

<$20,000	42.7%
$20,000-$34,999	16.7%
$35,000-$49,999	13.7%
$50,000-$74,999	8.6%
$75,000+	5.5%

Region

Northeast	17.6%
Southern	13.2%
Western	11.3%

St. Clair County adults in households with incomes below $20,0000 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 that 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)

7.8%

(n=1,169)
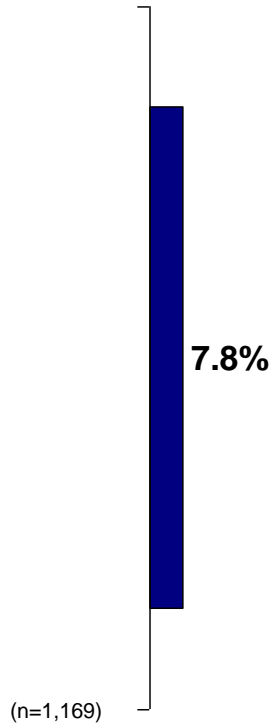
*Among all adults, the proportion who reported either "dissatisfied" or "very dissatisfied" to the following question: "In general, how satisfied are you with your life?

Dissatisfied/Very Dissatisfied by Demographics

Age
18-24	13.6%
25-34	10.8%
35-44	5.4%
45-54	4.8%
55-64	4.8%
65-74	5.5%
75+	3.6%

Gender
Male	9.0%
Female	6.6%

Race/Ethnicity
White, Non-Hispanic	6.7%
Non-White	18.7%

Poverty Level
Below Poverty Line	19.2%
Above Poverty Line	5.8%

Education
< High School	6.0%
High School Grad	10.0%
Some College	7.7%
College Grad	4.9%

HH Income
<$20,000	22.3%
$20,000-$34,999	8.3%
$35,000-$49,999	7.8%
$50,000-$74,999	3.0%
$75,000+	2.4%

Region
Northeast	9.4%
Southern	7.5%
Western	3.1%

Adults who lack the social and emotional support they need more than others tend to have less than a high school education, earn less than $35,000 in annual income, and are non-White.

Social and Emotional Support

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

7.1%

(n=1,167)

*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?
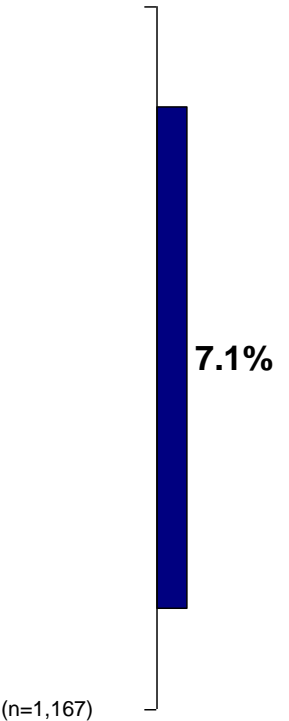
Rarely/Never Receive Support by Demographics

Age
18-24	9.2%
25-34	8.4%
35-44	2.6%
45-54	7.5%
55-64	7.0%
65-74	6.4%
75+	9.4%

Gender
Male	8.5%
Female	5.6%

Race/Ethnicity
White, Non-Hispanic	5.8%
Non-White	18.9%

Poverty Level
Below Poverty Line	12.5%
Above Poverty Line	6.1%

Education
< High School	10.5%
High School Grad	7.3%
Some College	7.0%
College Grad	5.1%

HH Income
<$20,000	14.8%
$20,000-$34,999	13.3%
$35,000-$49,999	6.1%
$50,000-$74,999	3.0%
$75,000+	1.6%

Region
Northeast	5.3%
Southern	10.1%
Western	6.5%

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 <u>poor</u> 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

Number of Days Physical Health Was Not Good in Past 30 Days

Category	Percent
None (0 Days)	61.9%
1 to 13 Days	24.7%
14 or More Days	13.4%

Mean Days (Including Zero) = 4.2
Mean Days (Without Zero) = 11.1

(n=1,197)

Number of Days Mental Health Was Not Good in Past 30 Days

Category	Percent
None (0 Days)	56.9%
1 to 13 Days	31.5%
14 or More Days	11.6%

Mean Days (Including Zero) = 4.0
Mean Days (Without Zero) = 9.2

(n=1,196)
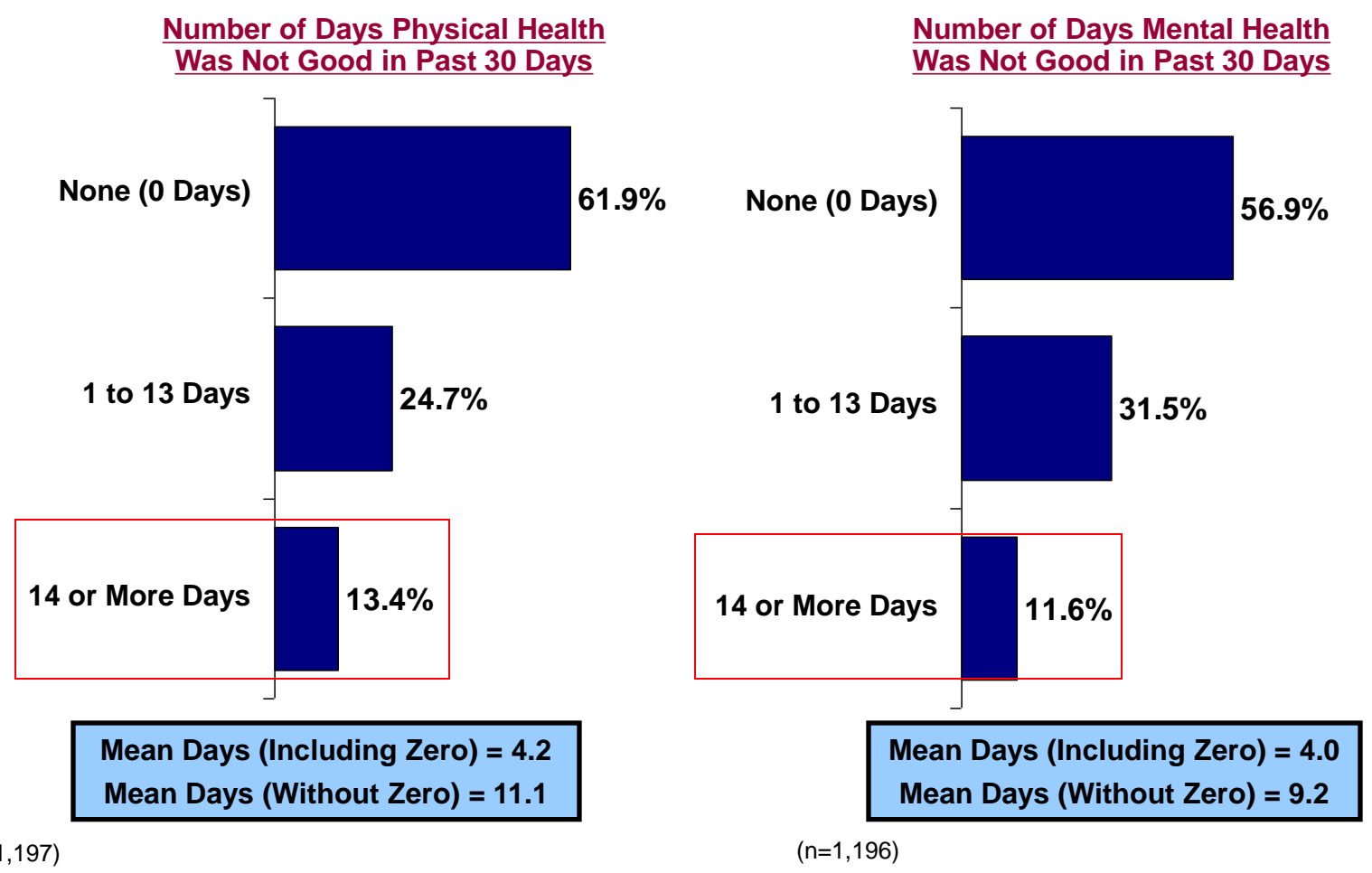
Q2.1: Now thinking about your physical health, which includes physical illness and injury. For how many days during the past 30 days was your physical health not good?
Q2.2: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Prevalence of poor physical health is inversely related to education and income. It is also 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)

13.4%

(n=1,197)
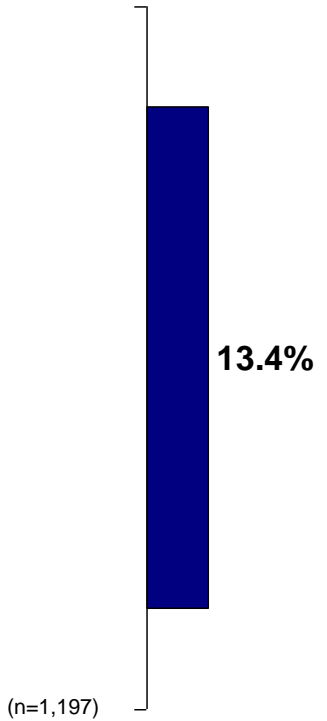
*Among all adults, the proportion who reported 14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.

Poor Physical Health by Demographics

Age

18-24	4.6%
25-34	15.5%
35-44	12.8%
45-54	18.0%
55-64	17.4%
65-74	17.2%
75+	15.9%

Gender

Male	12.0%
Female	15.1%

Race/Ethnicity

White, Non-Hispanic	12.0%
Non-White	27.3%

Poverty Level

Below Poverty Line	45.7%
Above Poverty Line	9.7%

Education

< High School	23.8%
High School Grad	15.0%
Some College	12.0%
College Grad	7.5%

HH Income

<$20,000	44.6%
$20,000-$34,999	11.1%
$35,000-$49,999	12.1%
$50,000-$74,999	7.7%
$75,000+	6.6%

Region

Northeast	15.1%
Southern	13.1%
Western	9.2%

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)

11.6%

(n=1,196)

*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.
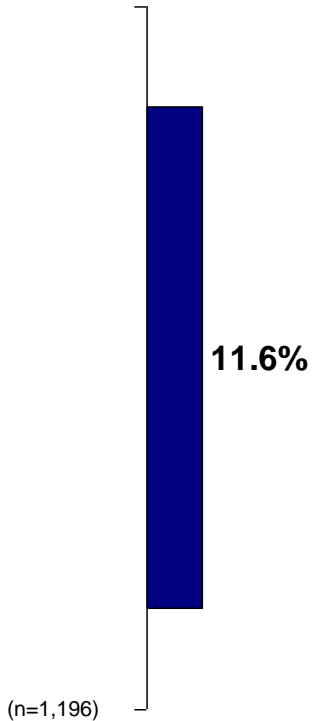
Poor Mental Health by Demographics

Age

18-24	11.7%
25-34	9.1%
35-44	12.8%
45-54	11.3%
55-64	14.1%
65-74	12.4%
75+	9.7%

Gender

Male	7.7%
Female	16.0%

Race/Ethnicity

White, Non-Hispanic	11.0%
Non-White	16.1%

Poverty Level

Below Poverty Line	26.5%
Above Poverty Line	9.8%

Education

< High School	13.2%
High School Grad	13.9%
Some College	11.8%
College Grad	5.9%

HH Income

<$20,000	27.6%
$20,000-$34,999	14.4%
$35,000-$49,999	6.2%
$50,000-$74,999	11.7%
$75,000+	4.7%

Region

Northeast	13.2%
Southern	9.7%
Western	10.5%

Almost one in ten (9.4%) St. Clair County adults experience limited activity due to poor physical or mental health. 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

Category	Percentage
None (0 Days)	76.7%
1 to 13 Days	13.9%
14 or More Days	9.4%
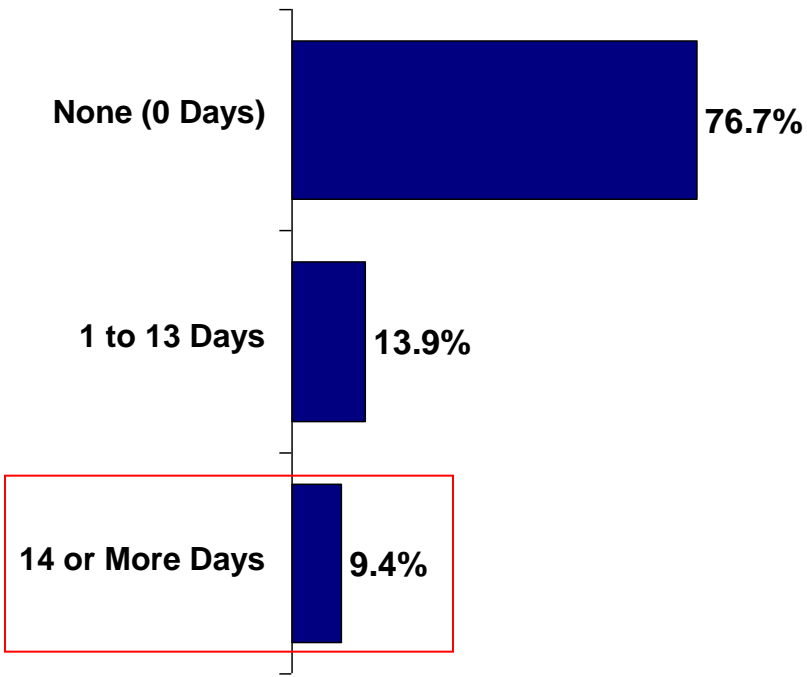
Mean Days (Including Zero) = 2.8
Mean Days (Without Zero) = 12.1

(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)

9.4%

(n=1,197)
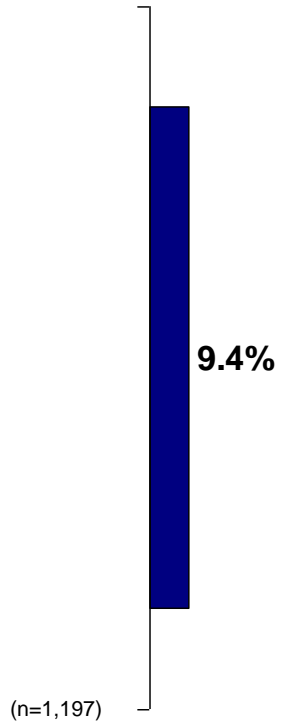
*Among all adults, the proportion who reported 14 or more days in the past 30 days in which either poor physical health or poor mental health kept respondents from doing their usual activities, such as self-care, work, and recreation.

Activity Limitation by Demographics

Age

18-24	3.8%
25-34	6.8%
35-44	11.3%
45-54	11.5%
55-64	15.8%
65-74	11.7%
75+	10.7%

Gender

Male	7.7%
Female	11.3%

Race/Ethnicity

White, Non-Hispanic	8.7%
Non-White	15.8%

Poverty Level

Below Poverty Line	36.0%
Above Poverty Line	5.5%

Education

< High School	20.7%
High School Grad	9.1%
Some College	8.4%
College Grad	5.8%

HH Income

<$20,000	36.9%
$20,000-$34,999	10.0%
$35,000-$49,999	5.1%
$50,000-$74,999	3.0%
$75,000+	1.7%

Region

Northeast	11.9%
Southern	7.2%
Western	6.2%

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

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

Q22.1-Q22.6 About how often over the past 30 days did you feel….

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)

22.2%

(n=1,157)

*Calculated from responses to Q. 22.1- 22.6 where respondents scored 12 or more across the six items on the Kessler 6 scale.
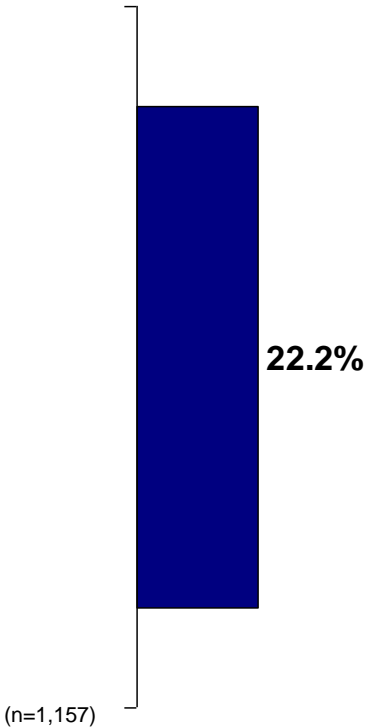
Mild to Severe Psychological Distress by Demographics

Age

18-24	21.7%
25-34	26.8%
35-44	24.5%
45-54	25.1%
55-64	18.5%
65-74	16.3%
75+	7.6%

Gender

Male	22.0%
Female	22.5%

Race/Ethnicity

White, Non-Hispanic	19.7%
Non-White	46.0%

Poverty Level

Below Poverty Line	42.5%
Above Poverty Line	19.1%

Education

< High School	39.5%
High School Grad	22.6%
Some College	20.0%
College Grad	16.7%

HH Income

<$20,000	44.8%
$20,000-$34,999	30.9%
$35,000-$49,999	20.3%
$50,000-$74,999	15.5%
$75,000+	9.7%

Region

Northeast	24.4%
Southern	19.2%
Western	21.5%

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 (36.5%) of those classified as having "severe psychological distress" and 34.6% of those classified as having "poor mental health" 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

Yes, 12.8%

No, 87.2%

(n=1,171)
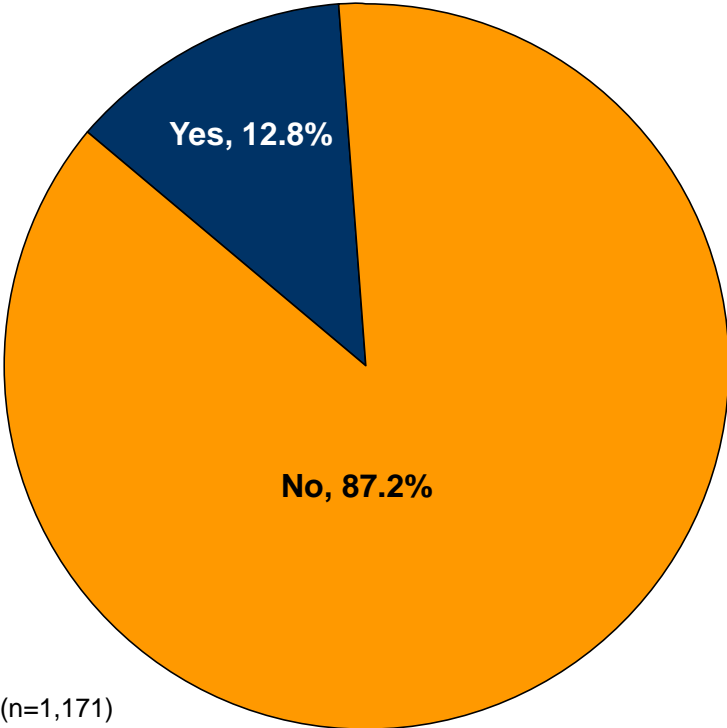
Percent Taking Medication/Receiving Treatment by Psychological Distress Category

Well — 7.1%

Mild to Moderate Psychological Distress — 31.5%

Severe Psychological Distress — 36.5%
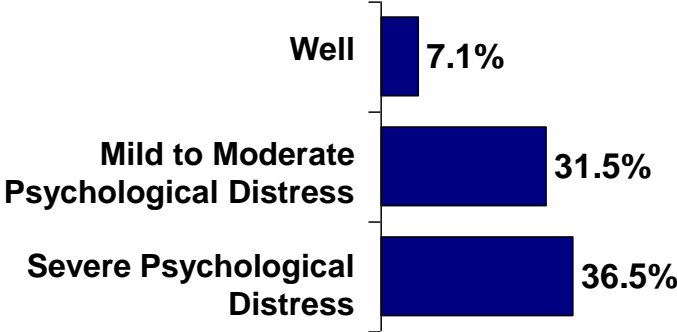
Percent Taking Medication/Receiving Treatment by "Poor Mental Health" Classification

34.6%

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"

Category	Value
Agree Strongly	56.6%
Agree Slightly	33.5%
Neither Agree Nor Disagree	2.1%
Disagree Slightly	5.1%
Disagree Strongly	2.7%

90.1%

7.8%

(n=1.148)
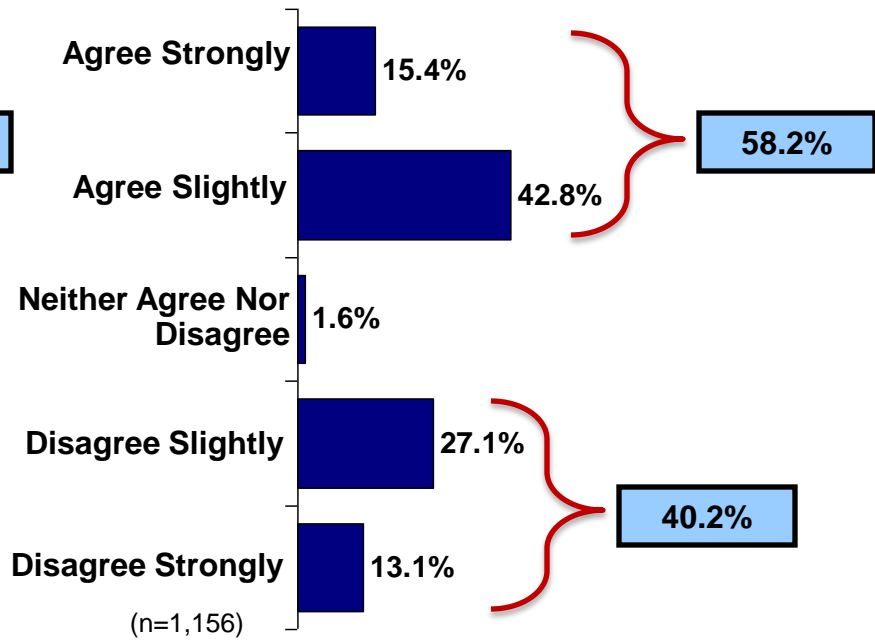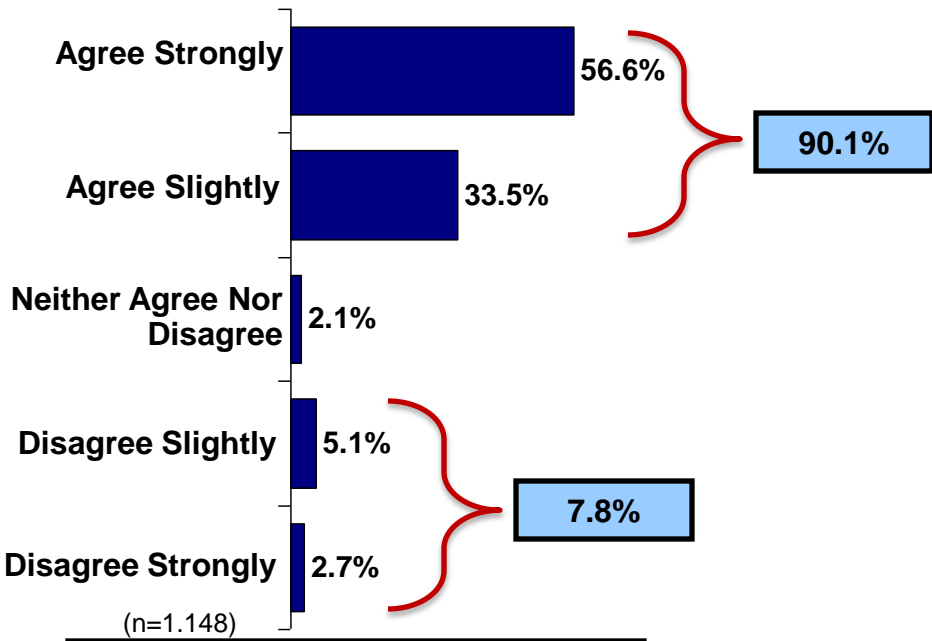
Agree by Psychological Distress
Well (92.2%)
Mild to Moderate (83.6%)
Severe (79.5%)

"People Are Generally Caring and Sympathetic to People With Mental Illness"

Category	Value
Agree Strongly	15.4%
Agree Slightly	42.8%
Neither Agree Nor Disagree	1.6%
Disagree Slightly	27.1%
Disagree Strongly	13.1%

58.2%

40.2%

(n=1,156)

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

22.8 What is your 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
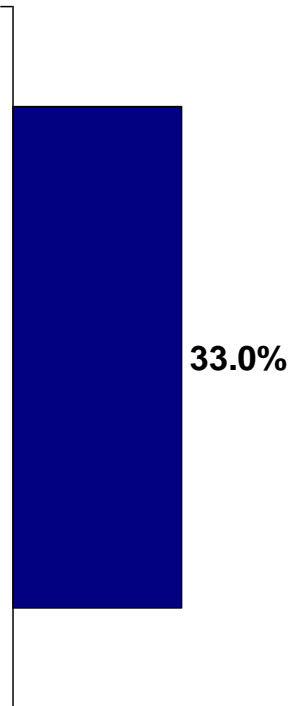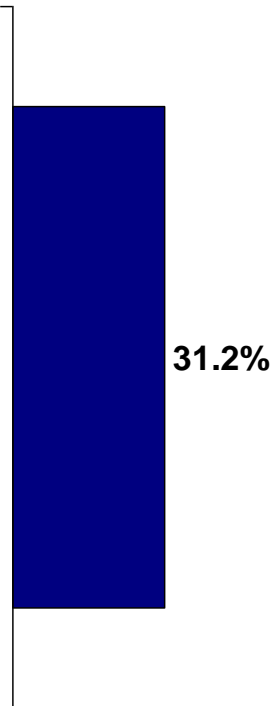
Obese* (Total Sample)	Overweight* (Total Sample)	Not Overweight or Obese* (Total Sample)
33.0%	31.2%	35.8%

*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
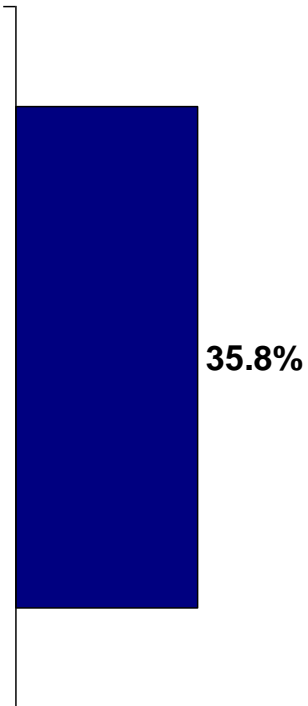
Healthy Weight = 32.9%
Underweight =2.9%

*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)
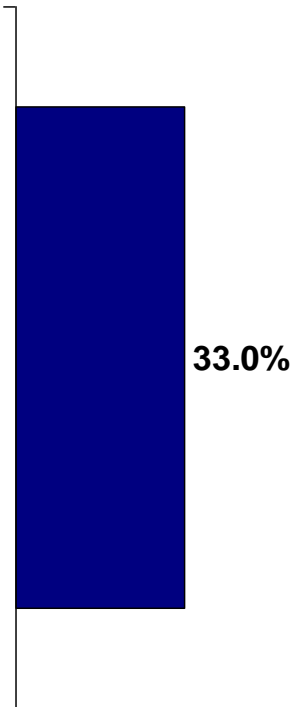
33.0%

(n=1,179)
*Among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.

Obese by Demographics

Age
18-24	12.1%
25-34	33.7%
35-44	43.0%
45-54	46.4%
55-64	36.8%
65-74	38.3%
75+	21.6%

Gender
Male	33.5%
Female	32.4%

Race/Ethnicity
White, Non-Hispanic	32.7%
Non-White	37.3%

Poverty Level
Below Poverty Line	43.5%
Above Poverty Line	31.9%

Education
< High School	41.3%
High School Grad	29.5%
Some College	36.8%
College Grad	26.1%

HH Income
<$20,000	44.5%
$20,000-$34,999	32.1%
$35,000-$49,999	33.2%
$50,000-$74,999	35.3%
$75,000+	26.8%

Region
Northeast	35.2%
Southern	31.3%
Western	29.8%

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)
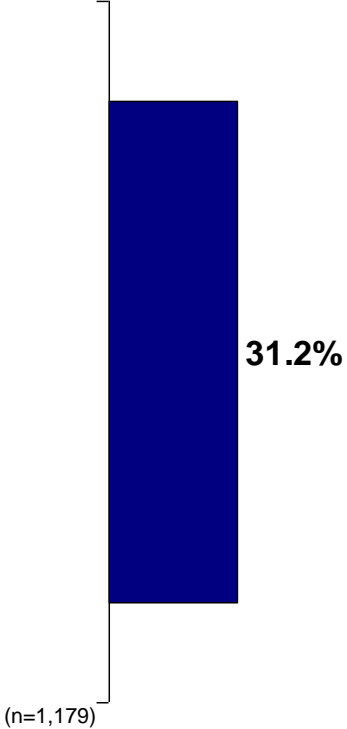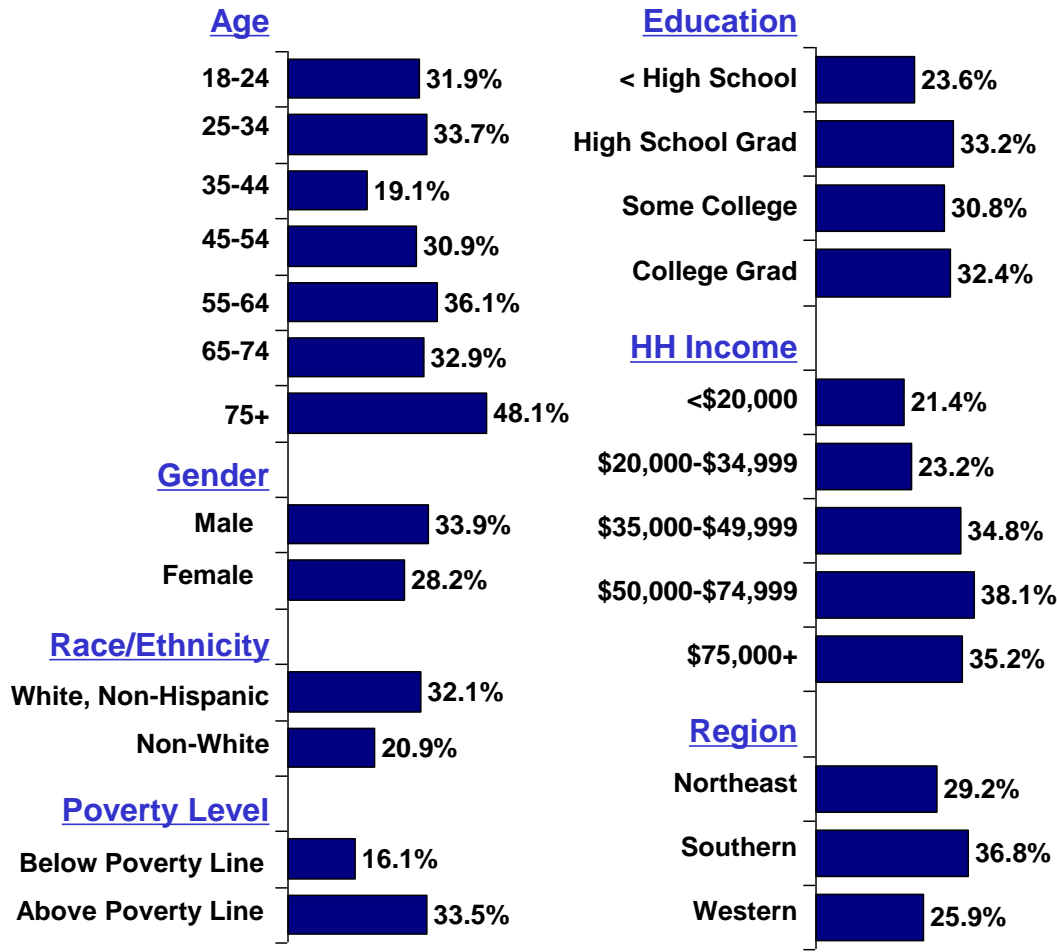
31.2%

(n=1,179)

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

Overweight by Demographics

Age

18-24	31.9%
25-34	33.7%
35-44	19.1%
45-54	30.9%
55-64	36.1%
65-74	32.9%
75+	48.1%

Gender

Male	33.9%
Female	28.2%

Race/Ethnicity

White, Non-Hispanic	32.1%
Non-White	20.9%

Poverty Level

Below Poverty Line	16.1%
Above Poverty Line	33.5%

Education

< High School	23.6%
High School Grad	33.2%
Some College	30.8%
College Grad	32.4%

HH Income

<$20,000	21.4%
$20,000-$34,999	23.2%
$35,000-$49,999	34.8%
$50,000-$74,999	38.1%
$75,000+	35.2%

Region

Northeast	29.2%
Southern	36.8%
Western	25.9%

Women are more likely than men to be at a healthy weight, as are people under age 25 compared to those older. Again, 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)

32.9%
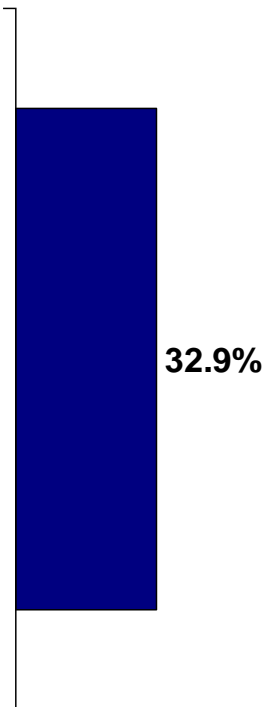
(n=1,179)

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

Healthy Weight by Demographics

Age

18-24	52.4%
25-34	25.3%
35-44	36.4%
45-54	21.2%
55-64	26.4%
65-74	27.6%
75+	28.3%

Gender

Male	29.8%
Female	36.4%

Race/Ethnicity

White, Non-Hispanic	31.9%
Non-White	41.9%

Poverty Level

Below Poverty Line	40.3%
Above Poverty Line	31.1%

Education

< High School	24.9%
High School Grad	36.6%
Some College	29.7%
College Grad	36.0%

HH Income

<$20,000	30.4%
$20,000-$34,999	39.4%
$35,000-$49,999	31.7%
$50,000-$74,999	20.8%
$75,000+	37.2%

Region

Northeast	32.4%
Southern	28.1%
Western	43.9%

Health Care Access

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)

No, 11.3%

Yes, 88.7%

(n=696)
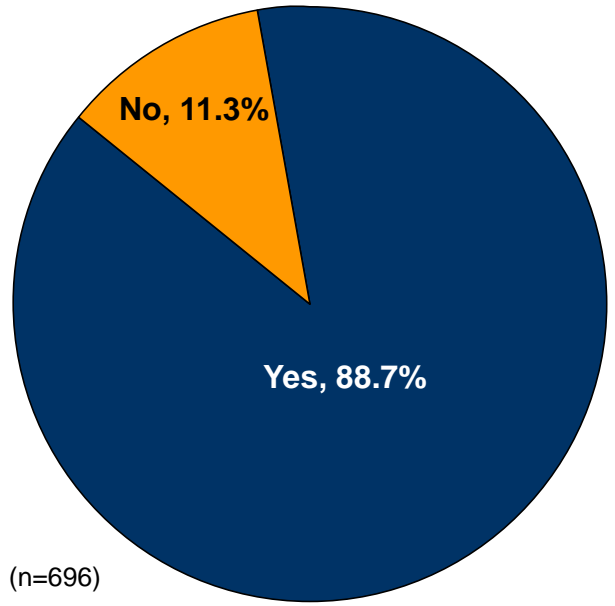
Primary Source of Health Coverage (Total Sample)

Source	Percent
A plan purchased through an employer or union	52.7%
Medicare	12.8%
Medicaid or other state program	12.7%
A plan that you or another family member buys on your own	9.4%
TRICARE, VA, or military	2.0%
Some other source	0.1%
None	10.3%

(n=1,191)
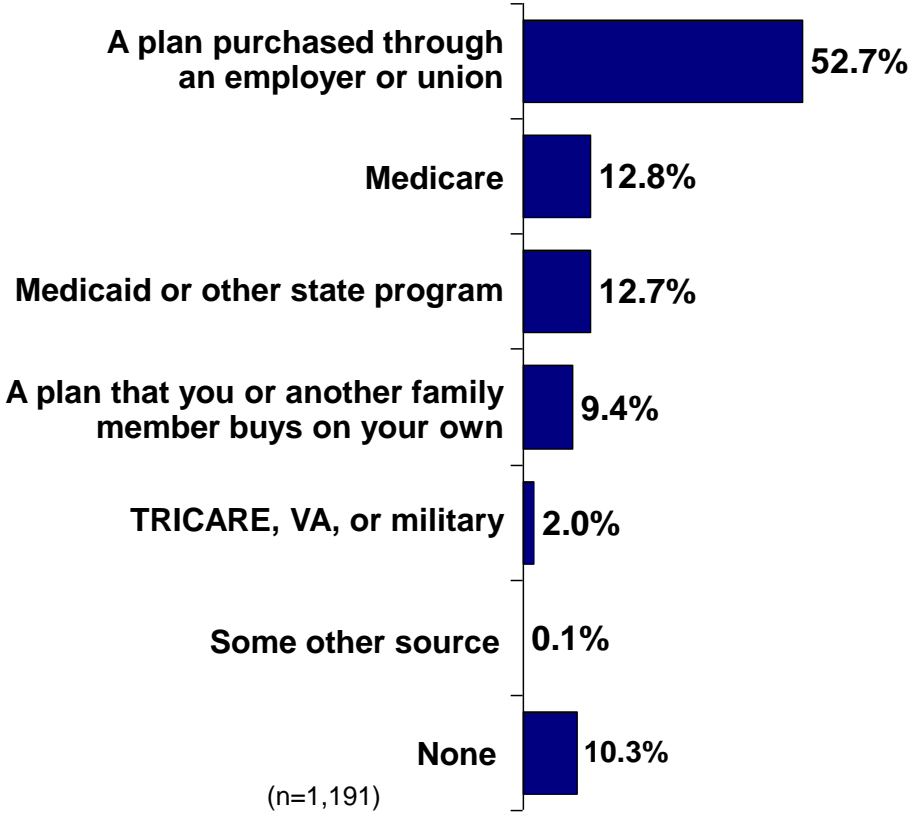
Q3.1: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?
Q3.2: What is the primary source of your health coverage? Is it....?

St. Clair County adults aged 18-64 least likely to have health care coverage are those that are less than age 35, are male, have less than a college degree, and have household incomes below $50K. <u>However, the greatest discrepancy is found between White adults (9.2%) and Non-White adults (30.2%)</u>. 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)

11.3%

(n=696)

*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.
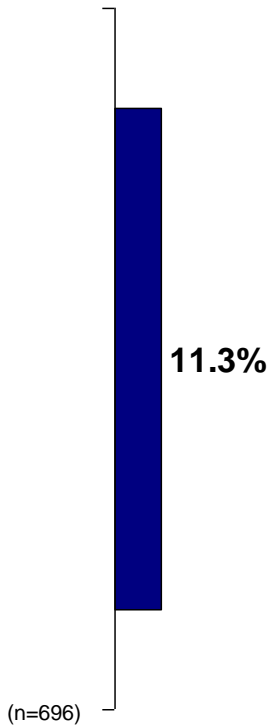
No Coverage by Demographics

Age
18-24	19.1%
25-34	15.8%
35-44	9.0%
45-54	4.3%
55-64	5.0%

Gender
Male	15.9%
Female	6.1%

Race/Ethnicity
White, Non-Hispanic	9.2%
Non-White	30.2%

Poverty Level
Below Poverty Line	17.1%
Above Poverty Line	10.8%

Education
< High School	10.2%
High School Grad	12.0%
Some College	13.8%
College Grad	5.3%

HH Income
<$20,000	16.6%
$20,000-$34,999	19.6%
$35,000-$49,999	23.1%
$50,000-$74,999	3.5%
$75,000+	4.1%

Region
Northeast	13.3%
Southern	10.8%
Western	6.2%

One in ten (10.5%) St. Clair County adults have foregone health care 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 Receive Needed Medical Care in Past 12 Months Due to Cost

No, 89.5%

Yes, 10.5%
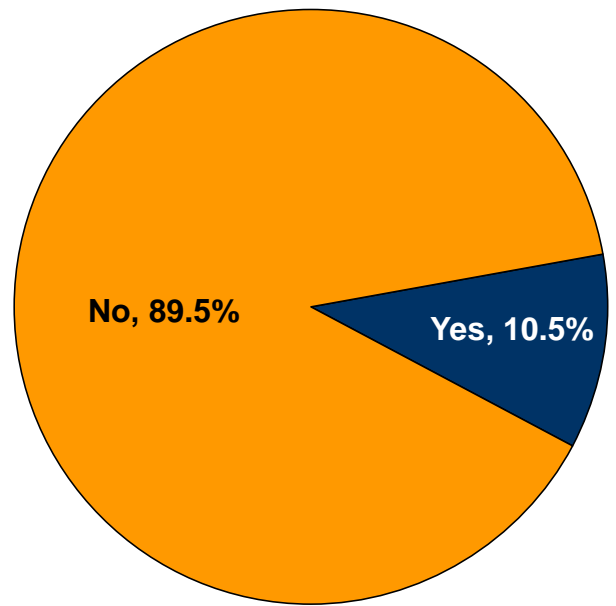
(n=1,204)

Could Not Take Medication Due to Cost = 5.8%

(n=1,204)

Reasons for Delays in Getting Needed Medical Care

Reason	Percent
Couldn't get an appointment soon enough	12.0%
Cost of health care services in general	11.8%
Cost of co-pays and/or deductibles	11.3%
Didn't have transportation	5.4%
Had to wait too long to see a doctor	5.1%
Clinic/office wouldn't accept insurance	4.9%
Couldn't get through on the phone	4.8%
Clinic wasn't open	2.3%
Cannot understand doctor	0.4%
Other	3.7%
No delays in getting medical care/ didn't need care	67.7%

(n=1,204)

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 medical care 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 Receiving Health Care Due to Cost

Inability to Access Needed Health Care During Past 12 Months Due to Cost* (Total Sample)

10.5%

(n=1,204)

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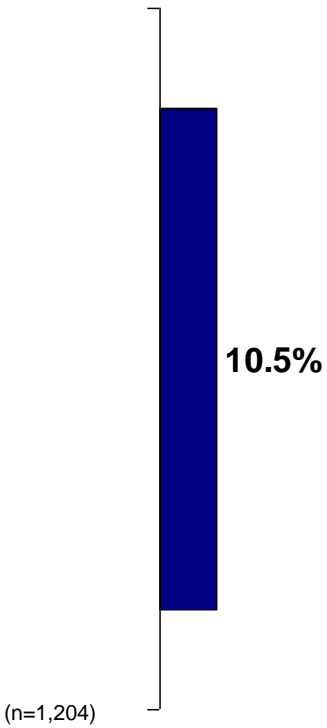
Inability to Access Needed Health Care Due to Cost by Demographics

Age

18-24	3.6%
25-34	17.7%
35-44	15.7%
45-54	12.3%
55-64	10.3%
65-74	3.6%
75+	1.5%

Gender

Male	9.7%
Female	11.4%

Race/Ethnicity

White, Non-Hispanic	9.9%
Non-White	16.1%

Poverty Level

Below Poverty Line	15.8%
Above Poverty Line	10.1%

Education

< High School	3.5%
High School Grad	10.7%
Some College	12.9%
College Grad	9.5%

HH Income

<$20,000	17.6%
$20,000-$34,999	12.9%
$35,000-$49,999	14.1%
$50,000-$74,999	9.0%
$75,000+	5.2%

Region

Northeast	10.5%
Southern	11.7%
Western	8.2%

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

Use of Urgent Care and Emergency Rooms

Number of Times Visited Urgent Care Center in Past 12 Months

- None (0 Times) — 68.0%
- 1 Time — 19.0%
- 2 or More Times — 13.0%
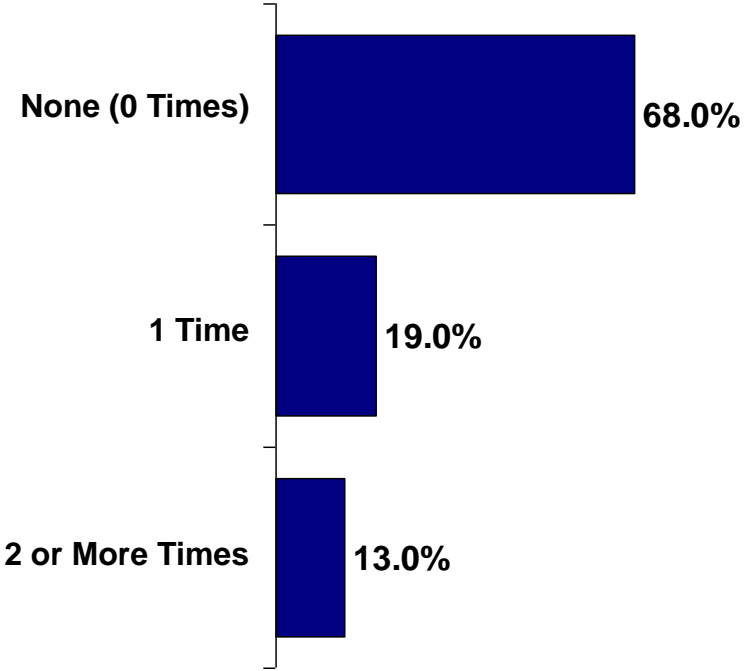
Mean Days (Including Zero) = 0.6
Mean Days (Without Zero) = 1.9

(n=1,199)

Number of Times Visited ED/ER in Past 12 Months

- None (0 Times) — 71.6%
- 1 Time — 18.5%
- 2 or More Times — 9.9%
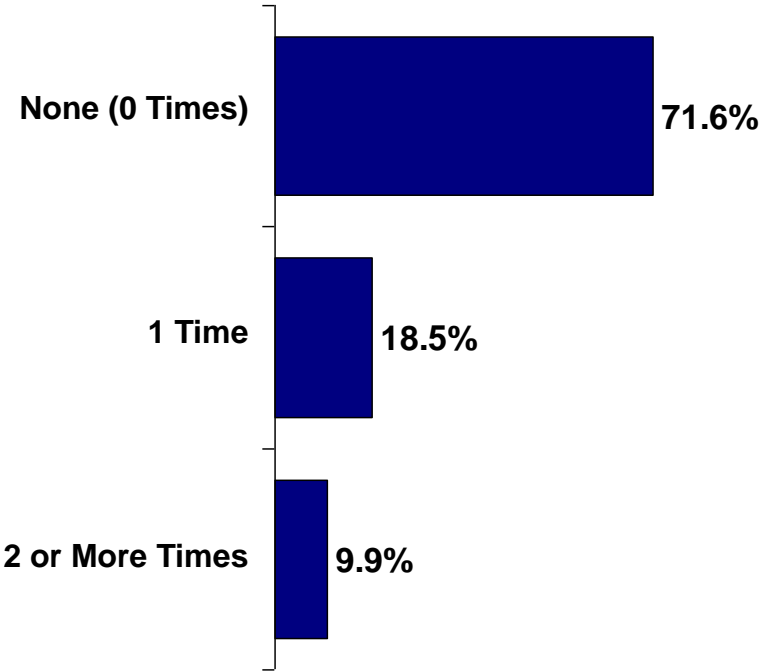
Mean Days (Including Zero) = 0.5
Mean Days (Without Zero) = 1.7

(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?

VIP Research and Evaluation

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

Extremely Confident — 18.1%

Very Confident — 37.9%

Somewhat Confident — 30.1%

86.1%

Not Very Confident — 8.5%

Not At All Confident — 5.4%

13.9%

Not Confident
18-24 (23.8%)
Non-White (21.4%)
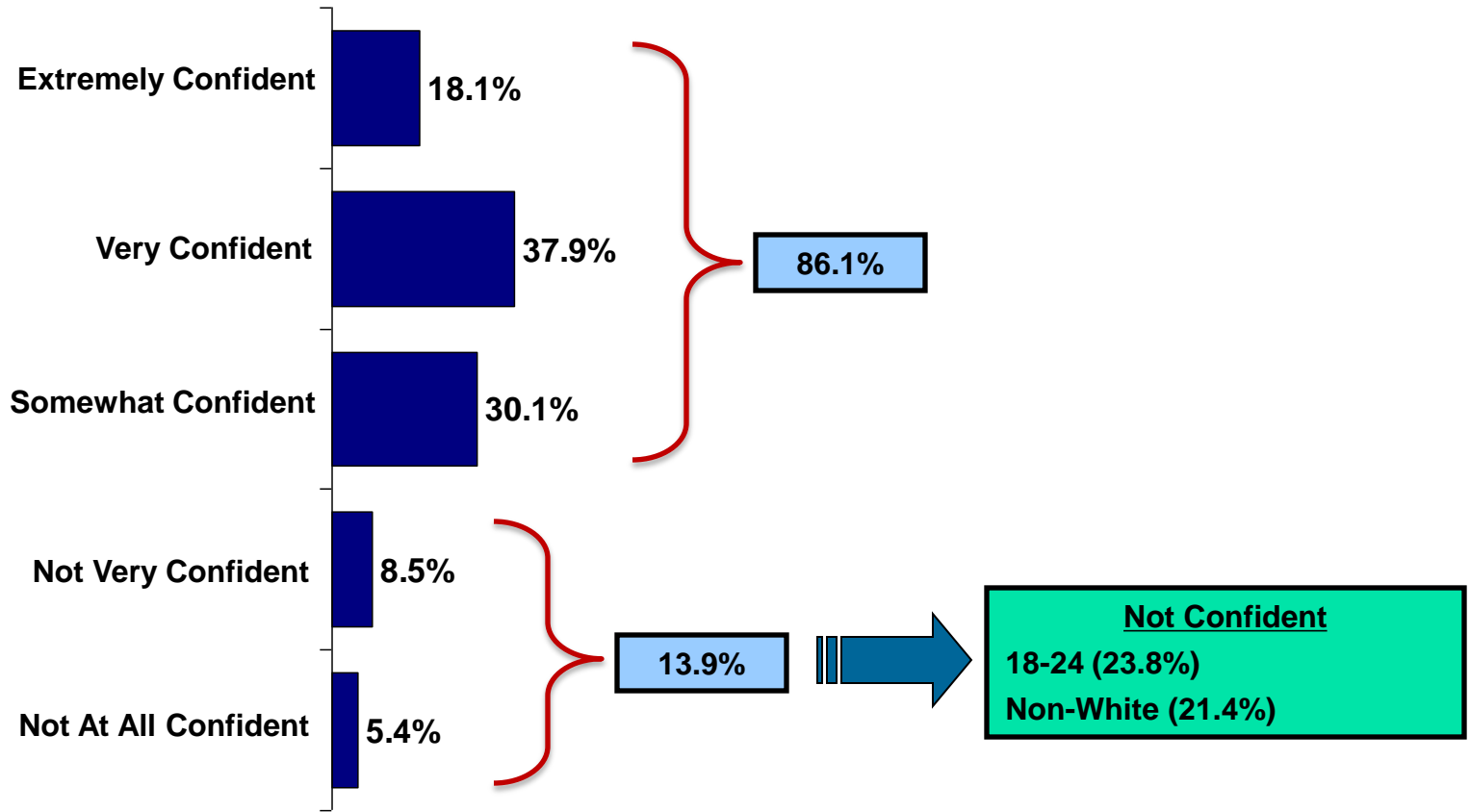
(n=1,197)

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

Risk Behavior Indicators

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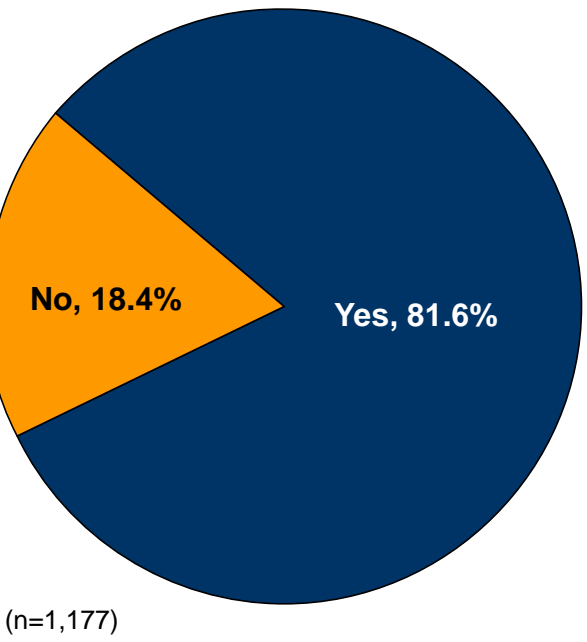
Number of Times Performed Physical Activity Per Week (Among Those Who Participate)
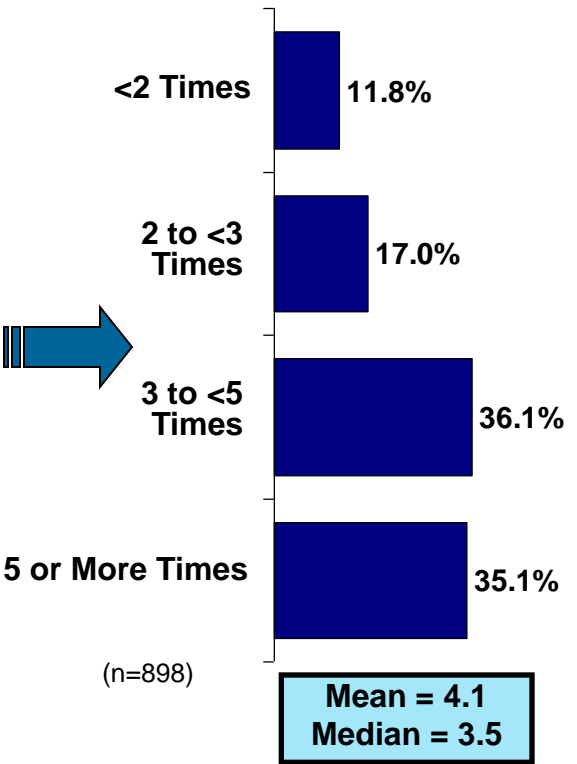
Number of Hours Performed Physical Activity Per Week (Among Those Who Participate)

No, 18.4%

Yes, 81.6%

(n=1,177)

<2 Times — 11.8%

2 to <3 Times — 17.0%

3 to <5 Times — 36.1%

5 or More Times — 35.1%

(n=898)

Mean = 4.1
Median = 3.5

Less Than 2 Hours — 24.0%

2 to <4 Hours — 28.5%

4 to <6 Hours — 13.3%

6 or More Hours — 34.2%

(n=885)

Mean = 6.4
Median = 3.5
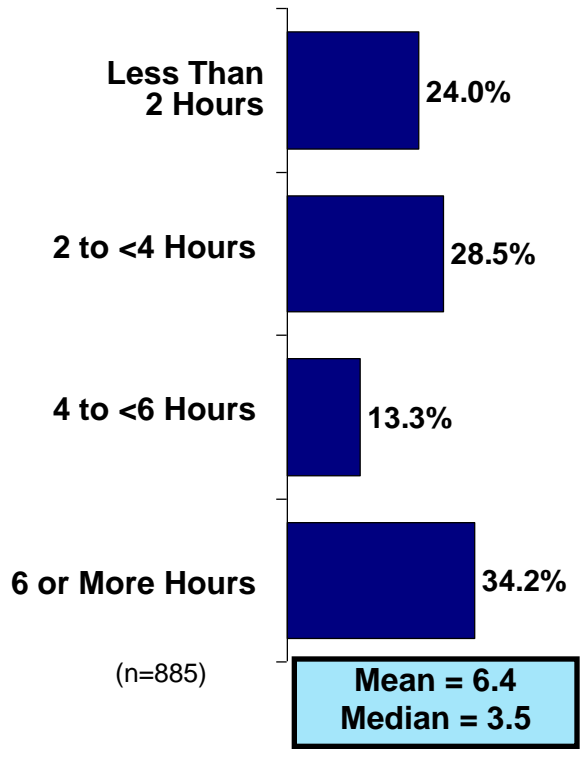
Q18.1: During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
Q18.2: (If yes) How many times per week or per month did you take part in physical activity during the past month?
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)

18.4%

(n=1,177)
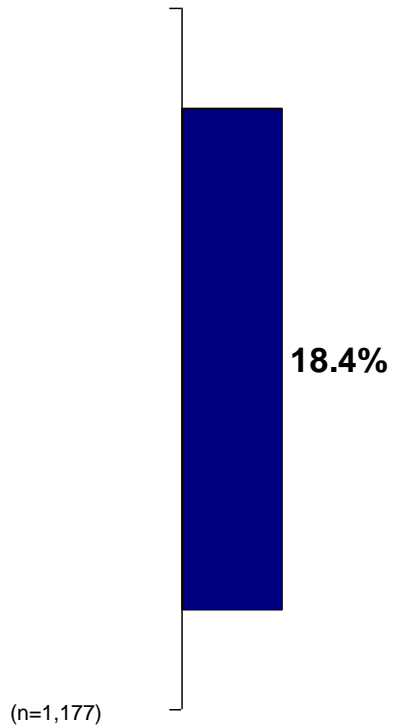
*Among all adults, the proportion who reported not participating in any leisure-time physical activities or exercises, such as running, calisthenics, golf, gardening, or walking, during the past month.

No Leisure Time Activity by Demographics

Age

18-24	17.0%
25-34	12.3%
35-44	19.7%
45-54	16.1%
55-64	23.4%
65-74	21.5%
75+	37.0%

Gender

Male	19.5%
Female	17.2%

Race/Ethnicity

White, Non-Hispanic	16.8%
Non-White	34.5%

Poverty Level

Below Poverty Line	30.7%
Above Poverty Line	16.1%

Education

< High School	35.8%
High School Grad	20.3%
Some College	12.8%
College Grad	15.8%

HH Income

<$20,000	29.5%
$20,000-$34,999	19.7%
$35,000-$49,999	17.4%
$50,000-$74,999	15.4%
$75,000+	12.5%

Region

Northeast	19.5%
Southern	16.1%
Western	19.6%

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

None — 47.5%

< 2 Times — 13.0%

2 to < 5 Times — 28.4%

5 Times or More — 11.1%

(n=1,170)

Mean = 1.6
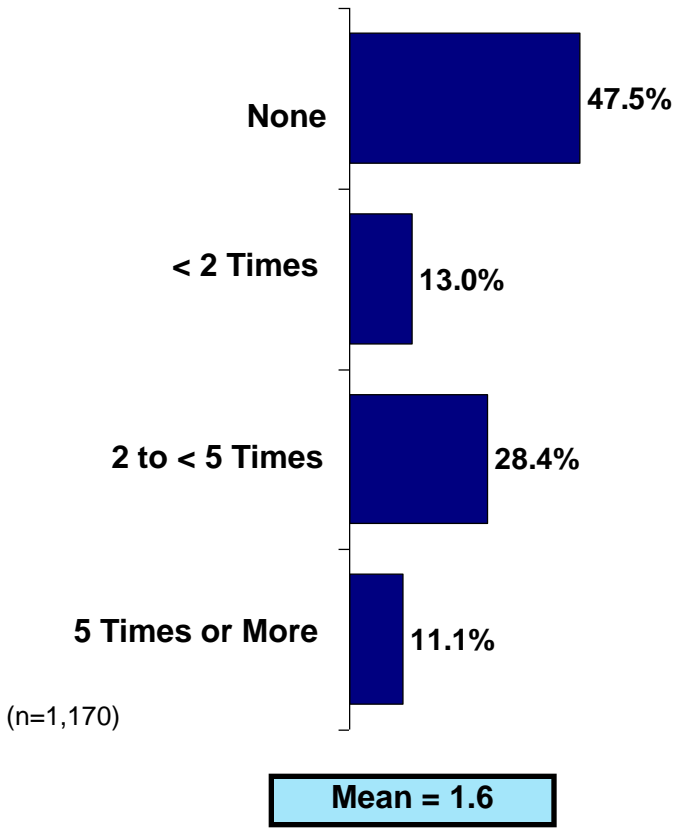
Q18.4: During the past month, how many times per week, or per month, did you do physical activities or exercises to STRENGTHEN your muscles? DO NOT count aerobic activities like walking, running, or bicycling. Count activities using your body weight like yoga, sit-ups or push-ups and those using weight 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

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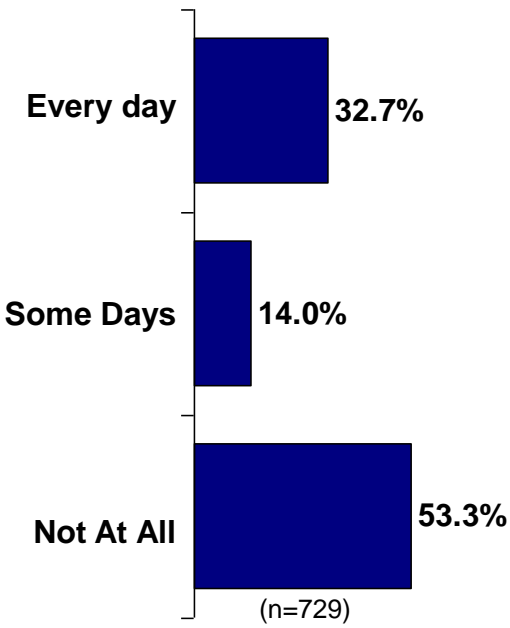
Smoked 100 Cigarettes in Lifetime

Smoking Status
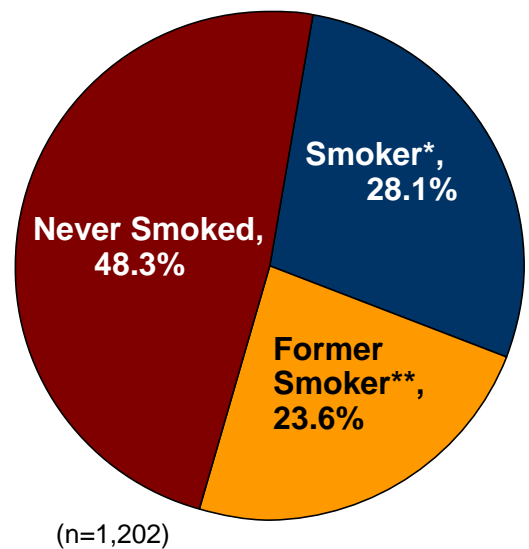
Never Smoked 39.7%

Yes, 51.7%

No, 8.6%

(n=1,202)

Every day — 32.7%

Some Days — 14.0%

Not At All — 53.3%

(n=729)

Never Smoked, 48.3%

Smoker*, 28.1%

Former Smoker**, 23.6%

(n=1,202)

*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 24-44 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

Current Cigarette Smoking* (Total Sample)
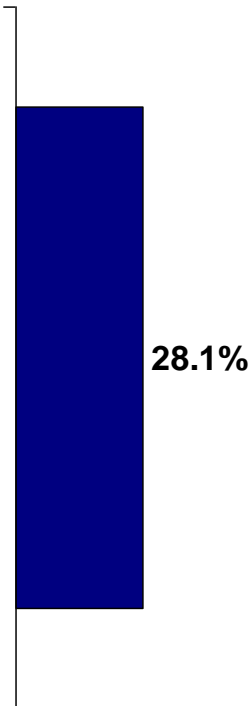
28.1%

(n=1,202)

*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

Age

18-24	20.5%
25-34	40.2%
35-44	38.5%
45-54	30.7%
55-64	23.7%
65-74	11.5%
75+	3.7%

Gender

Male	31.3%
Female	24.4%

Race/Ethnicity

White, Non-Hispanic	27.2%
Non-White	35.9%

Poverty Level

Below Poverty Line	63.2%
Above Poverty Line	23.9%

Education

< High School	41.3%
High School Grad	33.8%
Some College	24.1%
College Grad	17.2%

HH Income

<$20,000	58.9%
$20,000-$34,999	27.5%
$35,000-$49,999	23.7%
$50,000-$74,999	26.0%
$75,000+	18.5%

Region

Northeast	29.6%
Southern	30.6%
Western	18.5%

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)
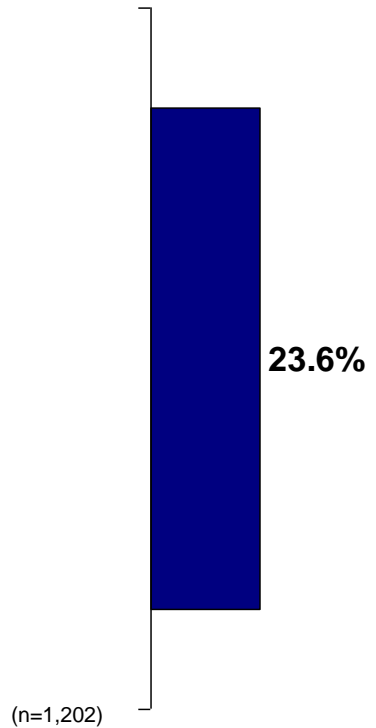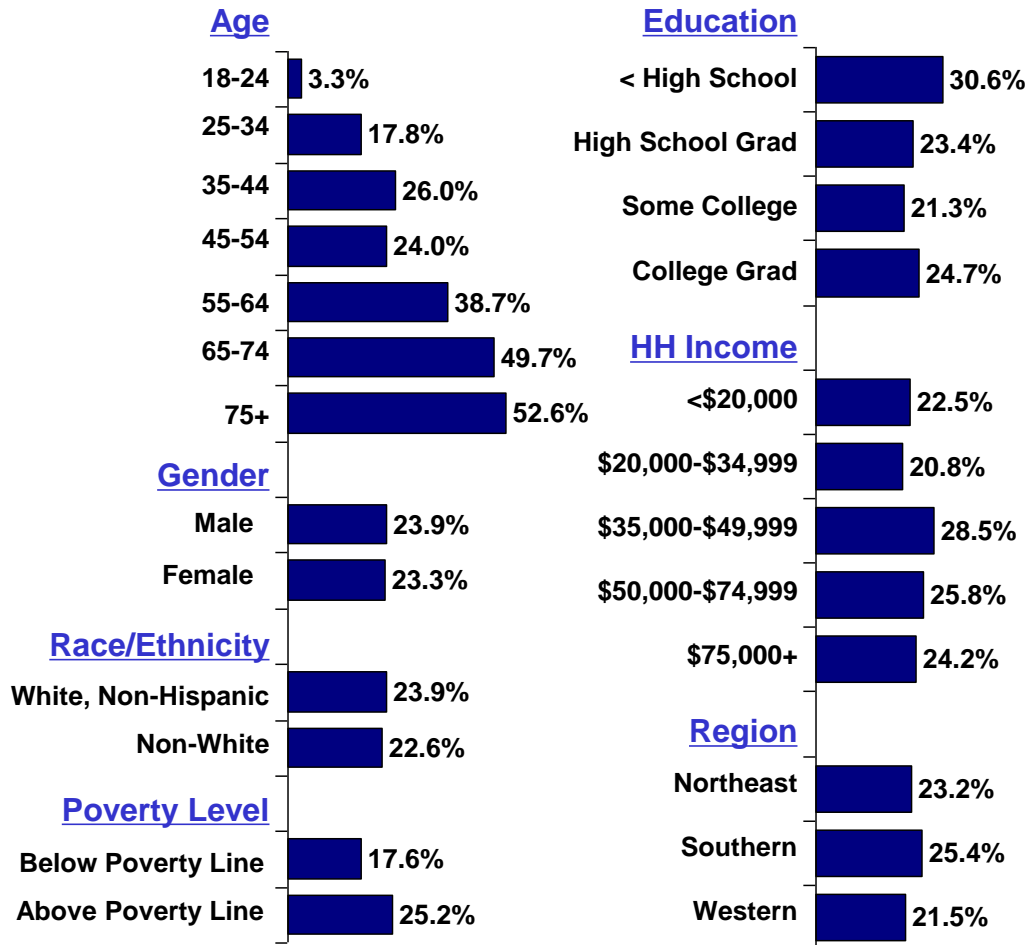
23.6%

(n=1,202)

*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.

Former Cigarette Smoking by Demographics

Age

|	
18-24	3.3%
25-34	17.8%
35-44	26.0%
45-54	24.0%
55-64	38.7%
65-74	49.7%
75+	52.6%

Gender

Male	23.9%
Female	23.3%

Race/Ethnicity

White, Non-Hispanic	23.9%
Non-White	22.6%

Poverty Level

Below Poverty Line	17.6%
Above Poverty Line	25.2%

Education

< High School	30.6%
High School Grad	23.4%
Some College	21.3%
College Grad	24.7%

HH Income

<$20,000	22.5%
$20,000-$34,999	20.8%
$35,000-$49,999	28.5%
$50,000-$74,999	25.8%
$75,000+	24.2%

Region

Northeast	23.2%
Southern	25.4%
Western	21.5%

Very few St. Clair County adults report current use of tobacco products other than cigarettes, 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

Category	Never Have Tried	Don't Currently Use, But Have Tried	Currently Use
Tobacco products other than cigarettes (n=1,203)	77.6%	16.4%	6.0%
E-cigarettes, electronic cigarettes, or vaping devices (n=1,204)	77.3%	18.1%	4.6%
Smokeless tobacco products (n=1,204)	84.7%	13.8%	1.5%
Hookah (n=1,201)	89.2%	9.8%	1.0%

Legend: ■ Never Have Tried □ Don't Currently Use, But Have Tried ■ Currently Use
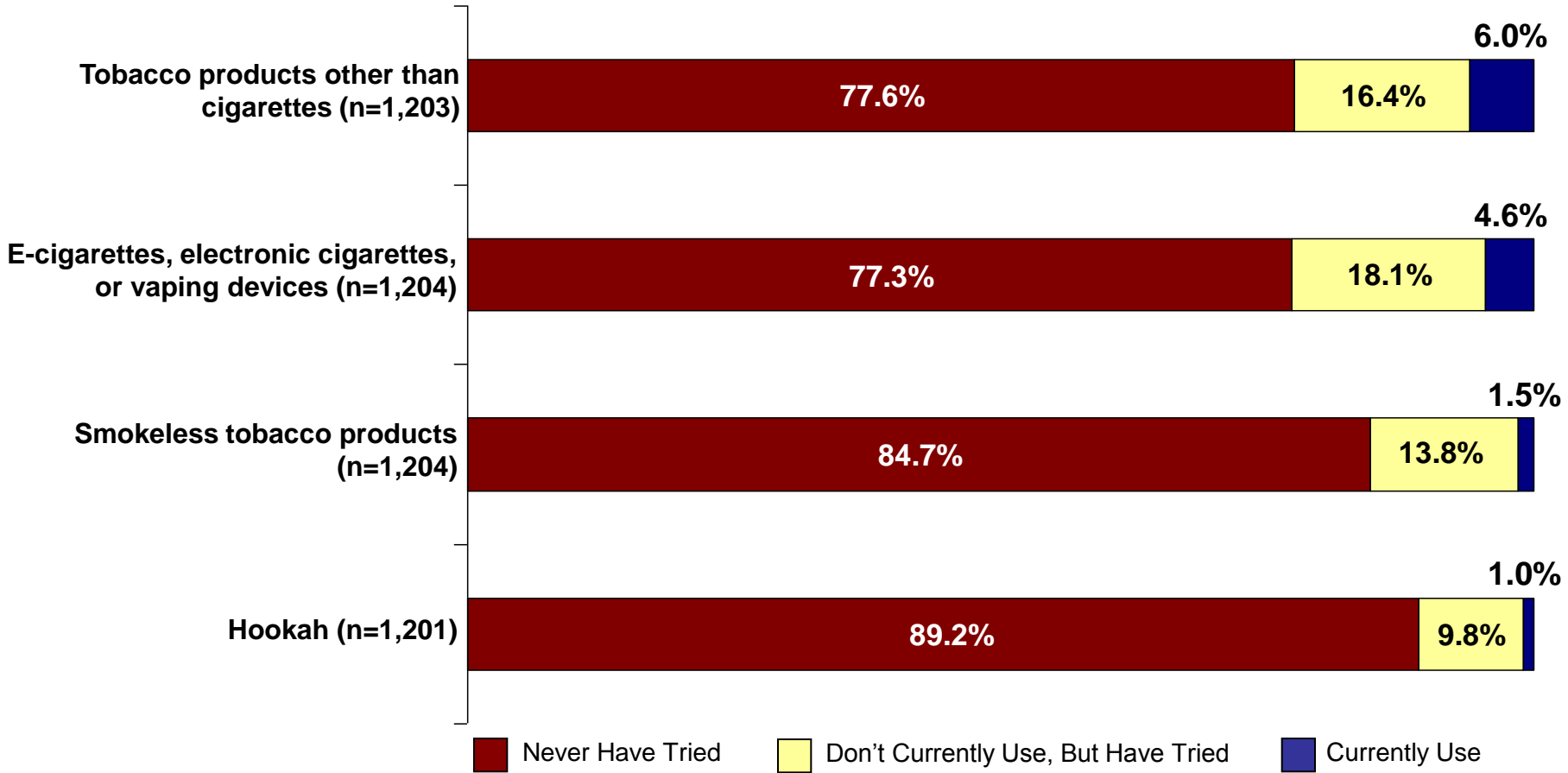
Q12.3: Do you currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, or any other tobacco product?
Q12.4: Do you currently use any smokeless tobacco products such as chewing tobacco, snuff, dip, or snus?
Q12.5: Do you currently smoke, or have you ever smoked, 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

Behavior	No	Yes
Cigarette smoking (n=1,142)	47.5%	52.5%
E-cigarette smoking/vaping (n=1,074)	67.0%	33.0%
Use of smokeless tobacco (n=1,087)	69.6%	30.4%
Cigar, pipe, or other non-cigarette smoking (n=1,126)	72.4%	27.6%
Hookah smoking (n=994)	82.9%	17.1%

■ No   ■ Yes
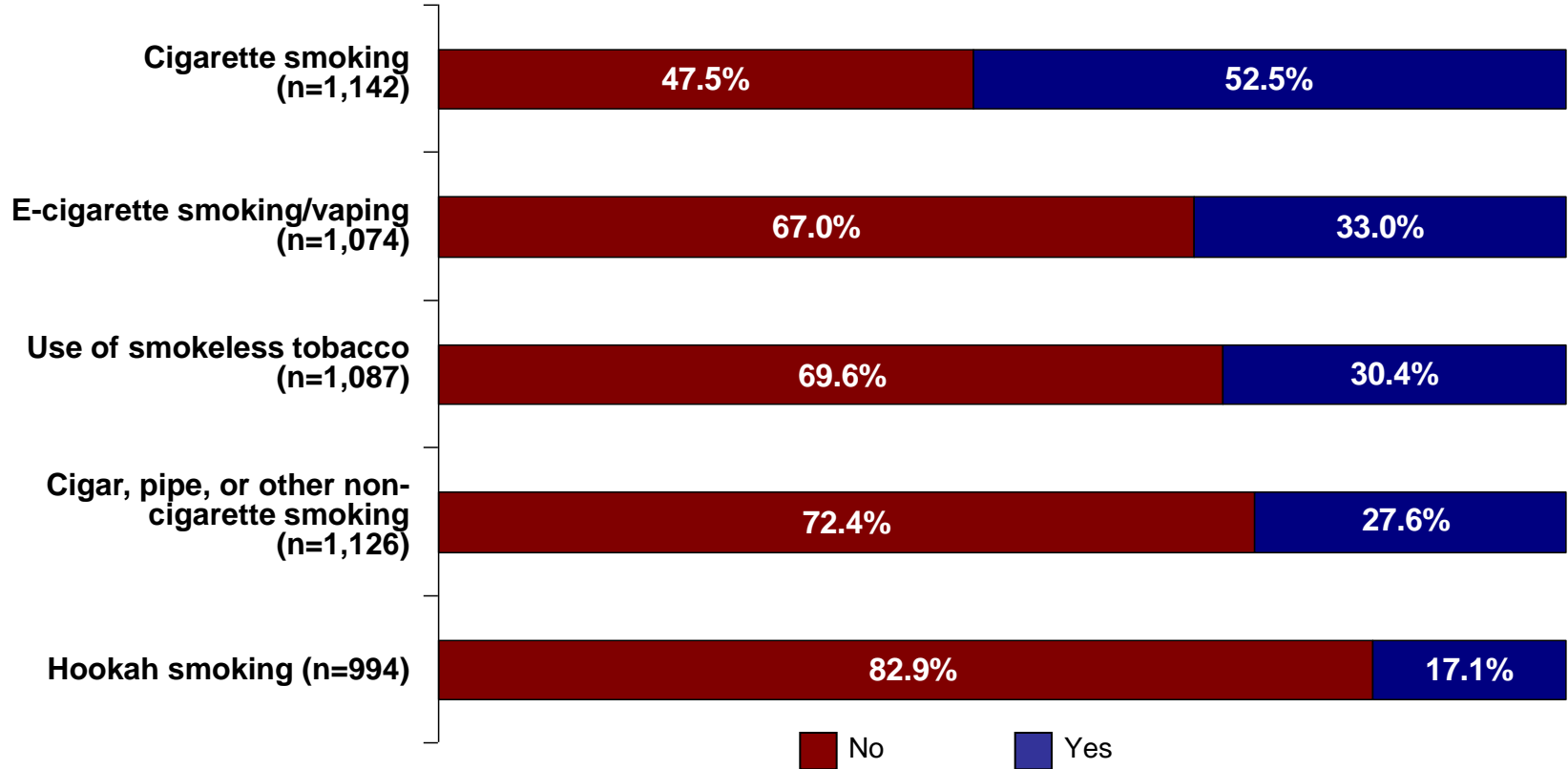
With regard to the following smoking behaviors, which do you think are a **problem** in your community today?
Q12.7: Cigarette smoking?
Q12.8: Cigar, pipe, or other non-cigarette smoking?
Q12.9: Hookah smoking?
Q12.10: E-cigarette smoking or vaping?
Q12.11: Use of smokeless tobacco such as chew?

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

Category	Percentage
None	39.8%
1 to 2 days	16.6%
3 to 5 days	22.1%
6 to 10 days	7.5%
More than 10 days	14.0%
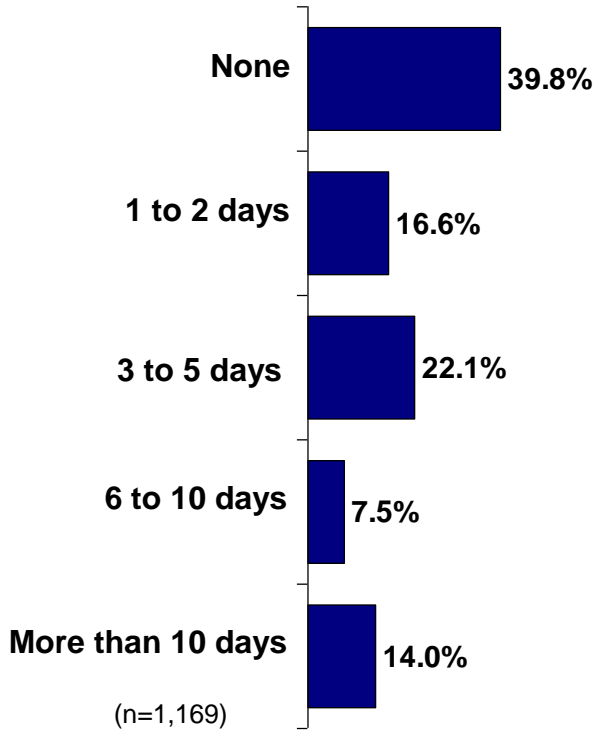
(n=1,169)

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

Average Number of Drinks When Drinking

Category	Percentage
1 drink	31.5%
2 drinks	25.4%
3 to 5 drinks	30.1%
More than 5 drinks	13.2%

(n=623)
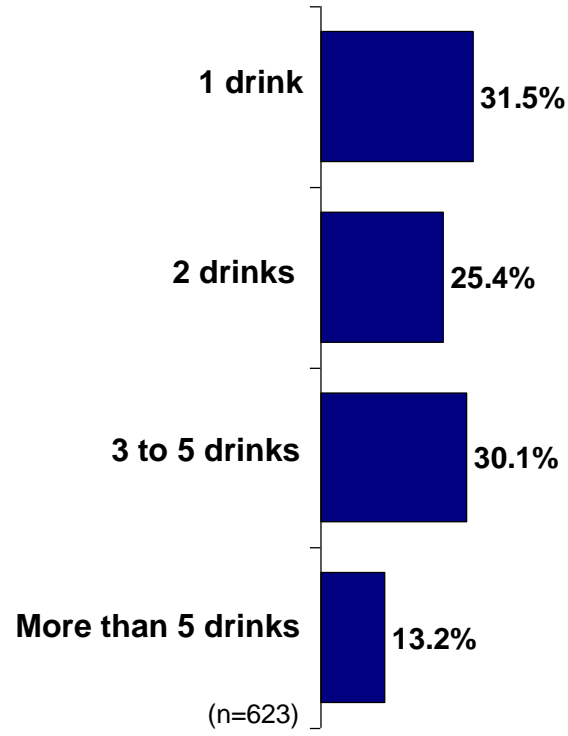
Mean = 3.2

Drinking Status

Non Drinker	39.7%
Light/Moderate Drinker	51.6%
Heavy Drinker	8.6%

(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)

8.6%

(n=1,169)
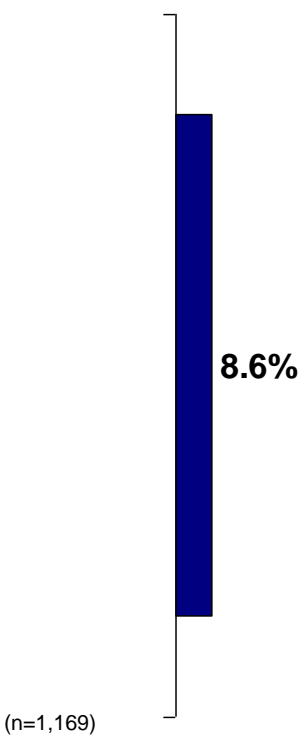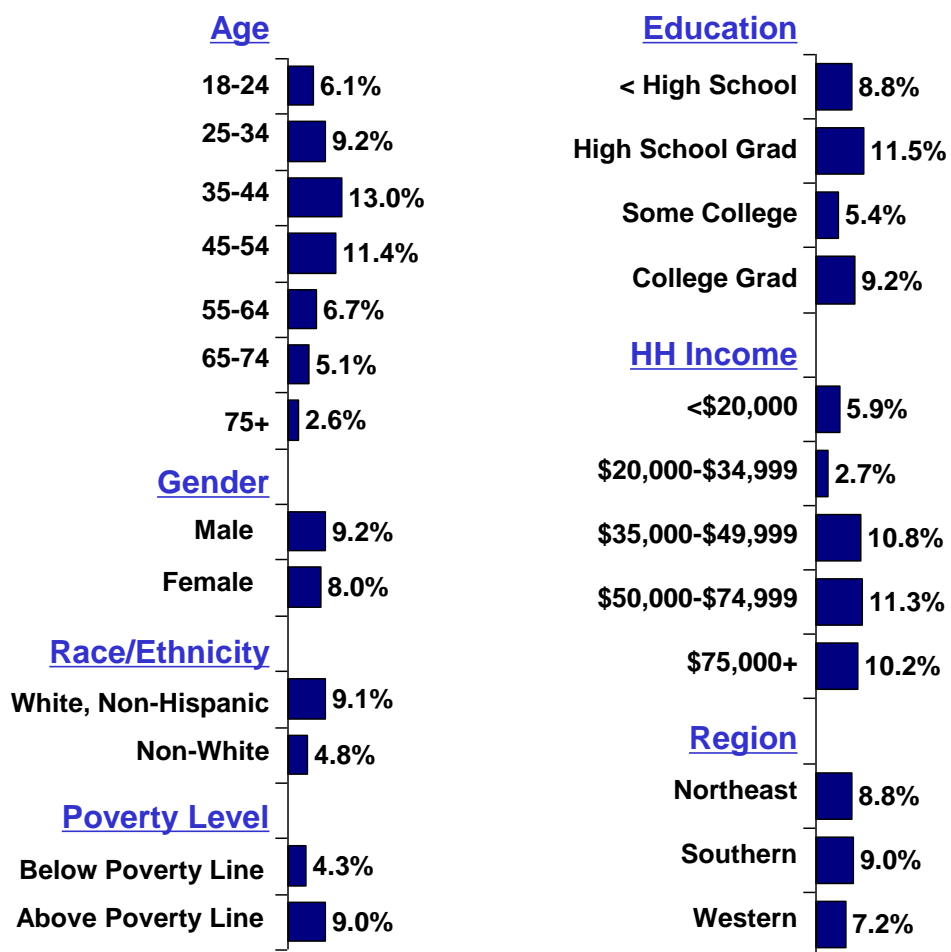
*Among all adults, the proportion who reported consuming an average of more than two alcoholic drinks per day for men and one per day for women in the previous month.

Heavy Drinking by Demographics

Age
18-24	6.1%
25-34	9.2%
35-44	13.0%
45-54	11.4%
55-64	6.7%
65-74	5.1%
75+	2.6%

Gender
Male	9.2%
Female	8.0%

Race/Ethnicity
White, Non-Hispanic	9.1%
Non-White	4.8%

Poverty Level
Below Poverty Line	4.3%
Above Poverty Line	9.0%

Education
< High School	8.8%
High School Grad	11.5%
Some College	5.4%
College Grad	9.2%

HH Income
<$20,000	5.9%
$20,000-$34,999	2.7%
$35,000-$49,999	10.8%
$50,000-$74,999	11.3%
$75,000+	10.2%

Region
Northeast	8.8%
Southern	9.0%
Western	7.2%

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)

- None — 77.3%
- 1 to 2 times — 10.8%
- 3 or more times — 11.8%

(n=1,170)

Binge Drinkers = 22.7%

Mean = 1.2
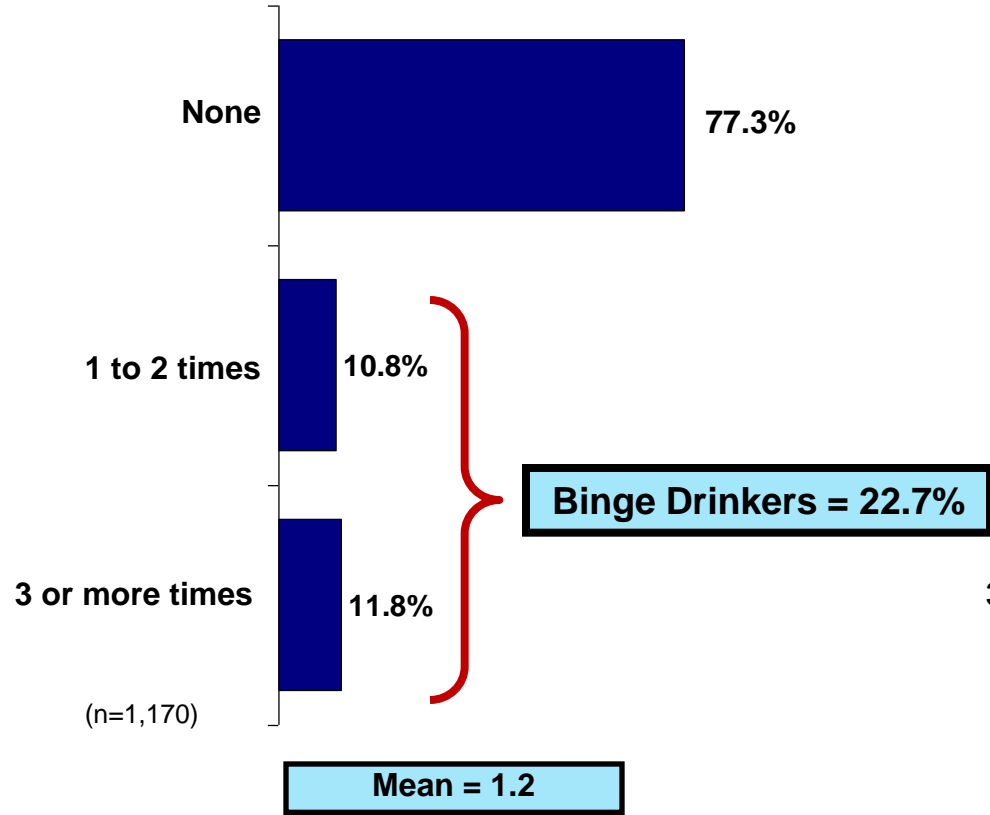
Number of Times Consumed 5 or More (Men)/4 or More (Women) Drinks on an Occasion in Past 30 Days (Drinkers)

- None — 62.3%
- 1 to 2 times — 18.0%
- 3 or more times — 19.7%

(n=892)

Mean = 2.1
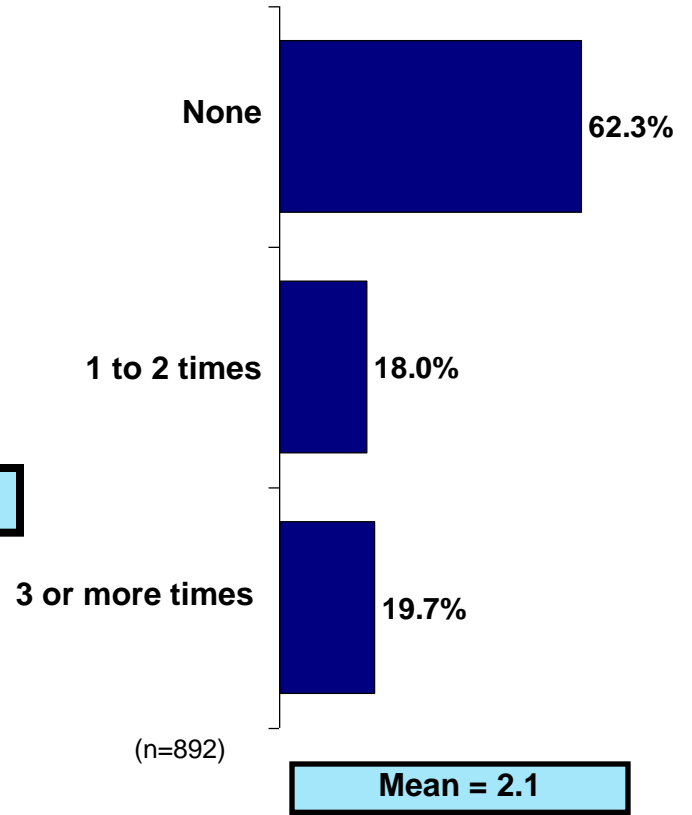
Q20.3: Considering all types of alcoholic beverages, how many times during the past 30 days did you have X (x=5 for men, x=4 for women) or more drinks on an occasion?

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)

22.7%

(n=1,170)
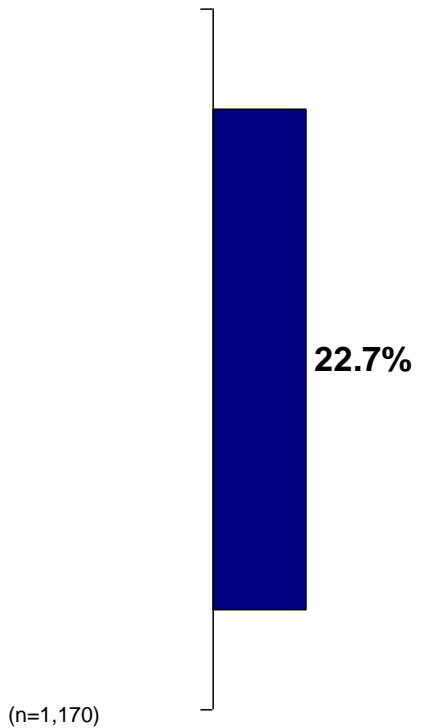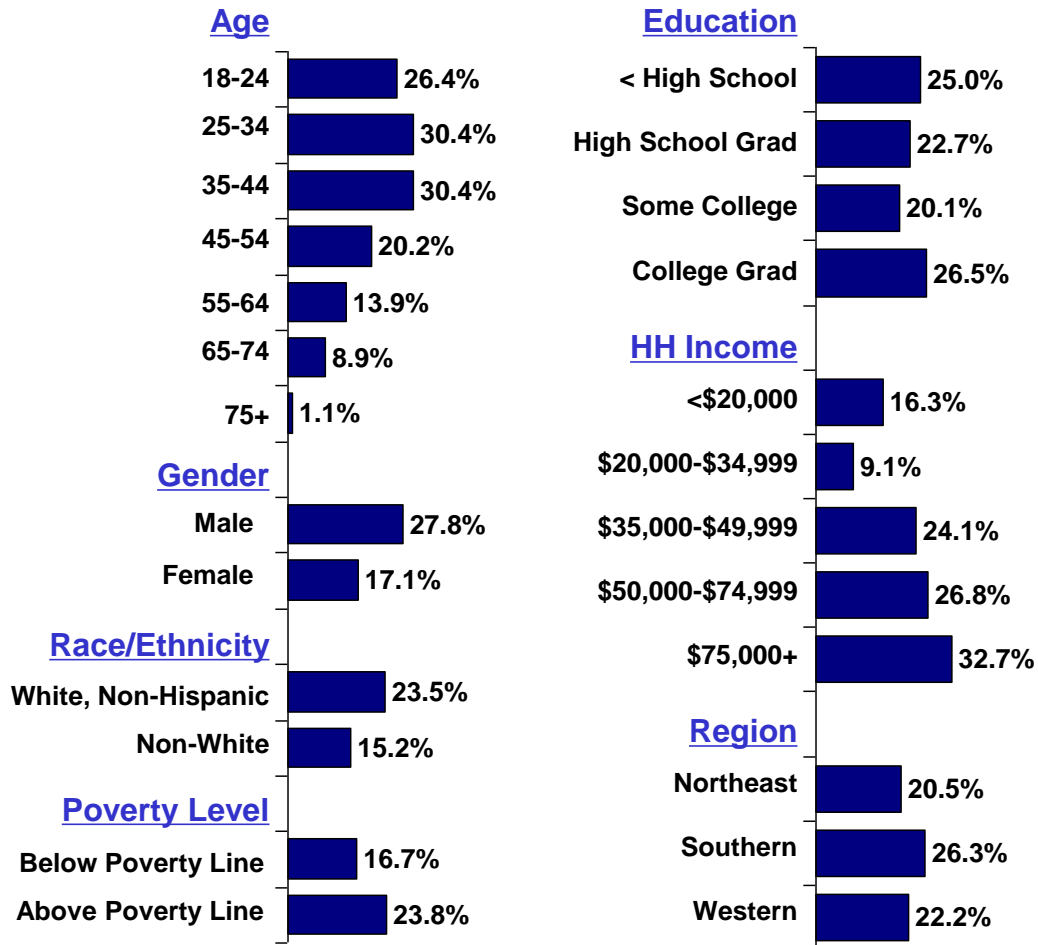
*Among all adults, the proportion who reported consuming five or more drinks per occasion (for men) or four or more drinks per occasion (for women) at least once in the previous month.

Binge Drinking by Demographics

Age

18-24	26.4%
25-34	30.4%
35-44	30.4%
45-54	20.2%
55-64	13.9%
65-74	8.9%
75+	1.1%

Gender

Male	27.8%
Female	17.1%

Race/Ethnicity

White, Non-Hispanic	23.5%
Non-White	15.2%

Poverty Level

Below Poverty Line	16.7%
Above Poverty Line	23.8%

Education

< High School	25.0%
High School Grad	22.7%
Some College	20.1%
College Grad	26.5%

HH Income

<$20,000	16.3%
$20,000-$34,999	9.1%
$35,000-$49,999	24.1%
$50,000-$74,999	26.8%
$75,000+	32.7%

Region

Northeast	20.5%
Southern	26.3%
Western	22.2%

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)

Number of Drinks	Percentage
1	21.8%
2	21.1%
3 to 5	26.3%
6 to 10	19.5%
More than 10	11.3%

(n=614)

Mean = 4.9
Median = 3.0
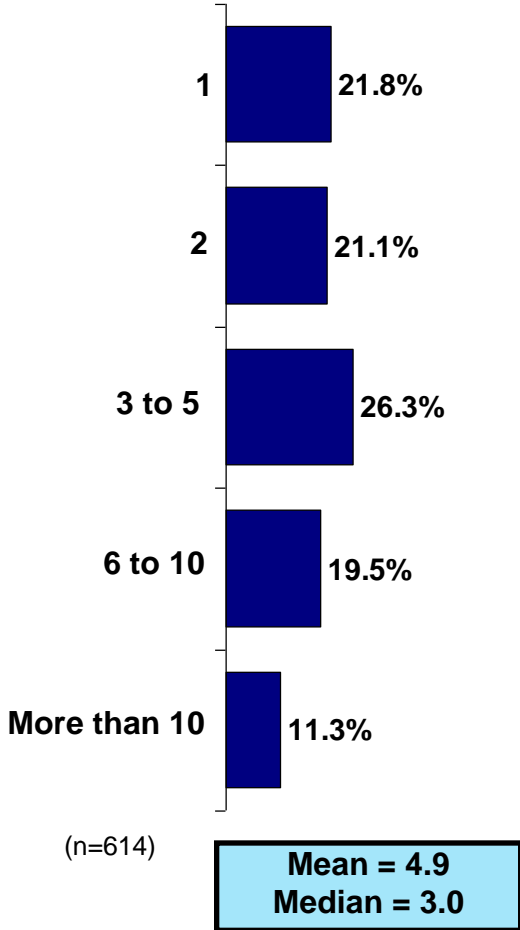
Q20.4: During the past 30 days, what is the largest number of drinks you had on any occasion?

Nine in ten adults (91.0%) say they always have enough to eat and almost as many say they are able to eat the foods they want (86.2%).

Food Sufficiency and Access

Food Sufficiency

Access to Foods Wanted

Always have enough to eat — **91.0%**

Sometimes don't have enough to eat — **7.4%**

Often don't have enough to eat — **1.6%**

No, 13.8%

Yes, 86.2%
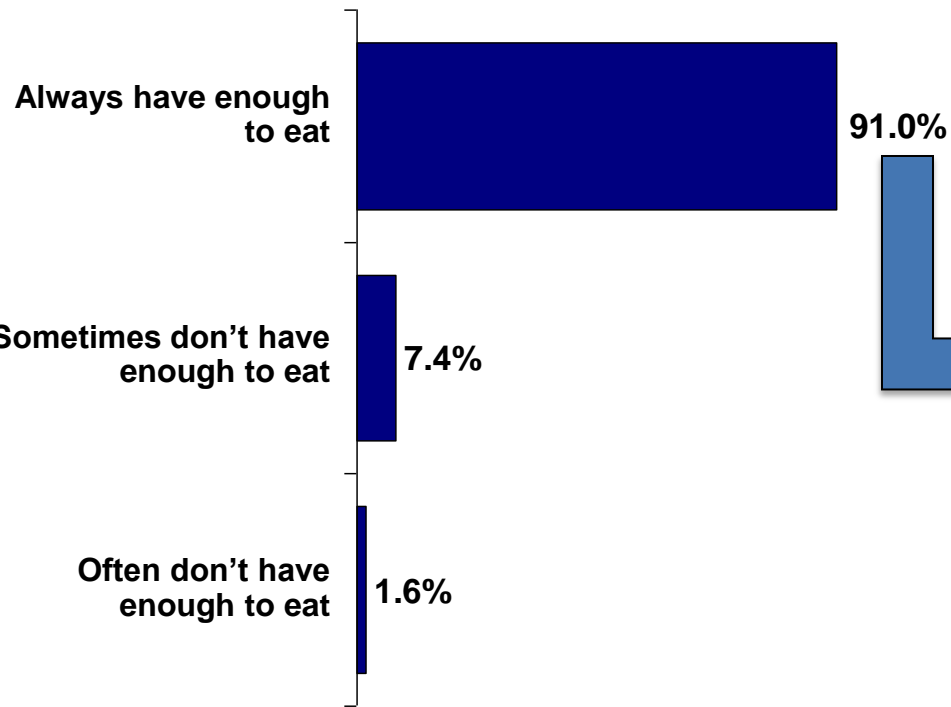
(n=1,186)
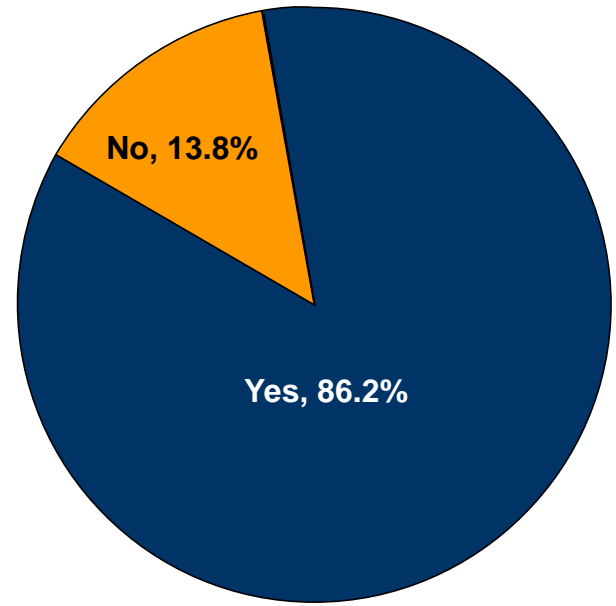
(n=1,113)

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

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

9.0%

(n=1,186)
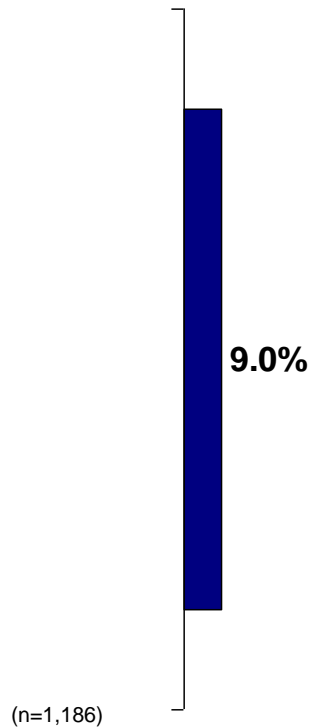
*Among all adults, the proportion who reported that they sometimes or often do not have enough to eat..

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

Age

18-24	7.8%
25-34	16.0%
35-44	7.3%
45-54	11.1%
55-64	5.2%
65-74	6.7%
75+	0.2%

Gender

Male	10.4%
Female	7.4%

Race/Ethnicity

White, Non-Hispanic	8.8%
Non-White	11.1%

Poverty Level

Below Poverty Line	26.5%
Above Poverty Line	6.0%

Education

< High School	14.4%
High School Grad	10.0%
Some College	8.9%
College Grad	4.1%

HH Income

<$20,000	29.7%
$20,000-$34,999	7.4%
$35,000-$49,999	1.2%
$50,000-$74,999	8.3%
$75,000+	2.5%

Region

Northeast	10.8%
Southern	6.2%
Western	9.0%

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

- Buy them within my community/neighborhood — **86.0%**
- Buy them someplace else — **9.6%**
- Buy them within my community/neighborhood and someplace else — **3.4%**
- Don't buy fresh fruits and vegetables — **1.1%**
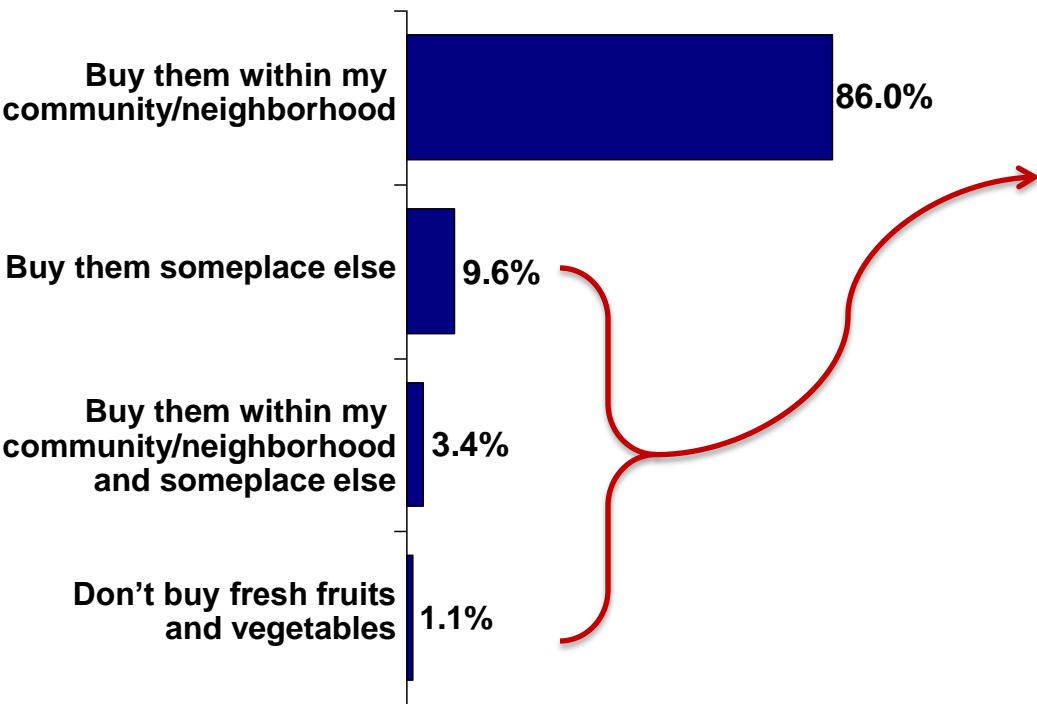
(n=1,184)

Reasons for Not Purchasing All Fresh Produce Locally

- Stores in my community have poor quality produce — **41.2%**
- Stores in my community are too expensive — **20.1%**
- No stores in my community — **14.2%**
- Don't cook — **4.5%**
- Grow our own — **3.5%**
- Don't eat fruits and vegetables — **3.0%**
- Lack of resources — **2.8%**
- Feel uncomfortable in the stores in my community — **1.7%**
- Stores in my community have poor quality service — **1.5%**
- Some other reason — **7.5%**
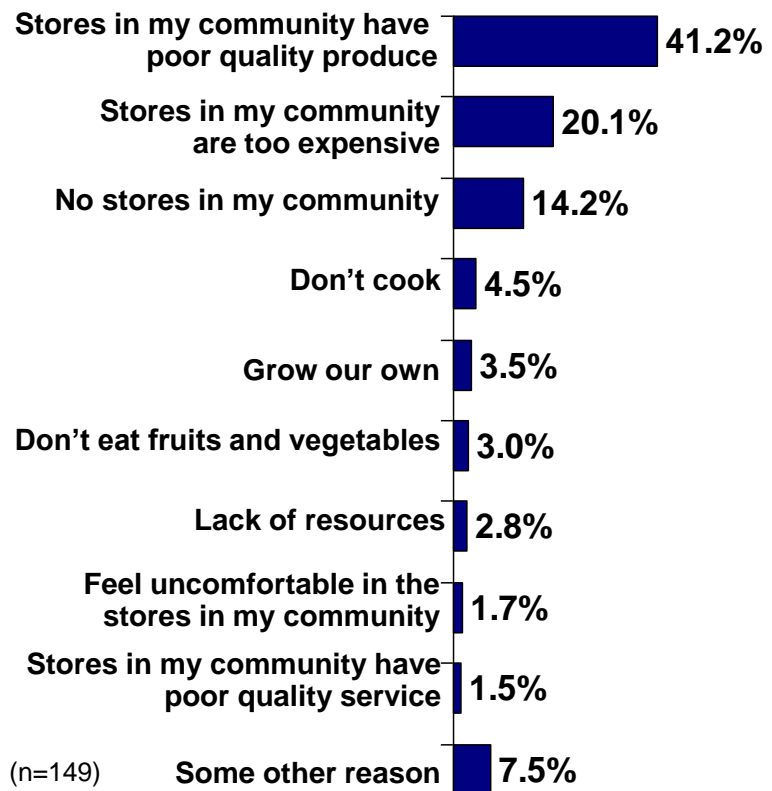
(n=149)

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

Category	Percentage
Strongly Agree	57.2%
Agree	36.5%
Neither Agree Nor Disagree	0.4%
Disagree	4.3%
Strongly Disagree	1.7%

93.7% (Strongly Agree + Agree)

(n=1,179)
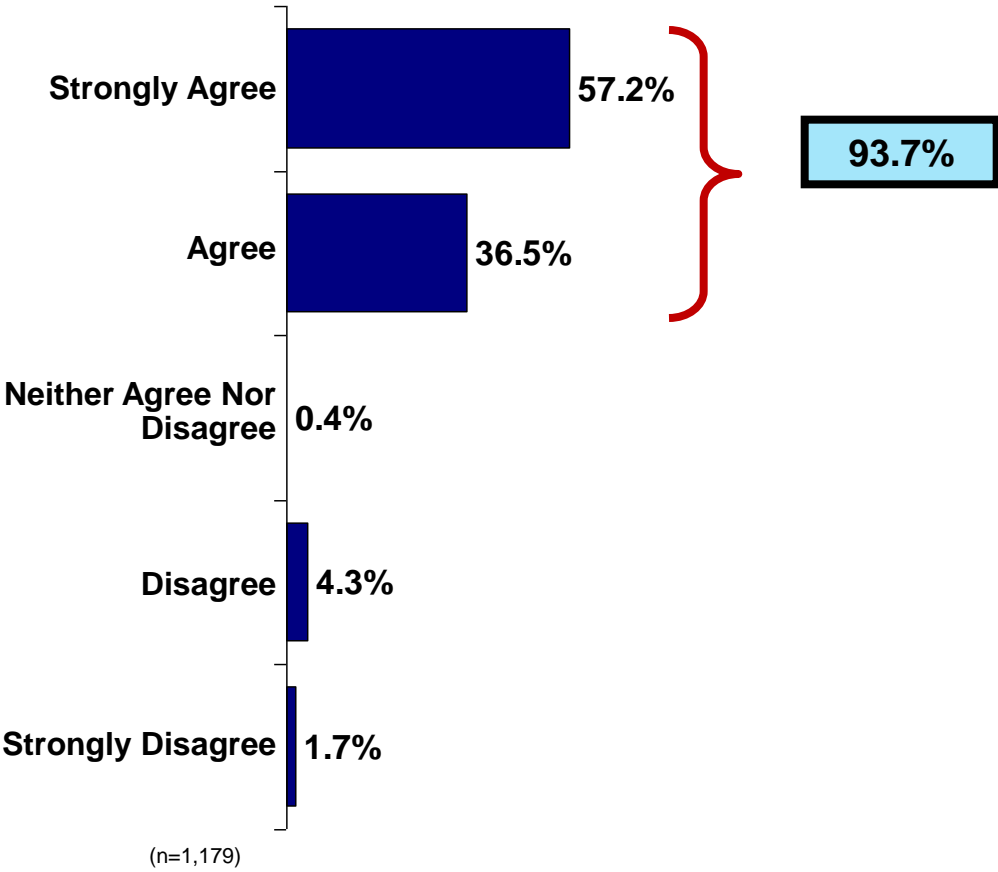
Q17.5: Please tell me how much you agree or disagree with the following statement. "It is easy to find fresh fruits and vegetables within your community or neighborhood." Would you say that you…

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, less than two-thirds (64.3%) are currently taking medication for it.

Hypertension Awareness

Ever Been Told You Have High Blood Pressure (Total Sample)
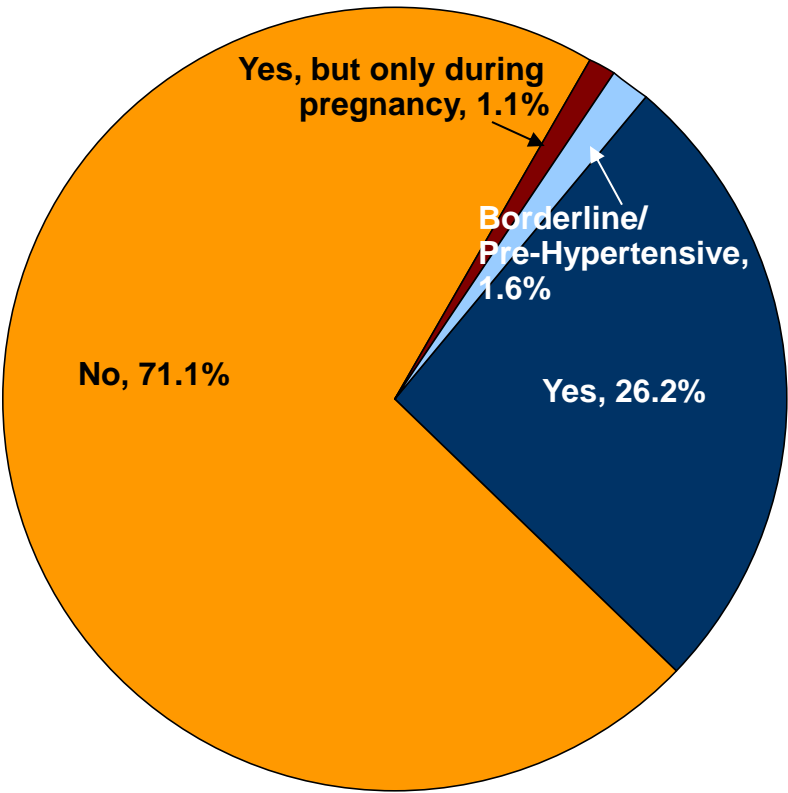
Currently Taking Medication for HBP (Among Those Who Have Been Told They Have HBP)

Yes, but only during pregnancy, 1.1%

Borderline/ Pre-Hypertensive, 1.6%

No, 71.1%

Yes, 26.2%

No, 35.7%

Yes, 64.3%

(n=1,203)
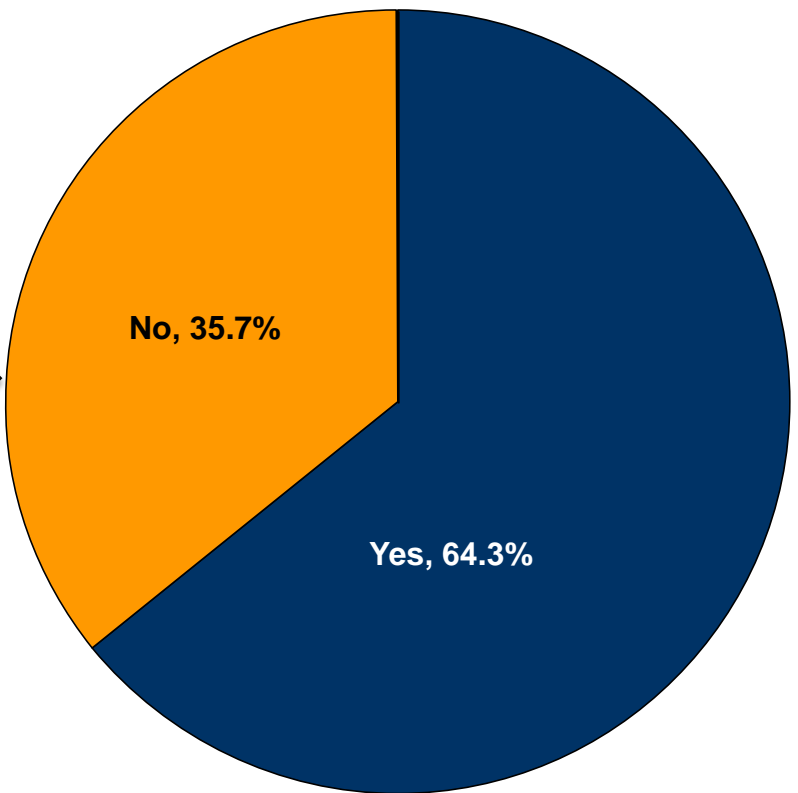
(n=548)

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

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

26.2%

(n=1,203)

*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.
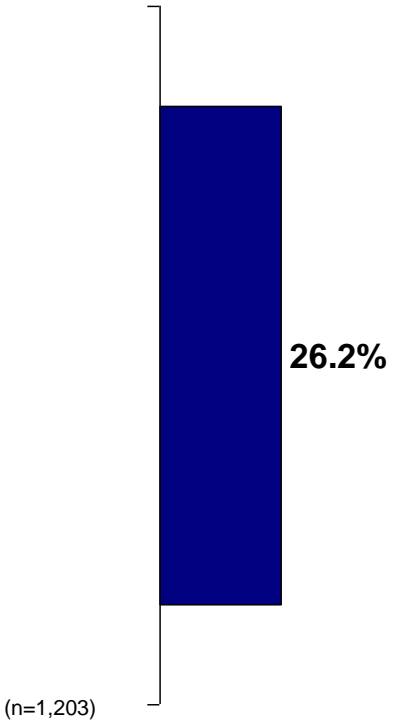
Ever Told HBP by Demographics

Age

18-24	4.6%
25-34	9.0%
35-44	27.0%
45-54	32.7%
55-64	45.6%
65-74	61.1%
75+	59.6%

Gender

Male	27.8%
Female	24.4%

Race/Ethnicity

White, Non-Hispanic	26.1%
Non-White	28.0%

Poverty Level

Below Poverty Line	29.5%
Above Poverty Line	26.2%

Education

< High School	25.0%
High School Grad	28.5%
Some College	24.4%
College Grad	25.5%

HH Income

<$20,000	39.2%
$20,000-$34,999	22.2%
$35,000-$49,999	22.6%
$50,000-$74,999	28.3%
$75,000+	24.3%

Region

Northeast	26.5%
Southern	24.5%
Western	28.6%

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

Hypertension Awareness

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

64.3%

(n=548)

*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.

Currently Take Medication for HBP by Demographics

Age

18-24	0.0%
25-34	19.4%
35-44	32.7%
45-54	67.6%
55-64	78.7%
65-74	89.0%
75+	90.4%

Gender

Male	63.1%
Female	65.7%

Race/Ethnicity

White, Non-Hispanic	64.6%
Non-White	61.3%

Poverty Level

Below Poverty Line	48.1%
Above Poverty Line	66.2%

Education

< High School	64.4%
High School Grad	63.2%
Some College	66.5%
College Grad	61.7%

HH Income

<$20,000	67.4%
$20,000-$34,999	82.8%
$35,000-$49,999	68.5%
$50,000-$74,999	46.8%
$75,000+	62.5%

Region

Northeast	66.6%
Southern	55.0%
Western	73.3%

Clinical Preventative Practices

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, <u>half (50.1%) are not currently taking medication to lower their high cholesterol</u>.

Cholesterol Awareness

Ever Had Blood Cholesterol Checked
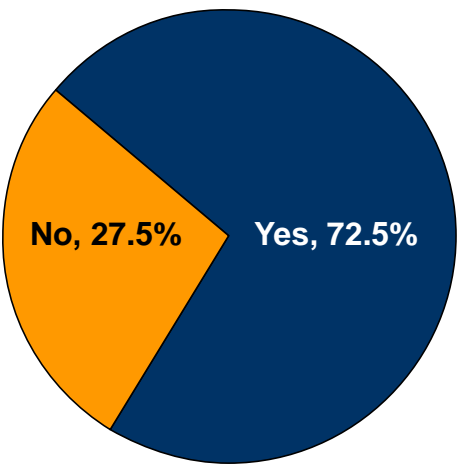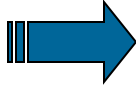
Last Time Had Blood Cholesterol Checked

Ever Told Blood Cholesterol is High

No, 27.5%   Yes, 72.5%

(n=1,184)

Within Past Year — 70.0%

Within Past 2 Years — 14.0%

Within Past 5 Years — 9.8%

5 or More Years Ago — 6.2%

(n=1,046)

No, 64.0%

Yes, 36.0%
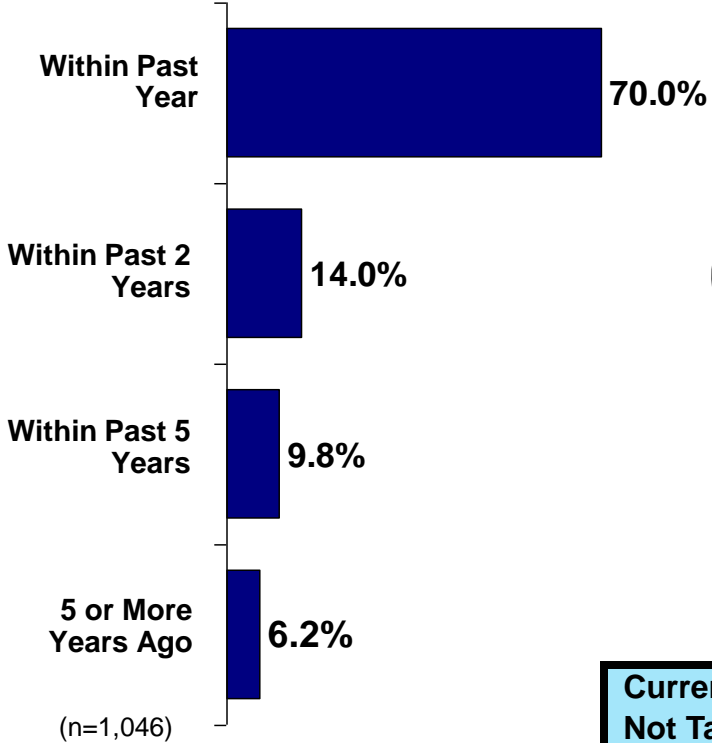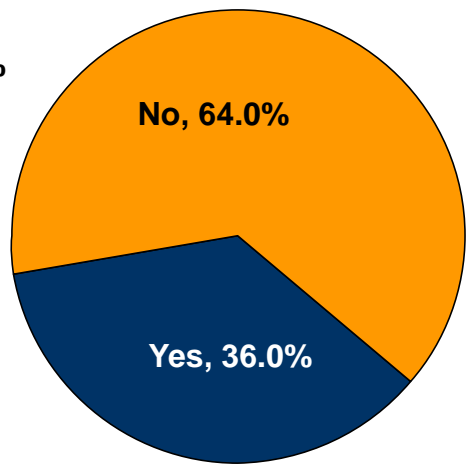
(n=1,046)

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)

72.5%

(n=1,184)

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

Ever Had Blood Cholesterol Checked by Demographics

Age
18-24	31.0%
25-34	61.9%
35-44	81.6%
45-54	91.8%
55-64	91.5%
65-74	96.8%
75+	93.5%

Gender
Male	71.5%
Female	73.5%

Race/Ethnicity
White, Non-Hispanic	74.4%
Non-White	52.8%

Poverty Level
Below Poverty Line	75.4%
Above Poverty Line	72.6%

Education
< High School	69.0%
High School Grad	71.4%
Some College	72.0%
College Grad	77.1%

HH Income
<$20,000	80.4%
$20,000-$34,999	60.8%
$35,000-$49,999	66.3%
$50,000-$74,999	80.3%
$75,000+	75.8%

Region
Northeast	74.4%
Southern	68.5%
Western	74.2%

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)

68.0%

(n=1,180)

*Among all adults, the proportion who reported they have had their blood cholesterol checked within the past five years.
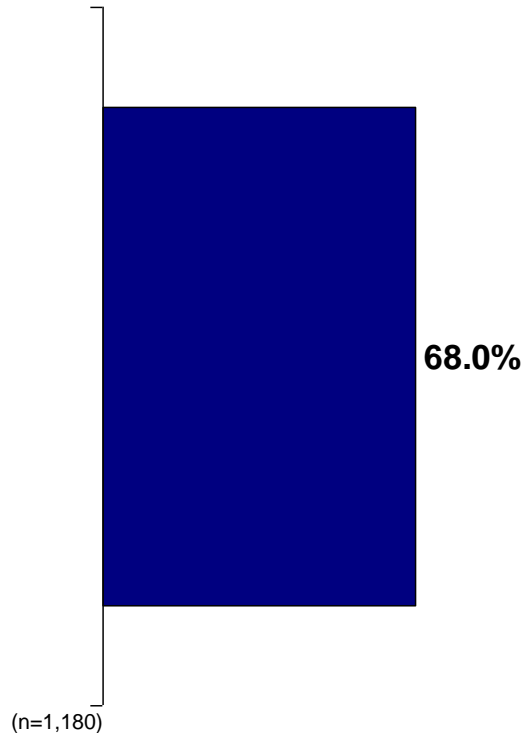
Had Blood Cholesterol Checked Within Past Five Years by Demographics

Age
- 18-24: 27.5%
- 25-34: 53.6%
- 35-44: 73.8%
- 45-54: 89.6%
- 55-64: 88.9%
- 65-74: 95.1%
- 75+: 91.8%

Gender
- Male: 65.9%
- Female: 70.2%

Race/Ethnicity
- White, Non-Hispanic: 69.6%
- Non-White: 50.2%

Poverty Level
- Below Poverty Line: 73.9%
- Above Poverty Line: 68.4%

Education
- < High School: 63.6%
- High School Grad: 65.0%
- Some College: 69.8%
- College Grad: 72.5%

HH Income
- <$20,000: 78.9%
- $20,000-$34,999: 58.9%
- $35,000-$49,999: 63.6%
- $50,000-$74,999: 76.7%
- $75,000+: 68.6%

Region
- Northeast: 70.8%
- Southern: 64.5%
- Western: 66.0%

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)

36.0%

(n=1,046)
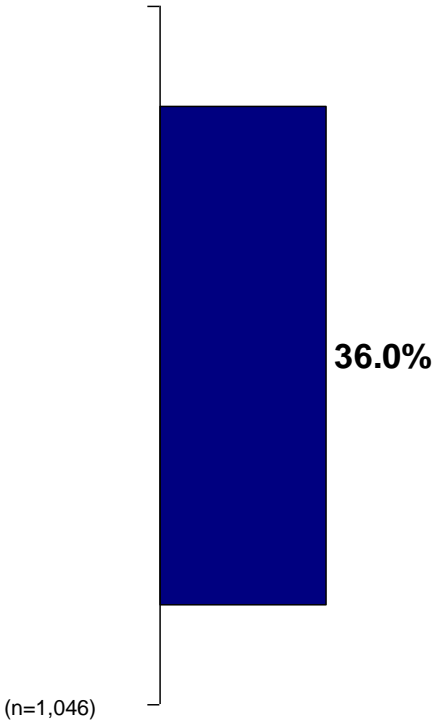
*Among adults who ever had their blood cholesterol checked, the proportion who reported that a doctor, nurse, or other health professional has told them that their cholesterol was high.

Ever Told Blood Cholesterol High by Demographics

Age
- 18-24: 0.0%
- 25-34: 11.9%
- 35-44: 32.6%
- 45-54: 42.8%
- 55-64: 54.0%
- 65-74: 56.6%
- 75+: 50.1%

Gender
- Male: 32.1%
- Female: 40.4%

Race/Ethnicity
- White, Non-Hispanic: 37.0%
- Non-White: 20.9%

Poverty Level
- Below Poverty Line: 53.6%
- Above Poverty Line: 34.7%

Education
- < High School: 52.1%
- High School Grad: 36.9%
- Some College: 33.2%
- College Grad: 32.1%

HH Income
- <$20,000: 52.6%
- $20,000-$34,999: 49.9%
- $35,000-$49,999: 36.1%
- $50,000-$74,999: 24.3%
- $75,000+: 32.7%

Region
- Northeast: 38.3%
- Southern: 34.9%
- Western: 31.2%

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

No, 19.6%

More than one, 3.2%

Yes, only one, 77.1%

80.3% have <u>medical home</u>
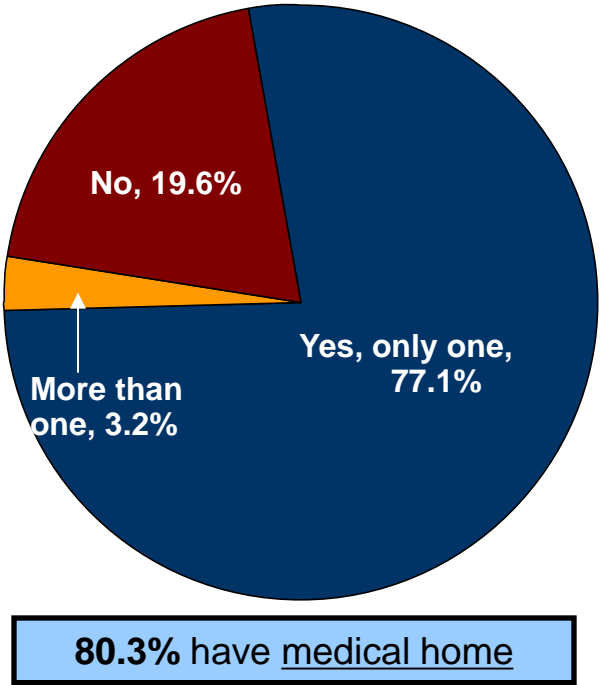
(n=1,203)

Last Time Visited Doctor for Routine Checkup

Within the past year	63.5%
Within past 2 years	13.7%
Within past 5 years	11.8%
5 or more years ago	9.6%
Never	1.4%
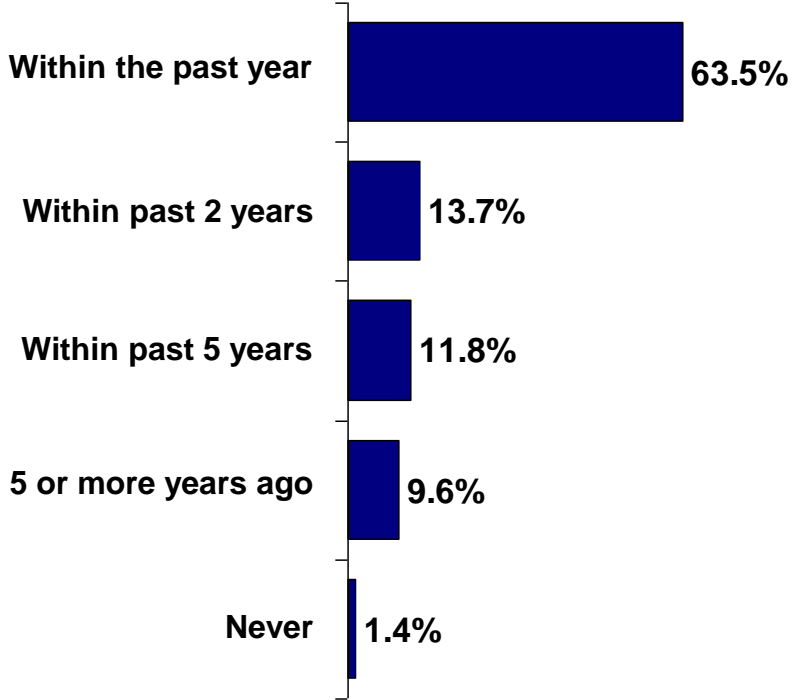
(n=1,200)

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 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)

19.6%

(n=1,203)

*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.
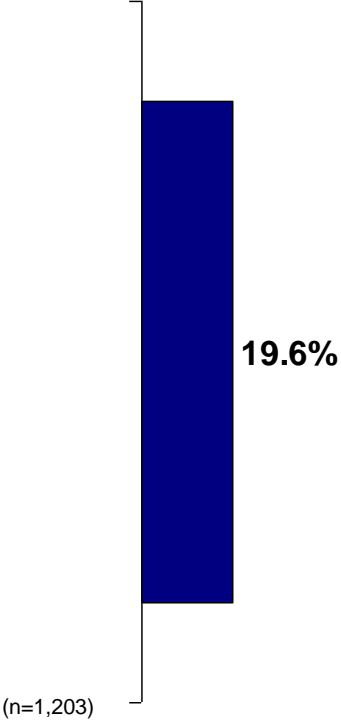
No Provider by Demographics

Age

18-24	30.3%
25-34	37.2%
35-44	18.6%
45-54	8.6%
55-64	9.1%
65-74	3.5%
75+	2.9%

Gender

Male	27.1%
Female	11.4%

Race/Ethnicity

White, Non-Hispanic	19.0%
Non-White	26.7%

Poverty Level

Below Poverty Line	25.5%
Above Poverty Line	19.7%

Education

< High School	16.2%
High School Grad	26.0%
Some College	15.5%
College Grad	17.2%

HH Income

<$20,000	26.0%
$20,000-$34,999	32.5%
$35,000-$49,999	15.6%
$50,000-$74,999	14.6%
$75,000+	16.0%

Region

Northeast	17.3%
Southern	25.8%
Western	14.7%

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)

36.5%

(n=1,200)

*Among all adults, the proportion who reported that they did not have a routine checkup in the past year.
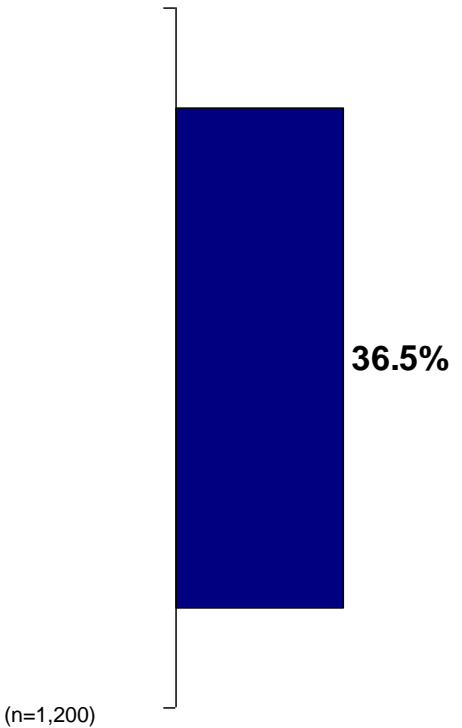
No Checkup by Demographics

Age
18-24	52.3%
25-34	59.5%
35-44	37.1%
45-54	20.9%
55-64	23.6%
65-74	12.1%
75+	10.9%

Gender
Male	41.1%
Female	31.4%

Race/Ethnicity
White, Non-Hispanic	35.3%
Non-White	49.9%

Poverty Level
Below Poverty Line	41.5%
Above Poverty Line	34.9%

Education
< High School	30.9%
High School Grad	38.3%
Some College	35.7%
College Grad	38.0%

HH Income
<$20,000	38.0%
$20,000-$34,999	42.6%
$35,000-$49,999	36.8%
$50,000-$74,999	28.5%
$75,000+	34.4%

Region
Northeast	33.6%
Southern	41.3%
Western	35.6%

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

Category	Percentage
Within the past year (anytime less than 12 months ago	67.5%
Within the past two years (1 year but less than 2 years ago	13.5%
Within the past 5 years (2 years but less than 5 years ago)	8.4%
5 or more years ago	10.1%
Never	0.5%

32.5%

(n=1,167)
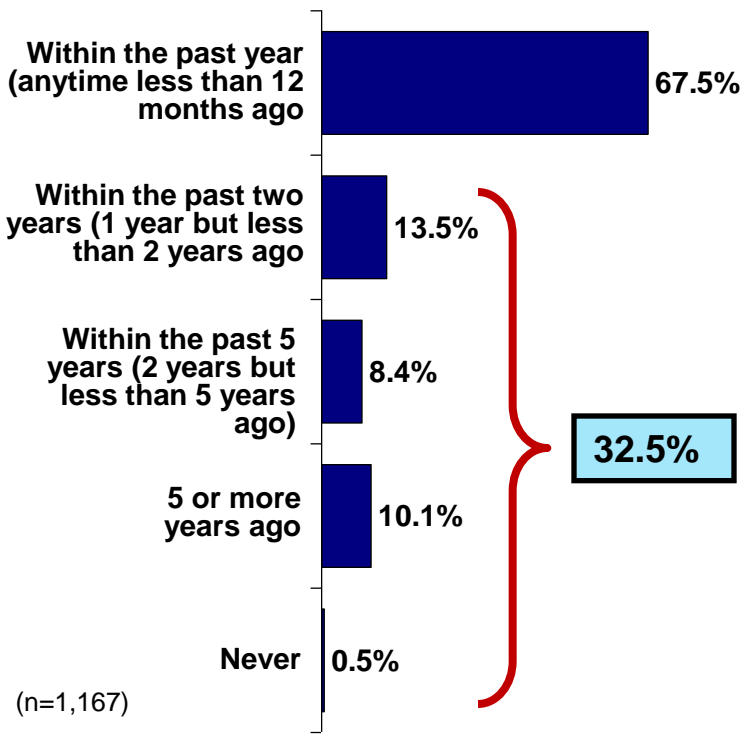
When Last Visited Dentist for Teeth *Cleaning*

Category	Percentage
Within the past year (anytime less than 12 months ago	63.1%
Within the past two years (1 year but less than 2 years ago	14.6%
Within the past 5 years (2 years but less than 5 years ago)	8.1%
5 or more years ago	13.1%
Never	1.1%

36.9%

(n=1,156)
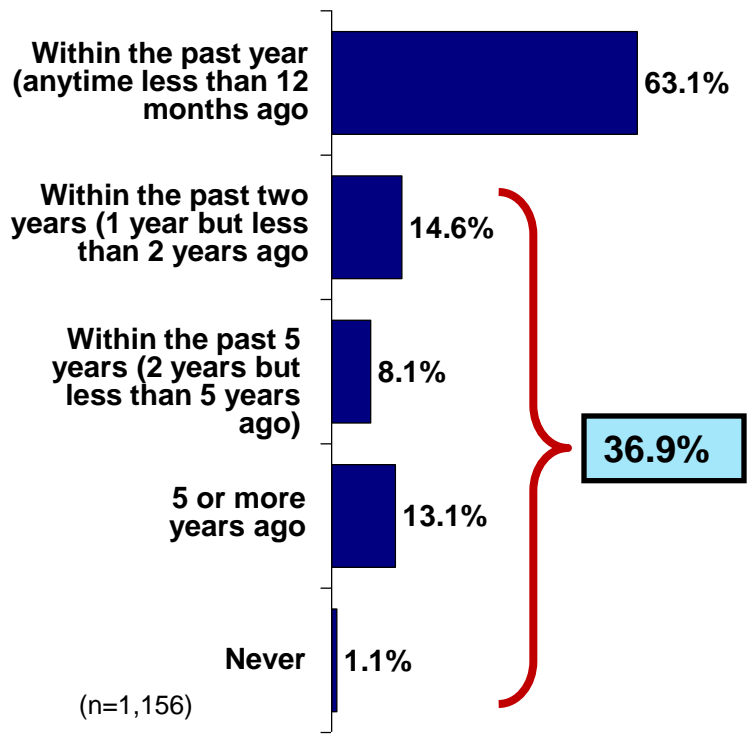
Q23.1: How long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists.
Q23.2: How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

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.
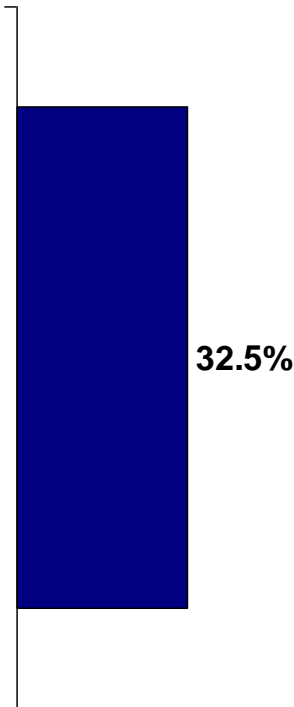
Oral Health (Continued)

No Dental Visit in Past Year* (Total Sample)

32.5%

(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

Age

18-24	35.9%
25-34	44.7%
35-44	31.2%
45-54	25.7%
55-64	30.4%
65-74	21.8%
75+	25.2%

Gender

Male	36.6%
Female	28.0%

Race/Ethnicity

White, Non-Hispanic	31.3%
Non-White	45.4%

Poverty Level

Below Poverty Line	43.2%
Above Poverty Line	31.8%

Education

< High School	43.1%
High School Grad	35.9%
Some College	28.7%
College Grad	27.5%

HH Income

<$20,000	45.2%
$20,000-$34,999	43.6%
$35,000-$49,999	30.4%
$50,000-$74,999	39.9%
$75,000+	15.2%

Region

Northeast	34.3%
Southern	34.7%
Western	21.3%

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 <u>inability to pay</u> for services and <u>lack of insurance</u> as the top barriers to receiving dental care.

<u>**Barriers to Dental Care**</u>

<u>Problems Getting Needed Dental Care</u>
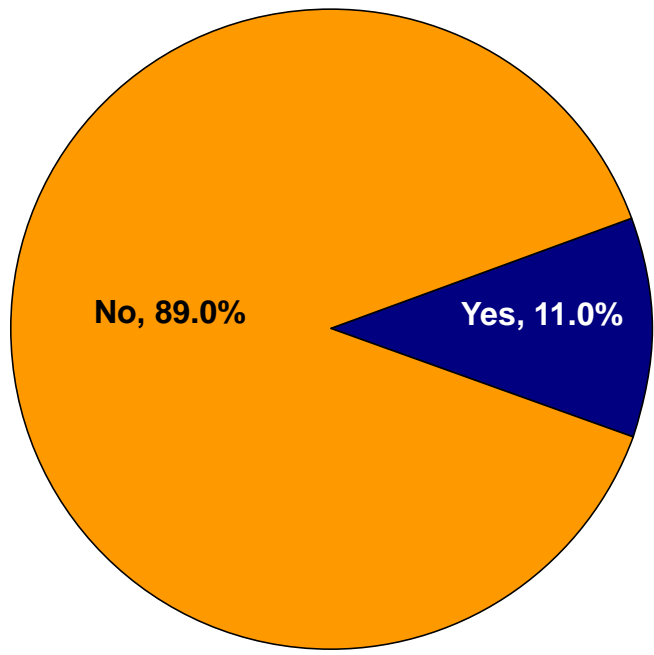
<u>**Reasons for Difficulty in Getting Dental Care**</u>

No, 89.0%

Yes, 11.0%

(n=1,167)

Cannot afford to pay for dental care — **42.6%**

Lack of insurance — **40.2%**

Cannot afford co-pay/deductible — **30.2%**

Provider would not accept insurance — **29.4%**

Insurance would not approve/pay for care — **24.5%**

Dentist/dental hygienist unavailable — **6.4%**

Lack of transportation — **3.8%**

Other — **3.0%**
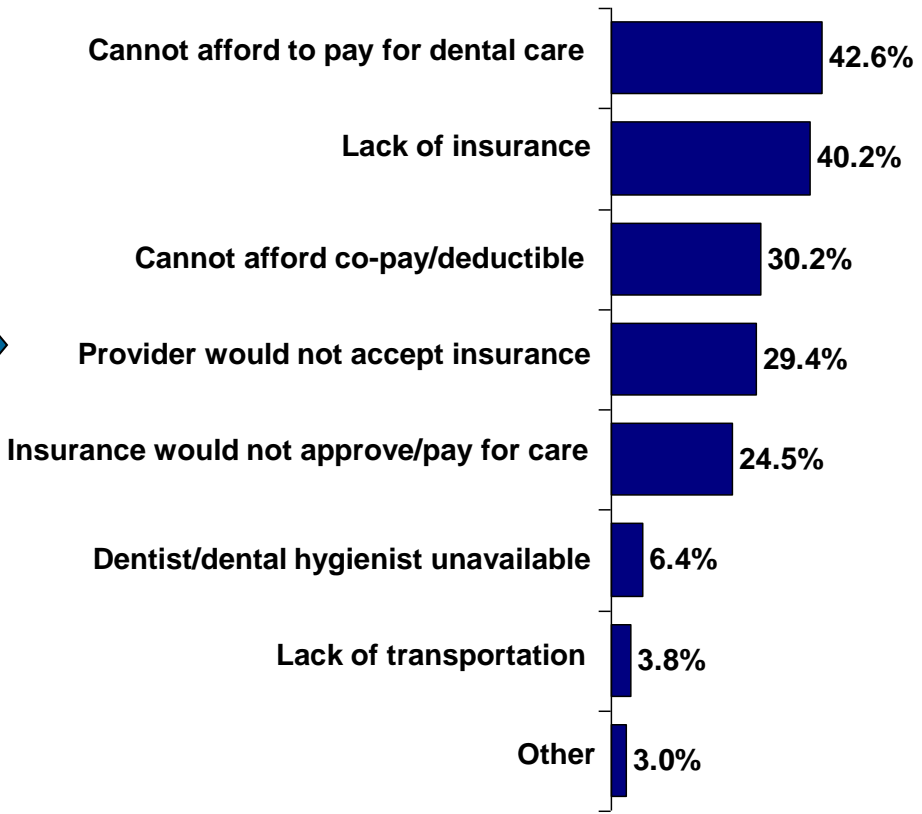
(n=91)
Base=had trouble getting needed dental care

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

Level	Percentage
Very Happy	48.2%
Somewhat Happy	30.1%
Slightly Happy	12.5%
Not Very Happy	6.3%
Not At All Happy	2.9%

Very Happy + Somewhat Happy = 78.3%

(n=1,167)
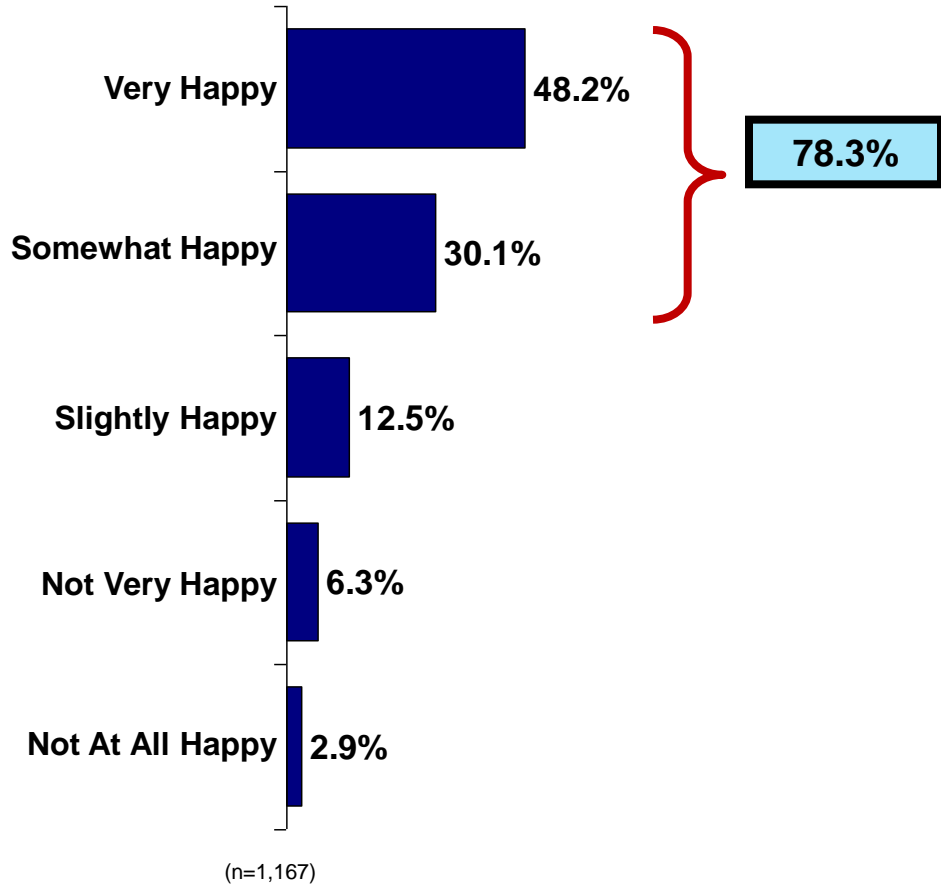
Q23.5: How happy are you with your smile?

Chronic Conditions

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)

Condition	Prevalence
Arthritis (including rheumatoid, gout, lupus, fibromyalgia) (n=1,203)	27.4%
Lifetime Asthma (n=1,202)	24.4%
Current Asthma (n=1,202)	15.4%
COPD (including emphysema, chronic bronchitis) (n=1,202)	10.2%
Diabetes (n=1,202)	10.0%
Cancer (Non-Skin) (n=1,203)	5.5%
Heart Attack (n=1,200)	4.1%
Skin Cancer (n=1,203)	3.6%
Angina/Coronary Heart Disease (n=1,198)	3.3%
Stroke (n=1,203)	2.3%
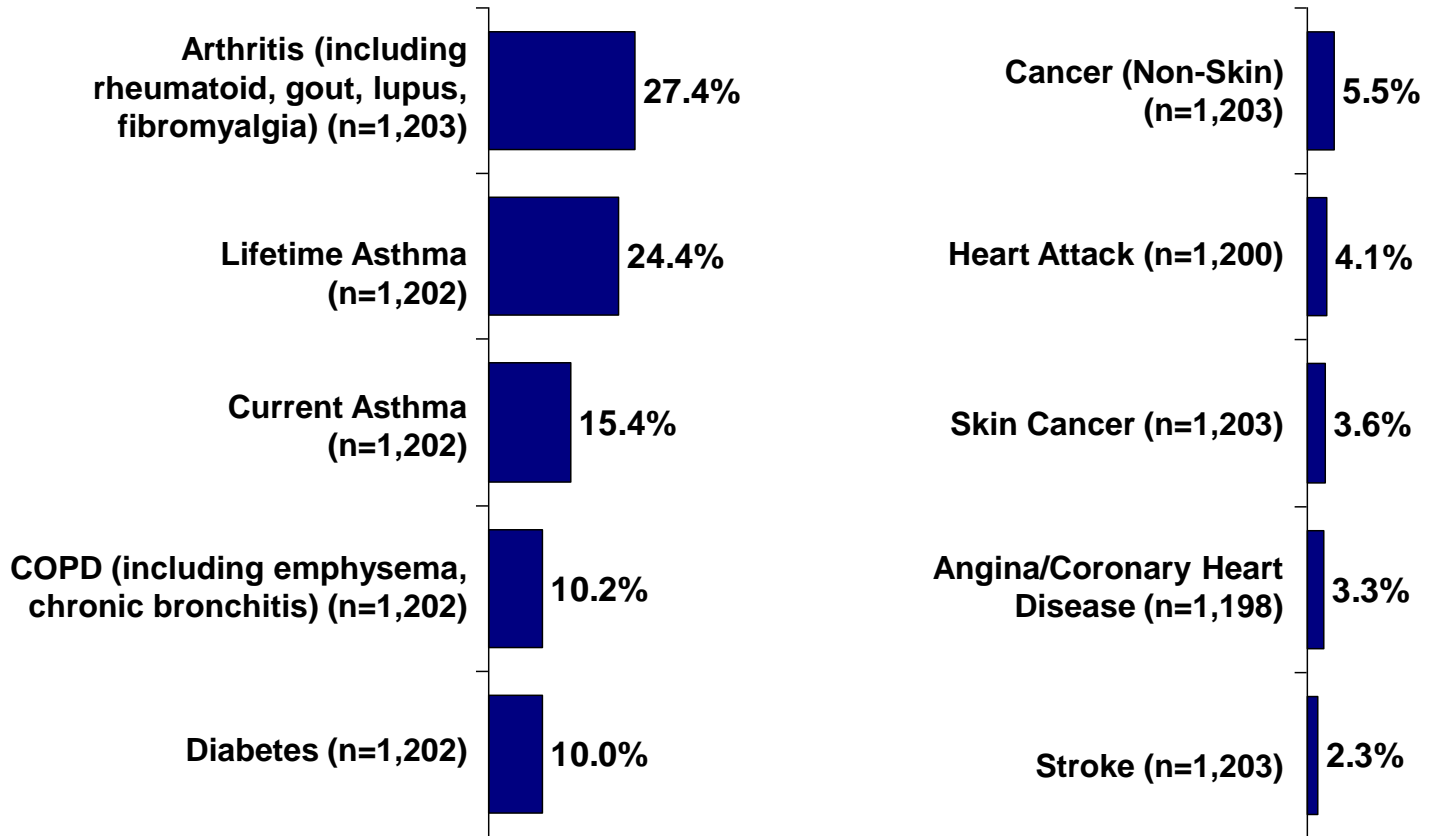
Q9.1-Q9.10: Has a doctor, nurse, or other health professional EVER told you that you had….
Q9.2: Do you still have asthma?

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

Prevalence of Diabetes

Ever Told Have Diabetes

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

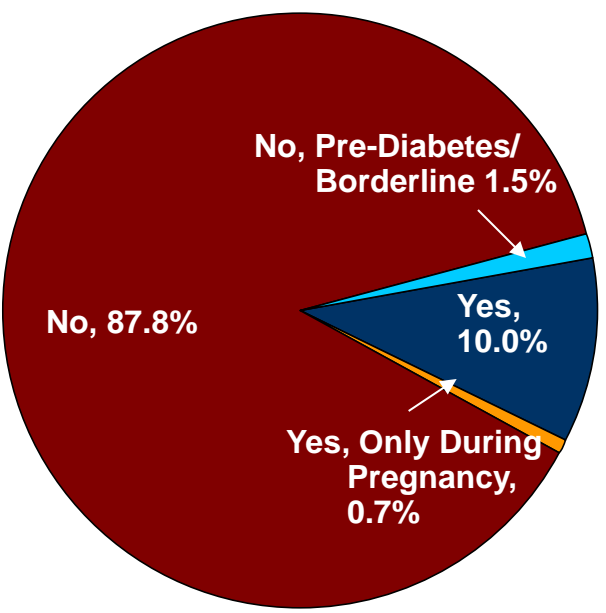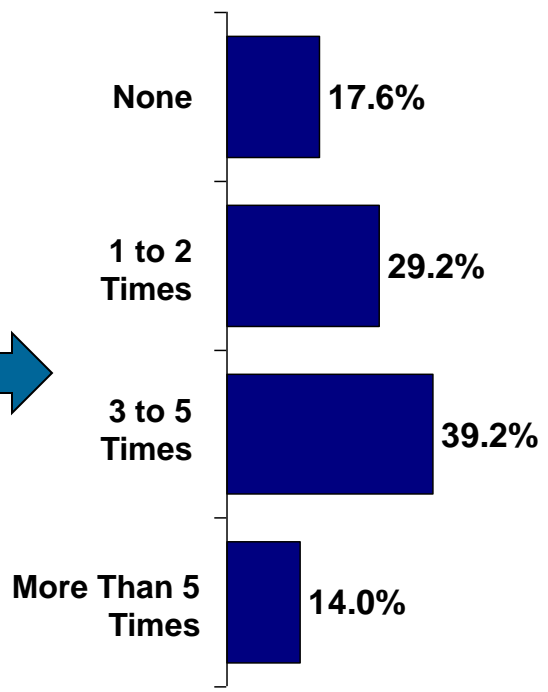**Number of Times in Past 12 Months Checked for A1c**

No, 87.8%

No, Pre-Diabetes/ Borderline 1.5%

Yes, 10.0%

Yes, Only During Pregnancy, 0.7%

(n=1,202)

None — 17.6%
1 to 2 Times — 29.2%
3 to 5 Times — 39.2%
More Than 5 Times — 14.0%

(n=195)   **Mean = 3.3**

None — 2.8%
1 to 2 Times — 46.0%
3 to 5 Times — 44.2%
More Than 5 Times — 7.0%
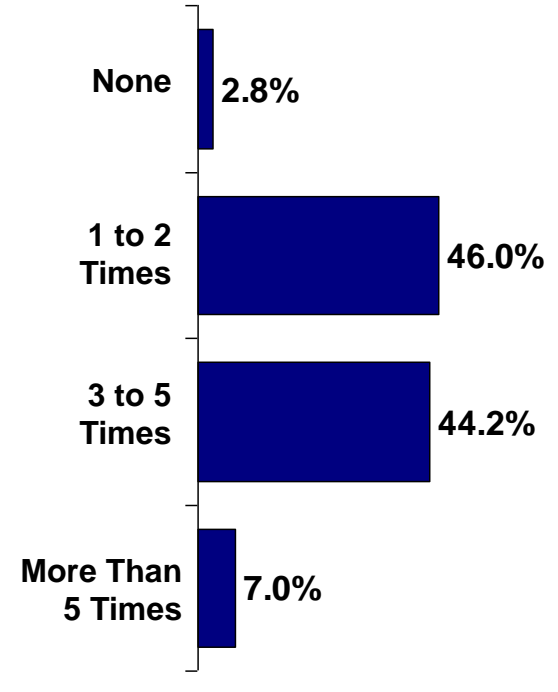
(n=167)   **Mean = 3.1**

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 have 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)
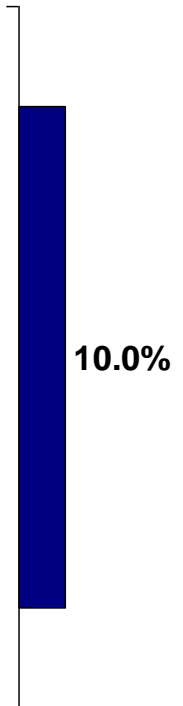
Told Have Diabetes by Demographics
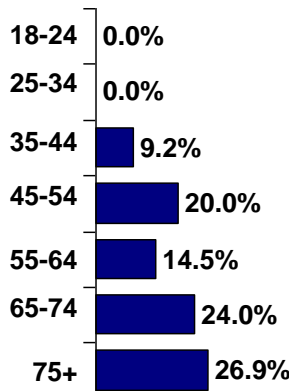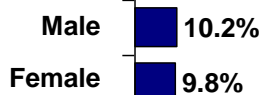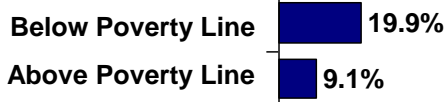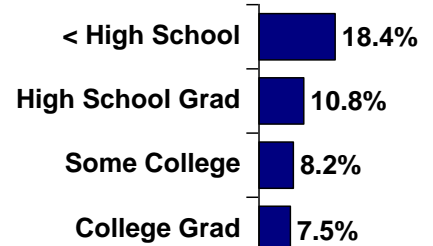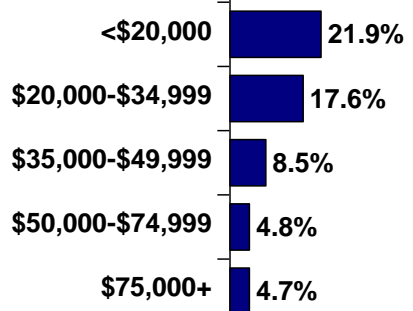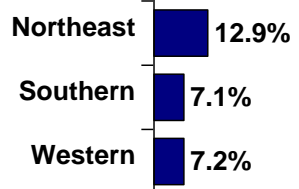
Age

18-24	0.0%
25-34	0.0%
35-44	9.2%
45-54	20.0%
55-64	14.5%
65-74	24.0%
75+	26.9%

Gender

Male	10.2%
Female	9.8%

Race/Ethnicity

White, Non-Hispanic	9.9%
Non-White	11.9%

Poverty Level

Below Poverty Line	19.9%
Above Poverty Line	9.1%

Education

< High School	18.4%
High School Grad	10.8%
Some College	8.2%
College Grad	7.5%

HH Income

<$20,000	21.9%
$20,000-$34,999	17.6%
$35,000-$49,999	8.5%
$50,000-$74,999	4.8%
$75,000+	4.7%

Region

Northeast	12.9%
Southern	7.1%
Western	7.2%

10.0%

(n=1,202)

*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
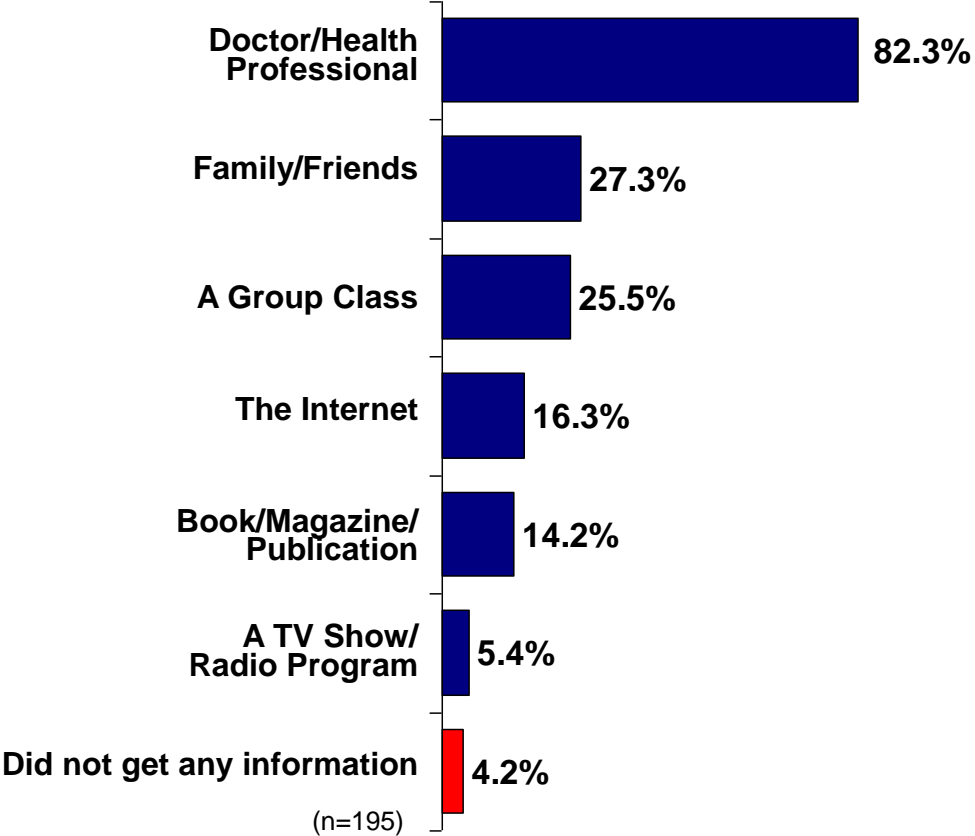
Source	Percentage
Doctor/Health Professional	82.3%
Family/Friends	27.3%
A Group Class	25.5%
The Internet	16.3%
Book/Magazine/Publication	14.2%
A TV Show/Radio Program	5.4%
Did not get any information	4.2%

(n=195)

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

- Extremely Confident — 53.0%
- Somewhat Confident — 14.4%
- Moderately Confident — 25.1%
- Not Very Confident — 6.0%
- Not At All Confident — 1.5%

(n=195)

Degree to Which Existing Programs and Services in the Community Help You Manage Diabetes
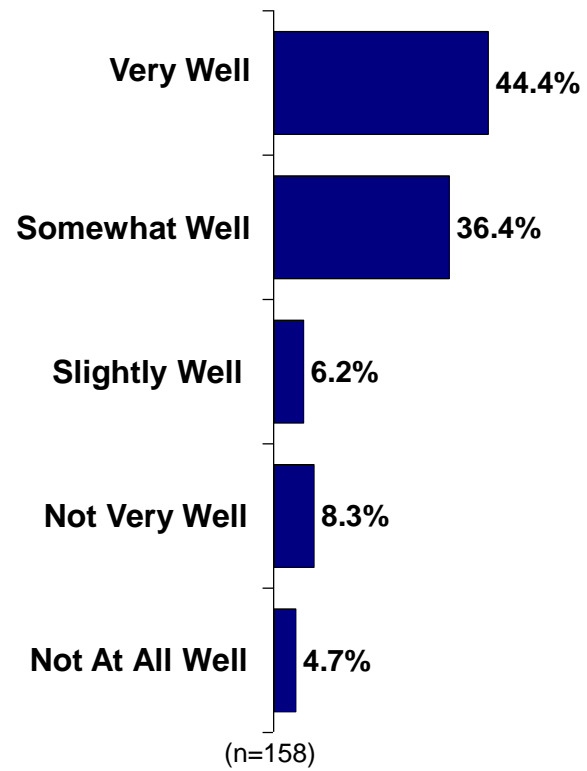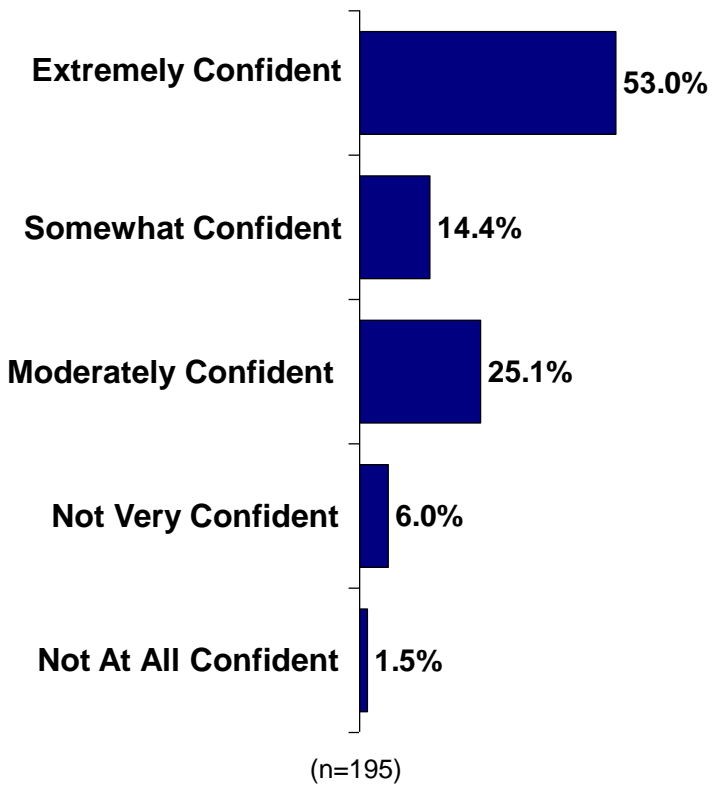
- Very Well — 44.4%
- Somewhat Well — 36.4%
- Slightly Well — 6.2%
- Not Very Well — 8.3%
- Not At All Well — 4.7%

(n=158)

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

Too hard to remember/ forget easily	21.6%
Lack of will-power/ motivation/personal responsibility	13.3%
Not enough programs/ services	12.9%
Too many chronic issues to manage	11.5%
Too costly/can't afford	6.9%
Existing programs/services are inadequate	5.2%
Do not have health insurance	5.2%
Don't trust health care providers	4.1%
Chronic conditions make it tough to be mobile	1.5%
Some other reason	7.7%
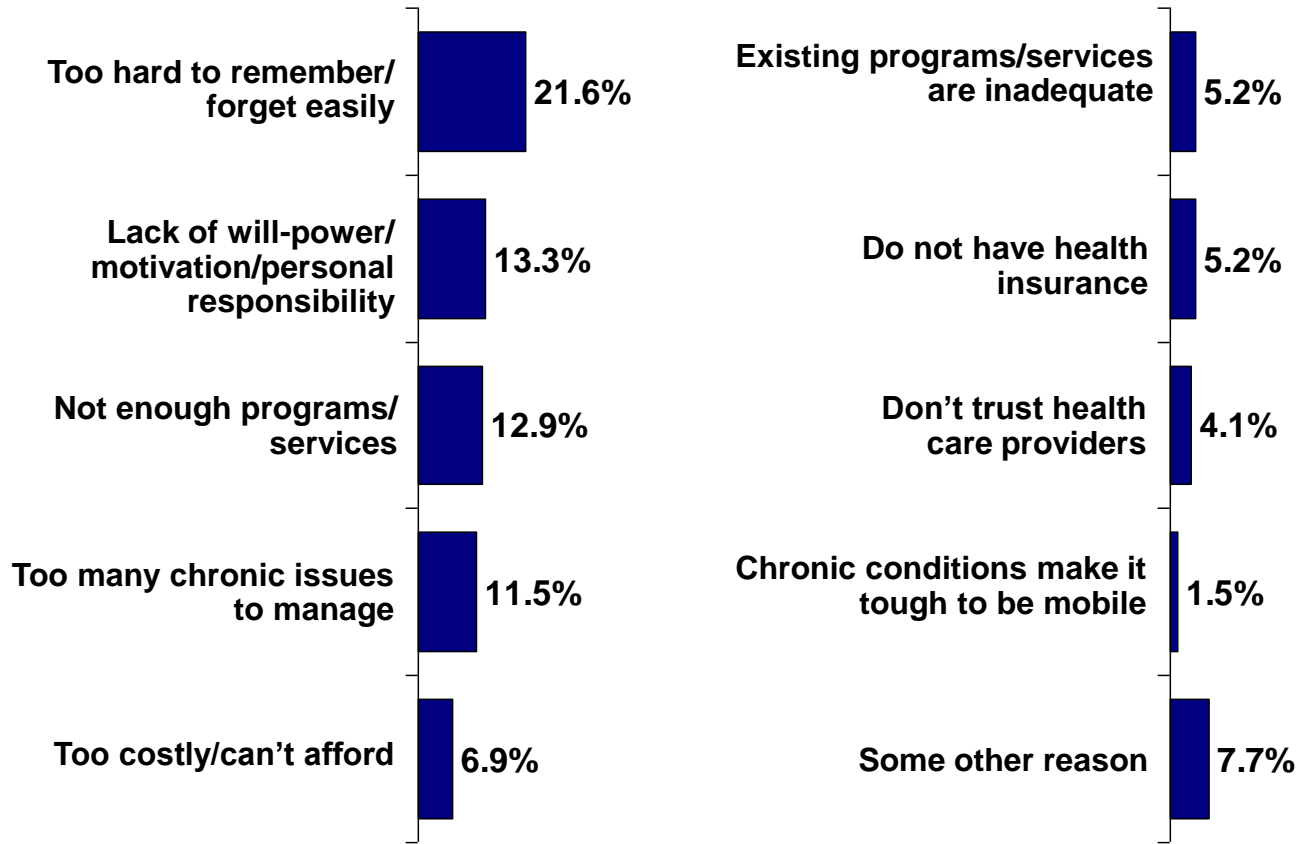
(n=16*)

*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)

24.4%
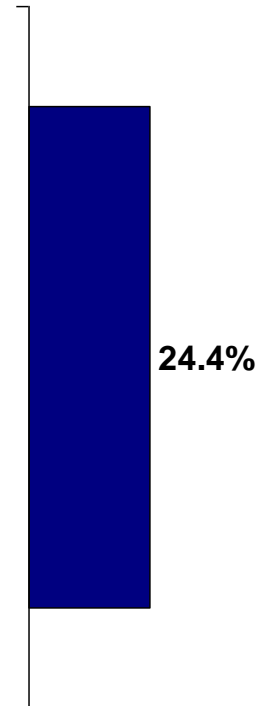
(n=1,202)

*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

Age
18-24	26.3%
25-34	36.1%
35-44	20.4%
45-54	24.7%
55-64	19.2%
65-74	15.1%
75+	13.4%

Gender
Male	19.3%
Female	30.0%

Race/Ethnicity
White, Non-Hispanic	24.2%
Non-White	25.8%

Poverty Level
Below Poverty Line	27.6%
Above Poverty Line	23.6%

Education
< High School	33.6%
High School Grad	19.2%
Some College	26.8%
College Grad	24.8%

HH Income
<$20,000	21.8%
$20,000-$34,999	28.6%
$35,000-$49,999	21.6%
$50,000-$74,999	24.2%
$75,000+	23.2%

Region
Northeast	31.3%
Southern	16.9%
Western	18.2%

Nearly one in six (15.4%) area adults <u>currently have</u> 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)

Current Asthma by Demographics

Age

18-24	17.8%
25-34	16.5%
35-44	14.8%
45-54	17.1%
55-64	13.2%
65-74	9.8%
75+	11.3%

Gender

Male	10.1%
Female	21.3%

Race/Ethnicity

White, Non-Hispanic	15.2%
Non-White	15.8%

Poverty Level

Below Poverty Line	22.9%
Above Poverty Line	14.0%

Education

< High School	33.0%
High School Grad	11.2%
Some College	15.5%
College Grad	13.9%

HH Income

<$20,000	16.2%
$20,000-$34,999	25.4%
$35,000-$49,999	8.9%
$50,000-$74,999	16.3%
$75,000+	9.1%

Region

Northeast	22.7%
Southern	6.3%
Western	11.5%

15.4%

(n=1,202)

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

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
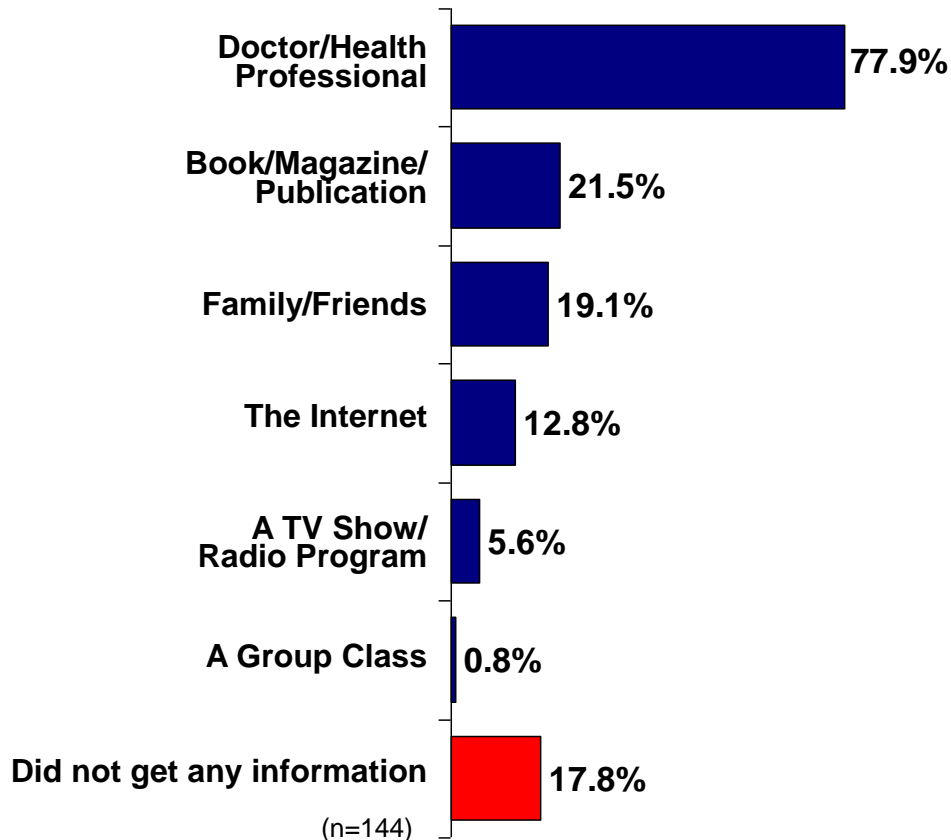
Source	Percent
Doctor/Health Professional	77.9%
Book/Magazine/Publication	21.5%
Family/Friends	19.1%
The Internet	12.8%
A TV Show/Radio Program	5.6%
A Group Class	0.8%
Did not get any information	17.8%

(n=144)

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

- Extremely Confident — **57.8%**
- Somewhat Confident — **17.3%**
- Moderately Confident — **22.1%**
- Not Very Confident — **2.6%**
- Not At All Confident — **0.2%**

(n=143)

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

- Very Well — **27.1%**
- Somewhat Well — **32.4%**
- Slightly Well — **22.4%**
- Not Very Well — **7.9%**
- Not At All Well — **10.1%**

(n=122)
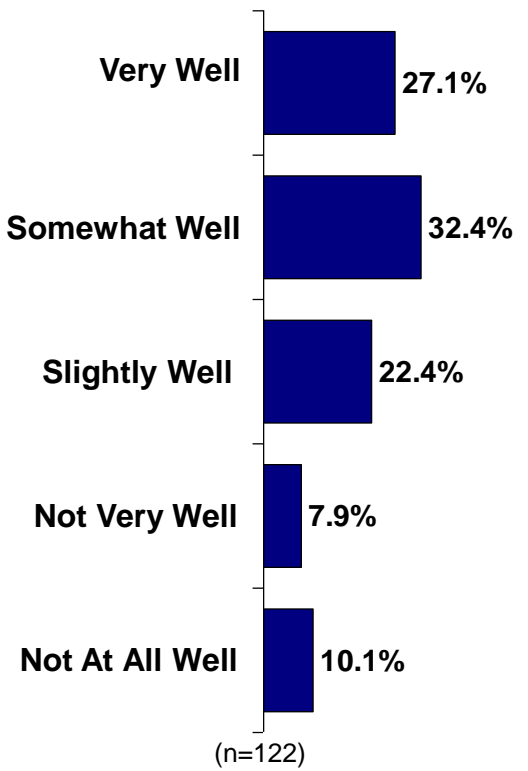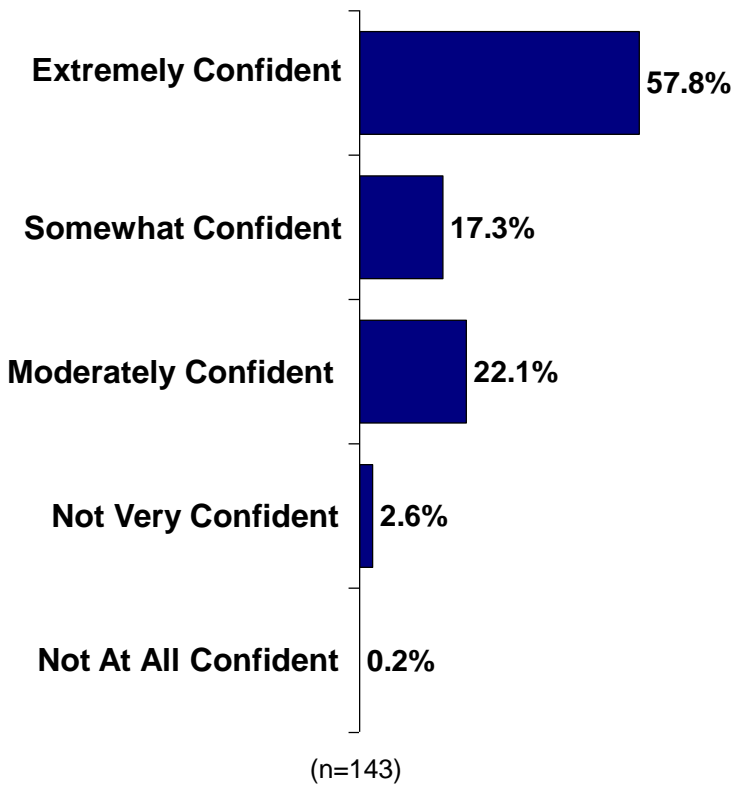
Q8.2: Having an illness often means doing different tasks and activities to manage your condition. How confident are you that you can do all things necessary to manage your asthma?
Q8.4: How well do you feel existing programs and services in the community help you in managing your asthma?

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

Reason	Percentage
Chronic conditions make it tough to be mobile	34.3%
Chronic condition is very bad/debilitating	28.7%
Existing programs/services are inadequate	27.0%
Not enough programs/services	10.1%
Too costly/can't afford	6.9%
Some other reason	10.1%

(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?

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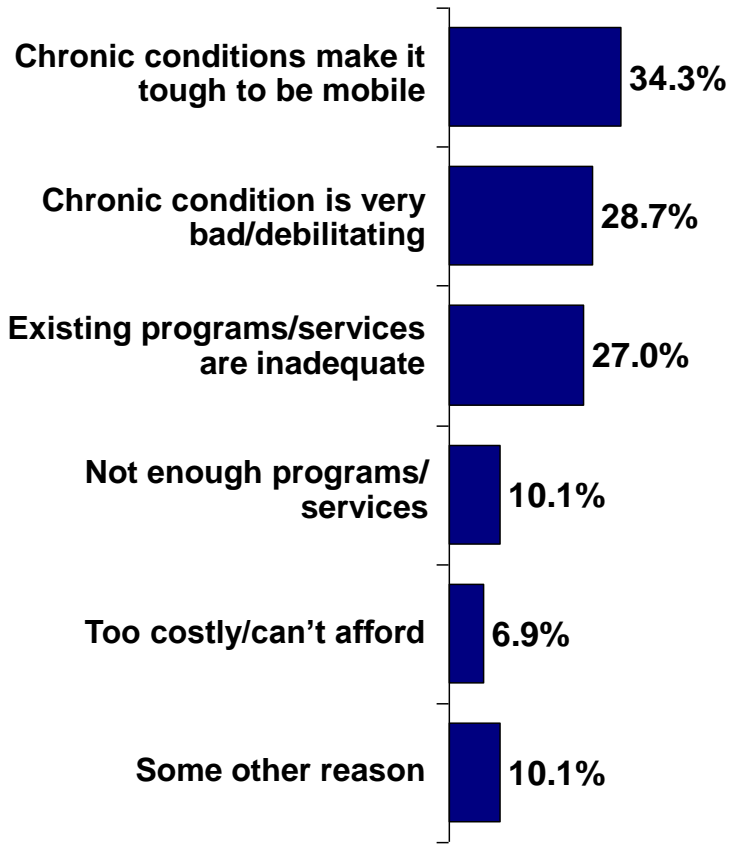
Overall, very few St. Clair County adults have had a heart attack. However, there are some glaring differences demographically.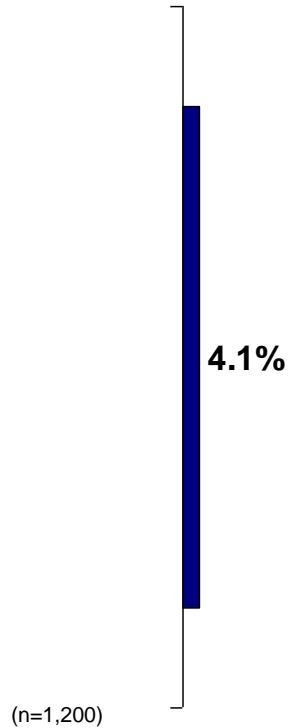 For example, there is an inverse relationship between having a heart attack and both education and income; in fact, one in ten adults with household incomes less than $20K have had a heart attack, compared to 1.7% for those earning $75K or more. Men and non-White adults are more likely to have had a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

Heart Attack

Ever Told Had Heart Attack*
(Total Sample)

Told Had Heart Attack by Demographics
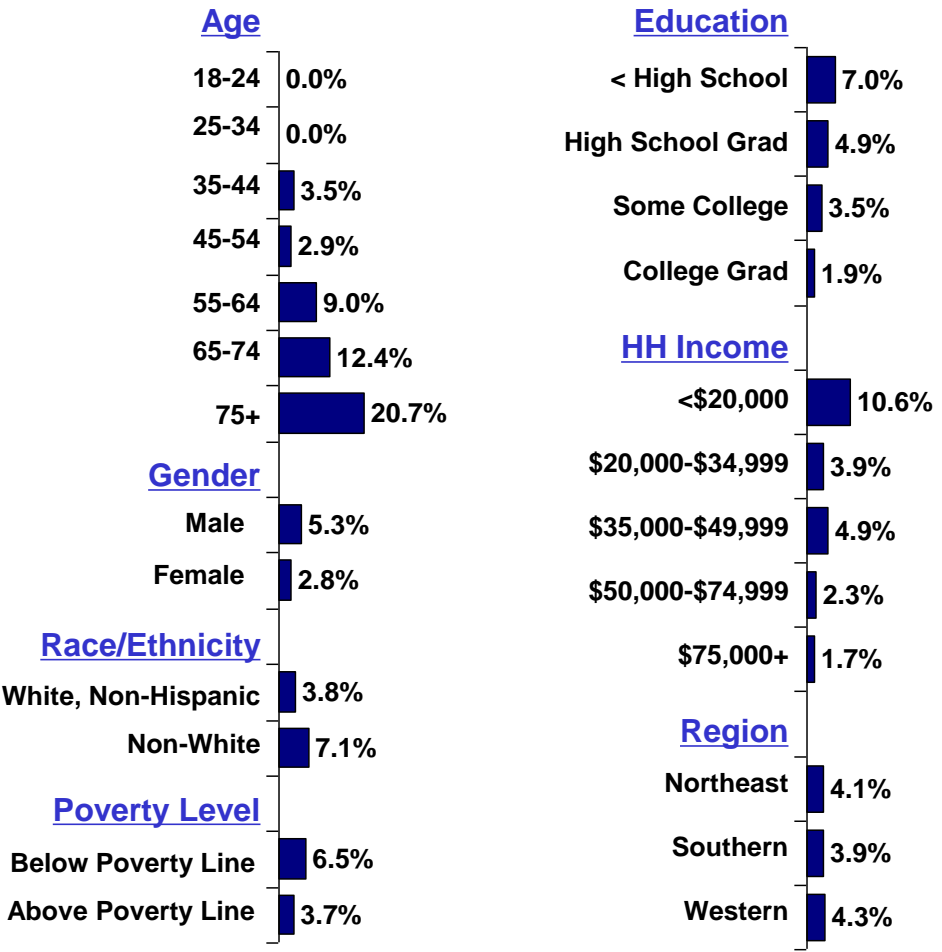
Age

18-24	0.0%
25-34	0.0%
35-44	3.5%
45-54	2.9%
55-64	9.0%
65-74	12.4%
75+	20.7%

Gender

Male	5.3%
Female	2.8%

Race/Ethnicity

White, Non-Hispanic	3.8%
Non-White	7.1%

Poverty Level

Below Poverty Line	6.5%
Above Poverty Line	3.7%

Education

< High School	7.0%
High School Grad	4.9%
Some College	3.5%
College Grad	1.9%

HH Income

<$20,000	10.6%
$20,000-$34,999	3.9%
$35,000-$49,999	4.9%
$50,000-$74,999	2.3%
$75,000+	1.7%

Region

Northeast	4.1%
Southern	3.9%
Western	4.3%

4.1%

(n=1,200)

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

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
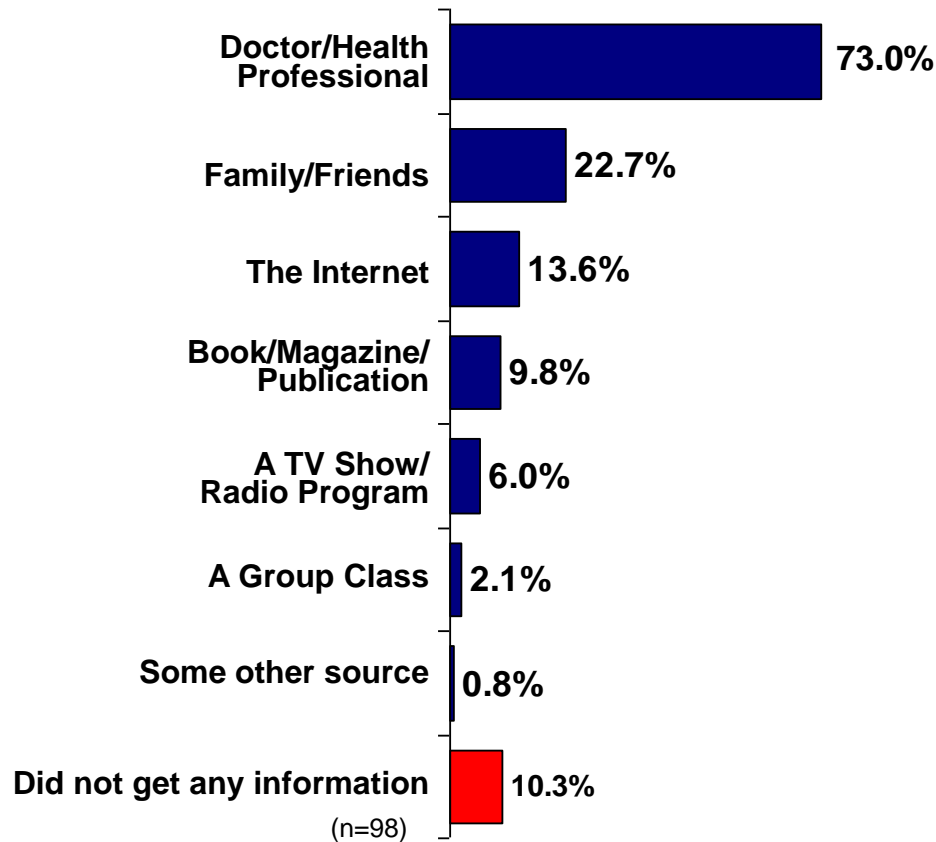
Source	Percentage
Doctor/Health Professional	73.0%
Family/Friends	22.7%
The Internet	13.6%
Book/Magazine/Publication	9.8%
A TV Show/Radio Program	6.0%
A Group Class	2.1%
Some other source	0.8%
Did not get any information	10.3%

(n=98)

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

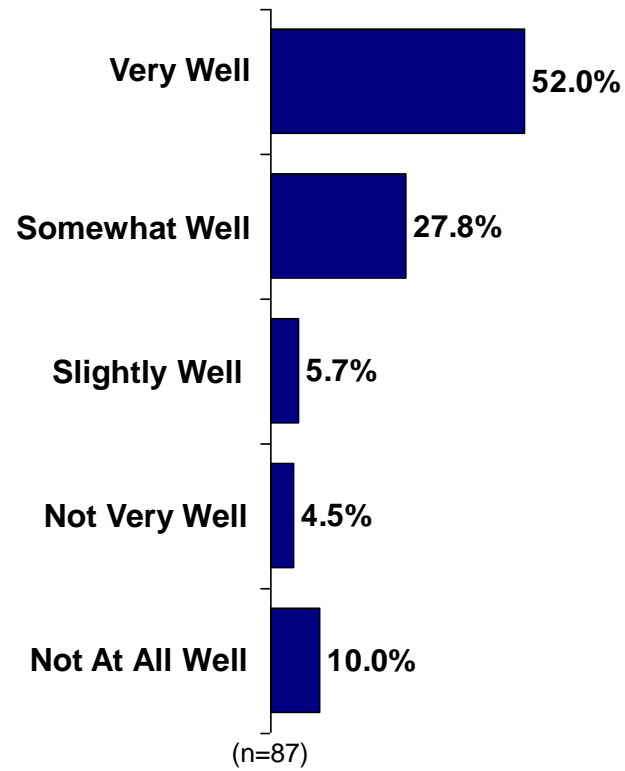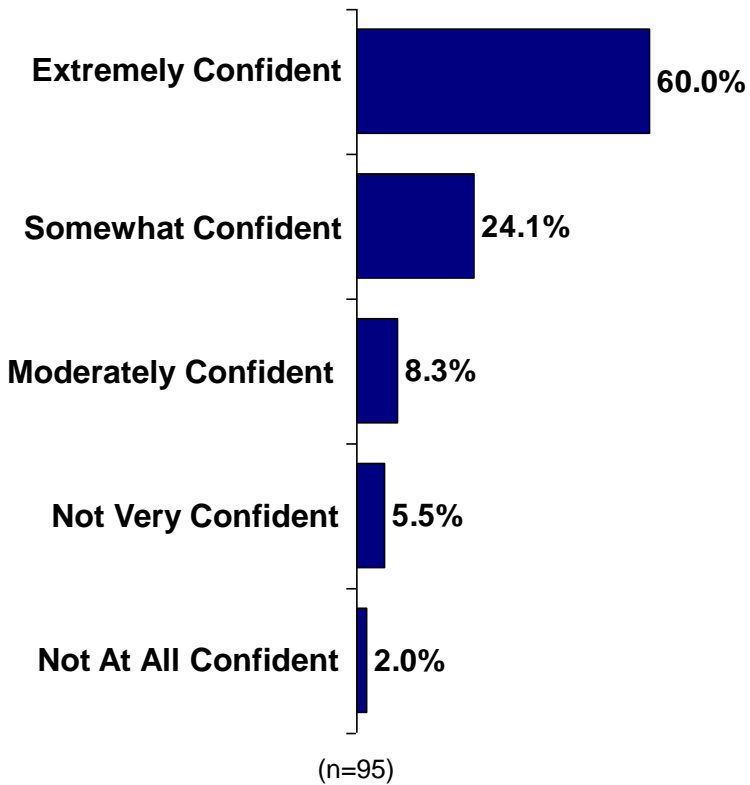More than nine in ten (92.5%) area adults are at least moderately confident they can do all the things necessary to manage their heart attack/cardiovascular disease; 60.0% are extremely confident. Moreover, eight in ten (79.8%) believe existing programs and services in the community help them manage 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

Category	Value
Extremely Confident	60.0%
Somewhat Confident	24.1%
Moderately Confident	8.3%
Not Very Confident	5.5%
Not At All Confident	2.0%

(n=95)

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

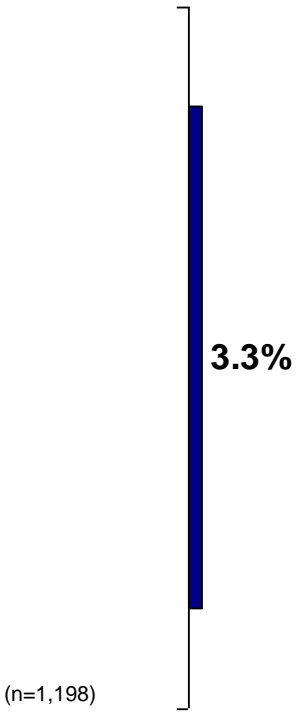| Category	Value
Very Well	52.0%
Somewhat Well	27.8%
Slightly Well	5.7%
Not Very Well	4.5%
Not At All Well	10.0%

(n=87)

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?
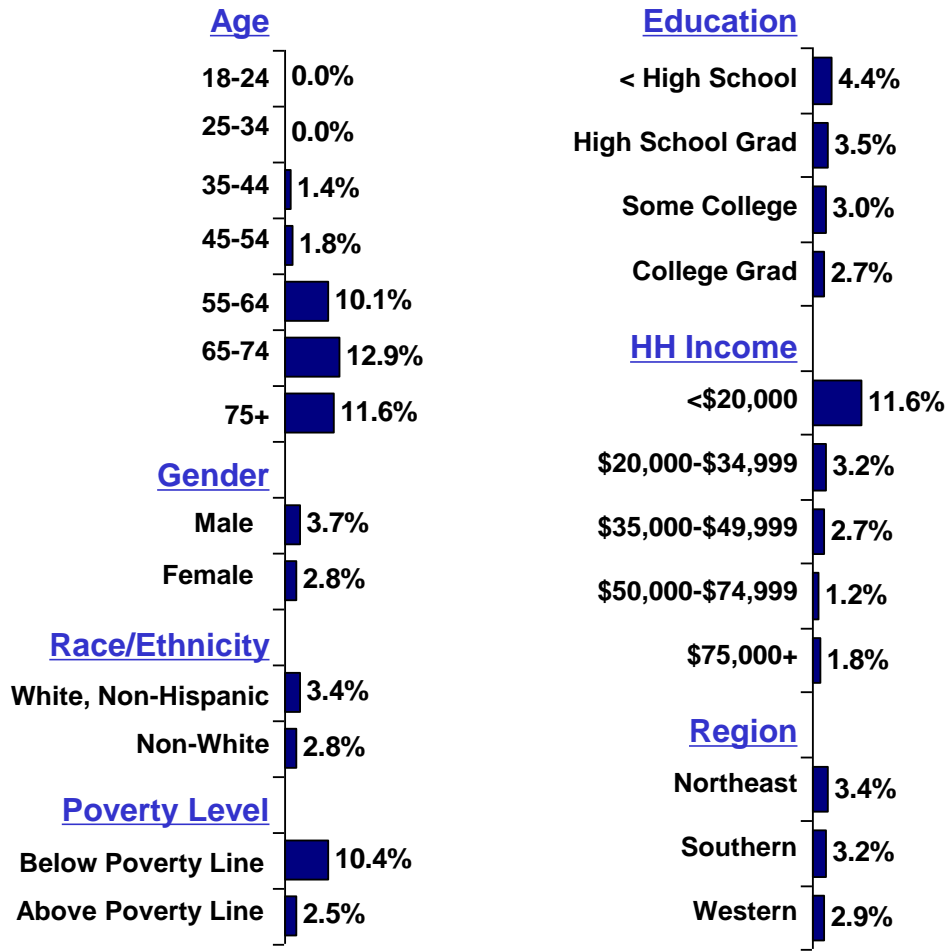
VIP Research and Evaluation

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)

3.3%

(n=1,198)

*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

Age

18-24	0.0%
25-34	0.0%
35-44	1.4%
45-54	1.8%
55-64	10.1%
65-74	12.9%
75+	11.6%

Gender

Male	3.7%
Female	2.8%

Race/Ethnicity

White, Non-Hispanic	3.4%
Non-White	2.8%

Poverty Level

Below Poverty Line	10.4%
Above Poverty Line	2.5%

Education

< High School	4.4%
High School Grad	3.5%
Some College	3.0%
College Grad	2.7%

HH Income

<$20,000	11.6%
$20,000-$34,999	3.2%
$35,000-$49,999	2.7%
$50,000-$74,999	1.2%
$75,000+	1.8%

Region

Northeast	3.4%
Southern	3.2%
Western	2.9%

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.

<u>Information Sources for Management of Angina/CHD</u>
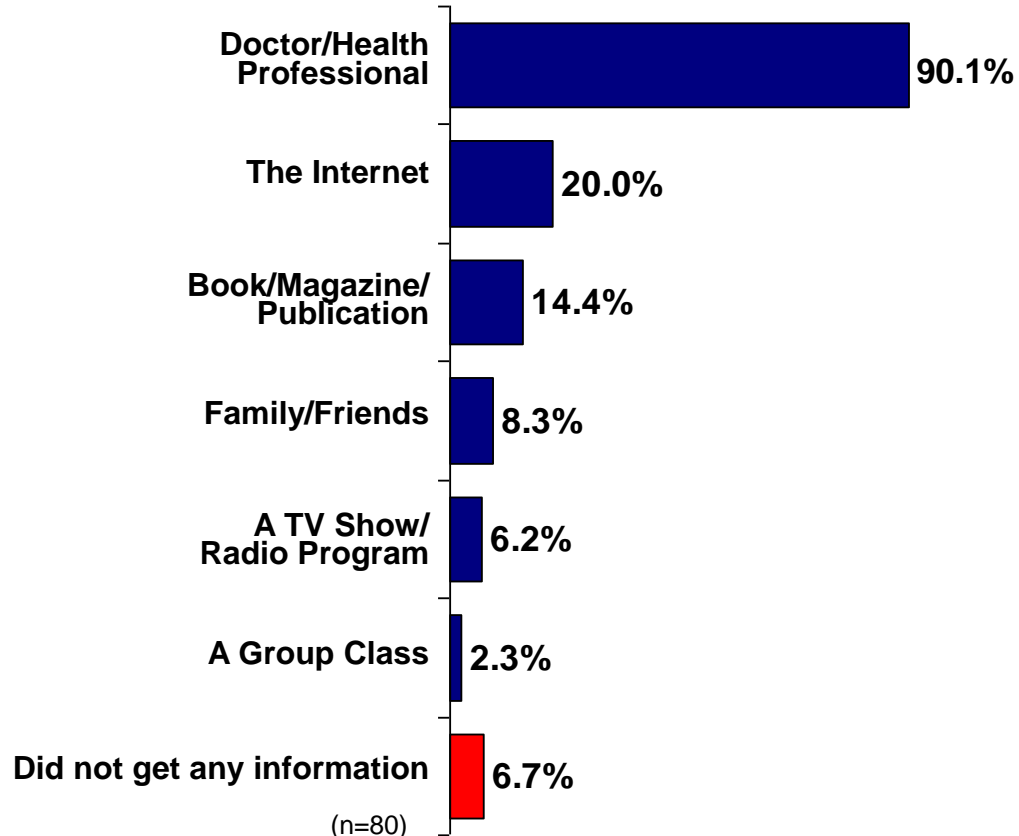
Source	Percentage
Doctor/Health Professional	90.1%
The Internet	20.0%
Book/Magazine/Publication	14.4%
Family/Friends	8.3%
A TV Show/Radio Program	6.2%
A Group Class	2.3%
Did not get any information	6.7%

(n=80)

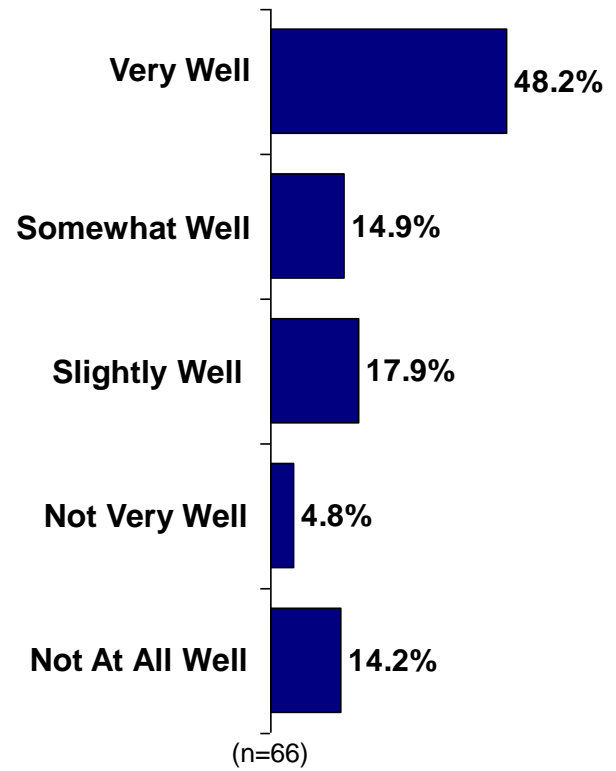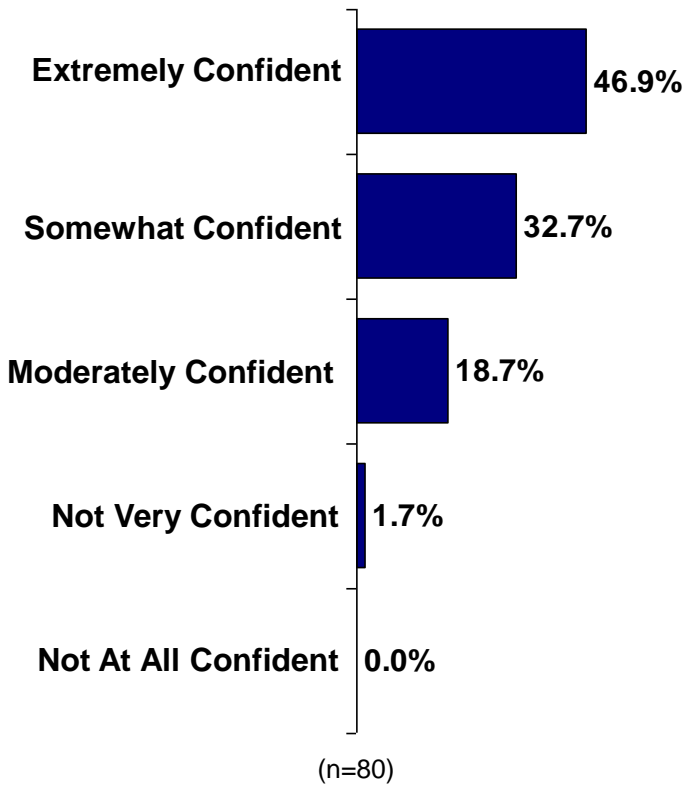Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?

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

- Extremely Confident — 46.9%
- Somewhat Confident — 32.7%
- Moderately Confident — 18.7%
- Not Very Confident — 1.7%
- Not At All Confident — 0.0%

(n=80)

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

- Very Well — 48.2%
- Somewhat Well — 14.9%
- Slightly Well — 17.9%
- Not Very Well — 4.8%
- Not At All Well — 14.2%

(n=66)

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)
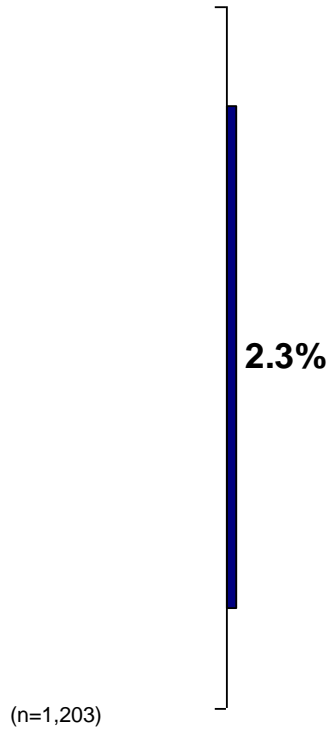
2.3%

(n=1,203)

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

Told Had Stroke by Demographics

Age

18-24	0.0%
25-34	0.0%
35-44	0.0%
45-54	4.0%
55-64	5.5%
65-74	8.0%
75+	5.7%

Gender

Male	1.6%
Female	3.0%

Race/Ethnicity

White, Non-Hispanic	2.2%
Non-White	3.1%

Poverty Level

Below Poverty Line	9.1%
Above Poverty Line	1.5%

Education

< High School	3.7%
High School Grad	3.0%
Some College	1.9%
College Grad	0.9%

HH Income

<$20,000	8.9%
$20,000-$34,999	3.7%
$35,000-$49,999	0.7%
$50,000-$74,999	1.2%
$75,000+	0.1%

Region

Northeast	2.9%
Southern	1.9%
Western	1.0%

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
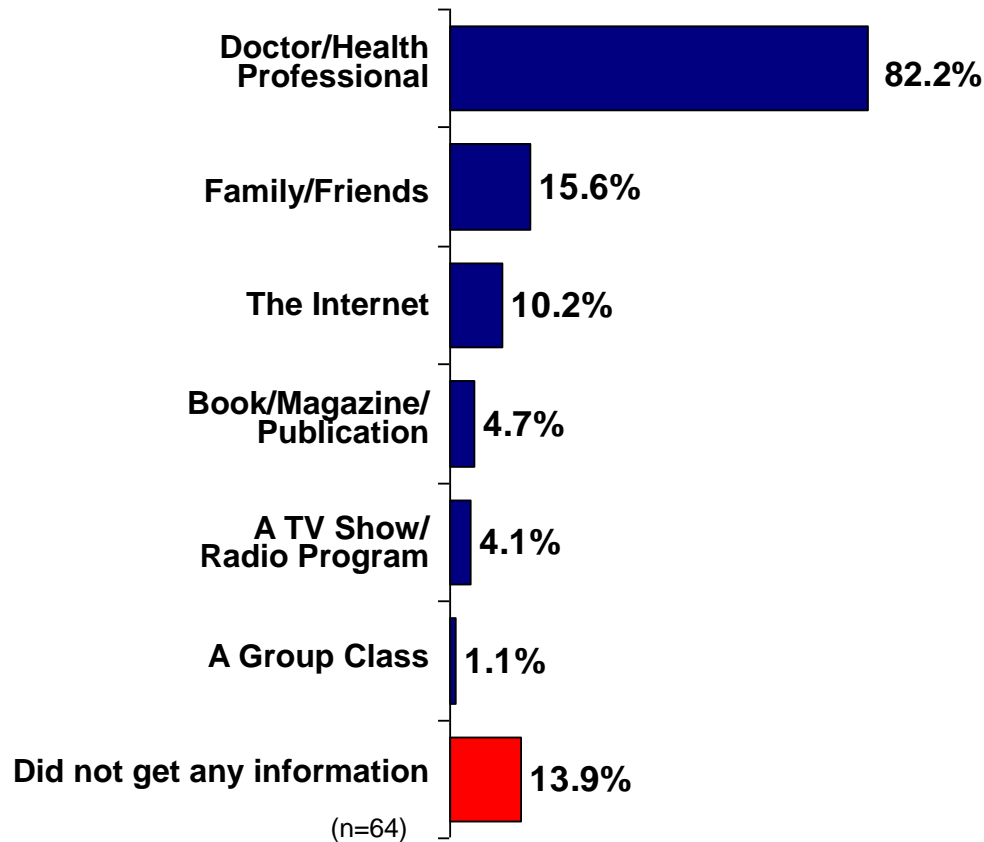
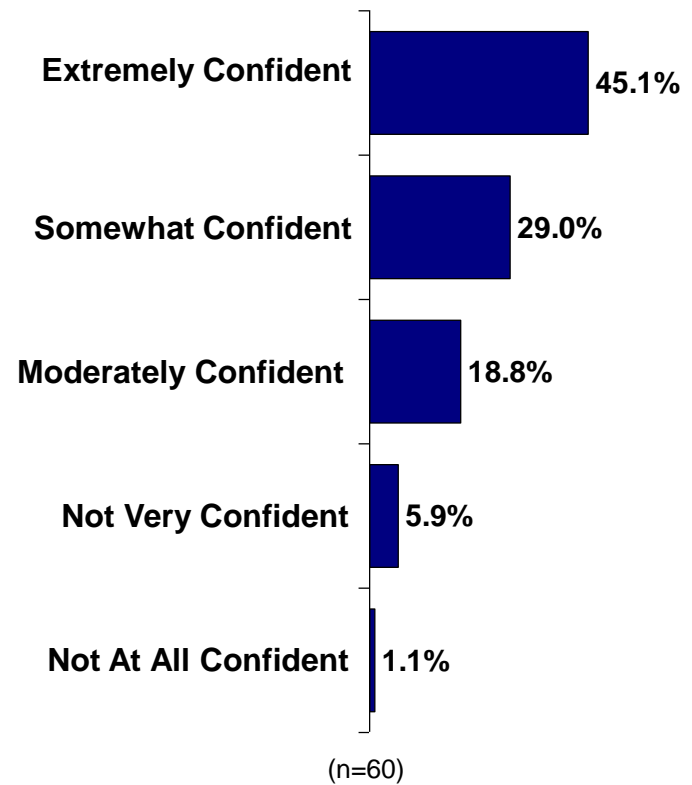| Source	Percentage
Doctor/Health Professional	82.2%
Family/Friends	15.6%
The Internet	10.2%
Book/Magazine/Publication	4.7%
A TV Show/Radio Program	4.1%
A Group Class	1.1%
Did not get any information	13.9%

(n=64)

Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?
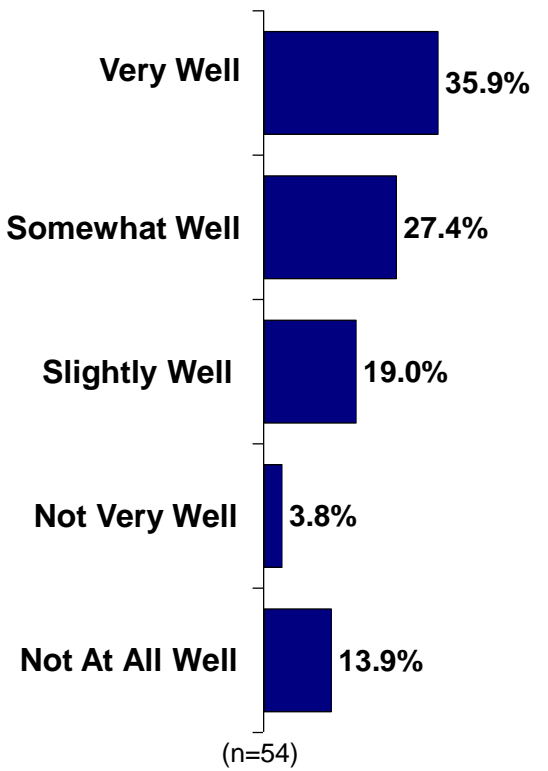
Almost all (93.0%) area adults are at least moderately confident they can do all the things necessary to manage their stroke; 45.1% are extremely confident. However, 17.7% believe existing programs and services in the community do not help them manage their stroke well. The three respondents who said 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

- Extremely Confident — 45.1%
- Somewhat Confident — 29.0%
- Moderately Confident — 18.8%
- Not Very Confident — 5.9%
- Not At All Confident — 1.1%

(n=60)

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

- Very Well — 35.9%
- Somewhat Well — 27.4%
- Slightly Well — 19.0%
- Not Very Well — 3.8%
- Not At All Well — 13.9%

(n=54)

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.
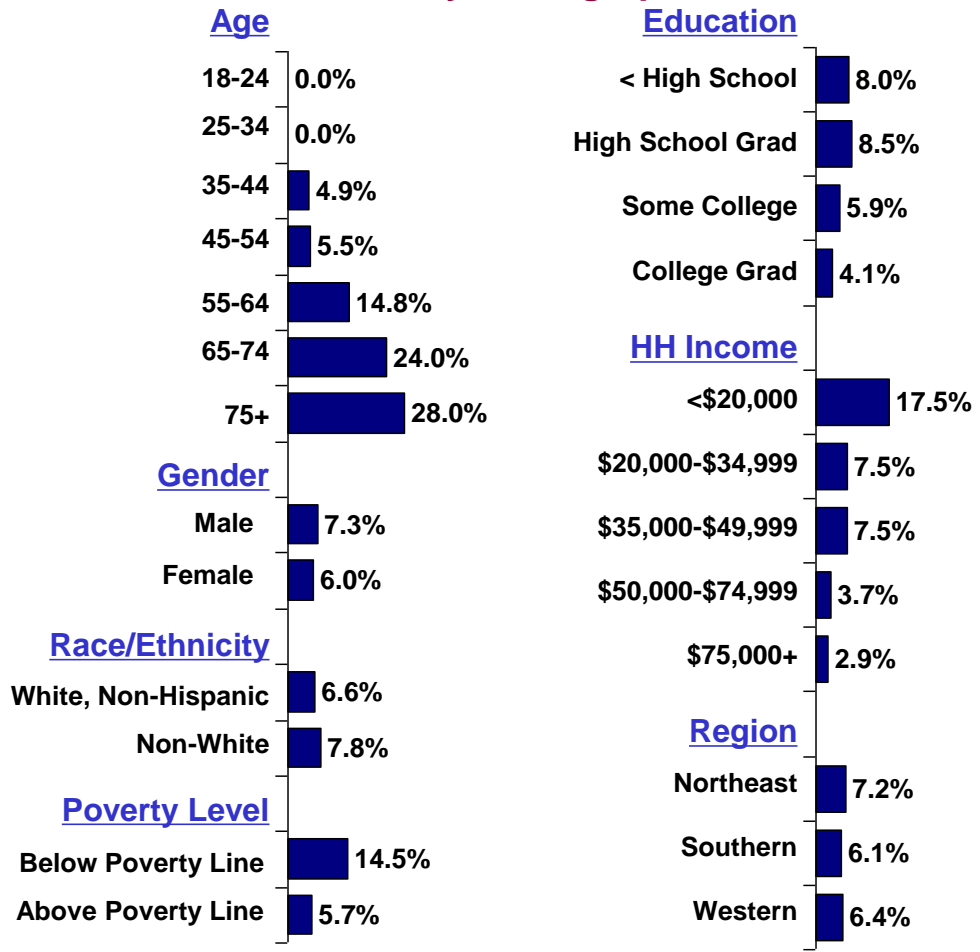
Any Cardiovascular Disease

Ever Told Had Heart Attack, Angina, or Stroke* (Total Sample)
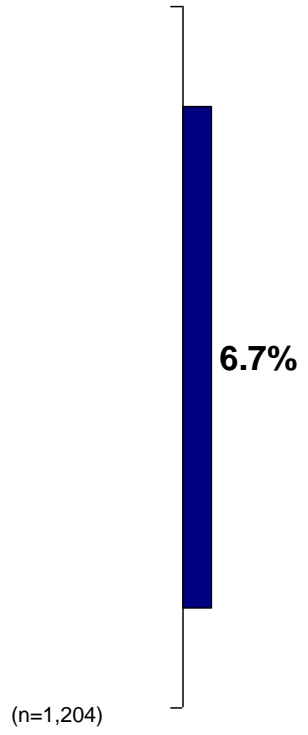
6.7%

(n=1,204)

*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

Age

18-24	0.0%
25-34	0.0%
35-44	4.9%
45-54	5.5%
55-64	14.8%
65-74	24.0%
75+	28.0%

Gender

Male	7.3%
Female	6.0%

Race/Ethnicity

White, Non-Hispanic	6.6%
Non-White	7.8%

Poverty Level

Below Poverty Line	14.5%
Above Poverty Line	5.7%

Education

< High School	8.0%
High School Grad	8.5%
Some College	5.9%
College Grad	4.1%

HH Income

<$20,000	17.5%
$20,000-$34,999	7.5%
$35,000-$49,999	7.5%
$50,000-$74,999	3.7%
$75,000+	2.9%

Region

Northeast	7.2%
Southern	6.1%
Western	6.4%

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.
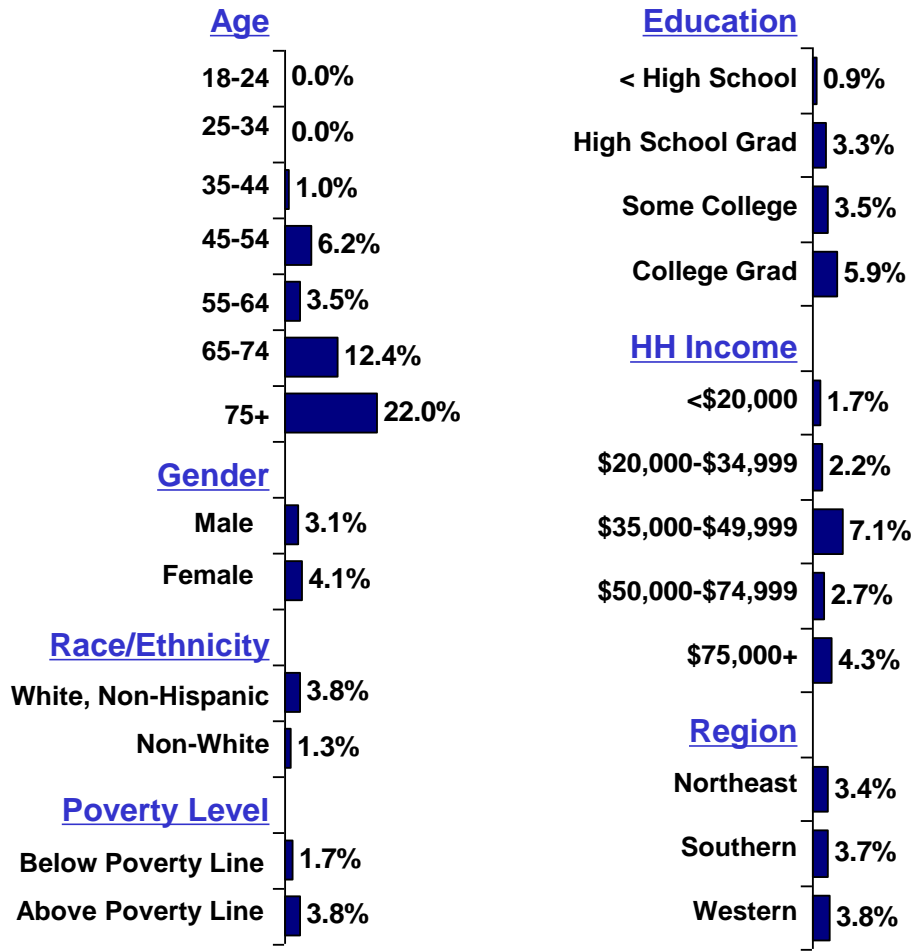
Skin Cancer

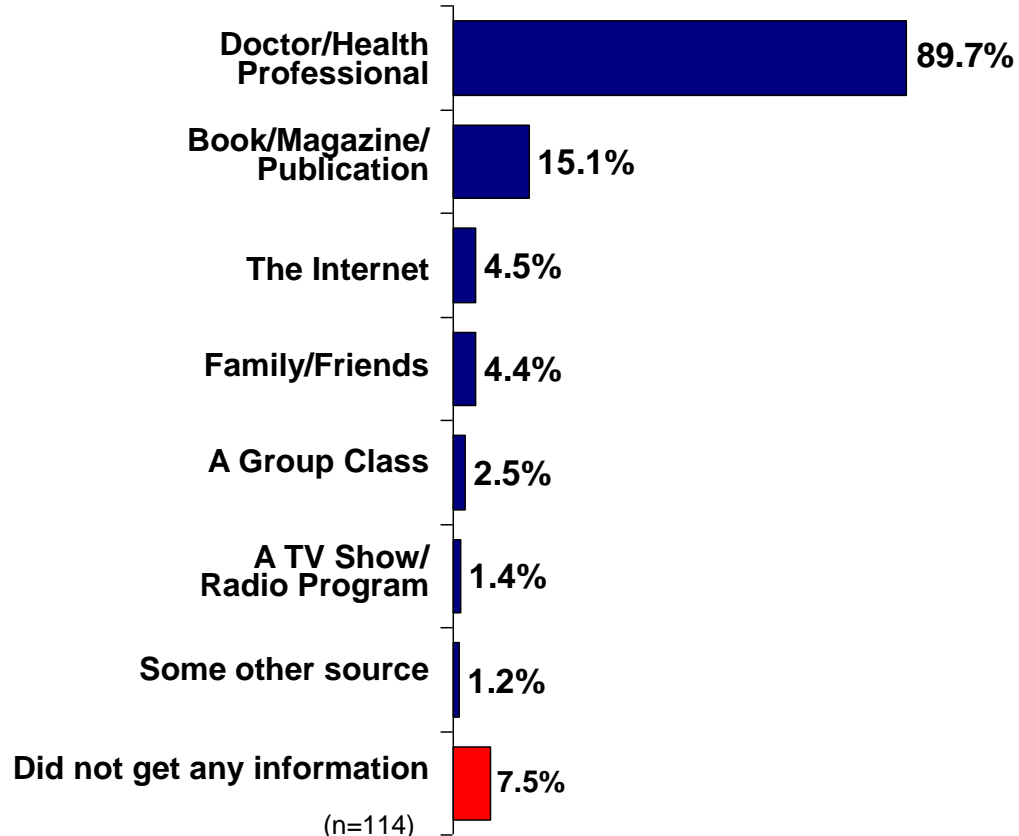### Ever Told Have Skin Cancer*
(Total Sample)
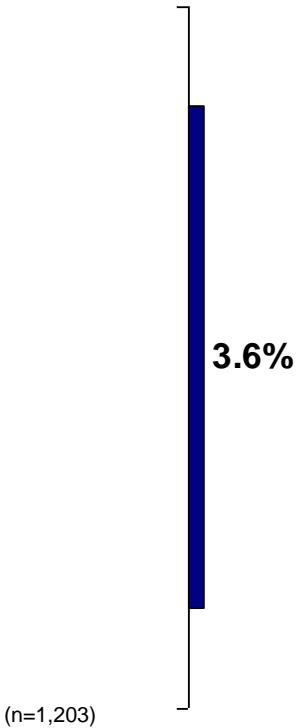
3.6%

(n=1,203)

*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

Age

18-24	0.0%
25-34	0.0%
35-44	1.0%
45-54	6.2%
55-64	3.5%
65-74	12.4%
75+	22.0%

Gender

Male	3.1%
Female	4.1%

Race/Ethnicity

White, Non-Hispanic	3.8%
Non-White	1.3%

Poverty Level

Below Poverty Line	1.7%
Above Poverty Line	3.8%

Education

< High School	0.9%
High School Grad	3.3%
Some College	3.5%
College Grad	5.9%

HH Income

<$20,000	1.7%
$20,000-$34,999	2.2%
$35,000-$49,999	7.1%
$50,000-$74,999	2.7%
$75,000+	4.3%

Region

Northeast	3.4%
Southern	3.7%
Western	3.8%

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

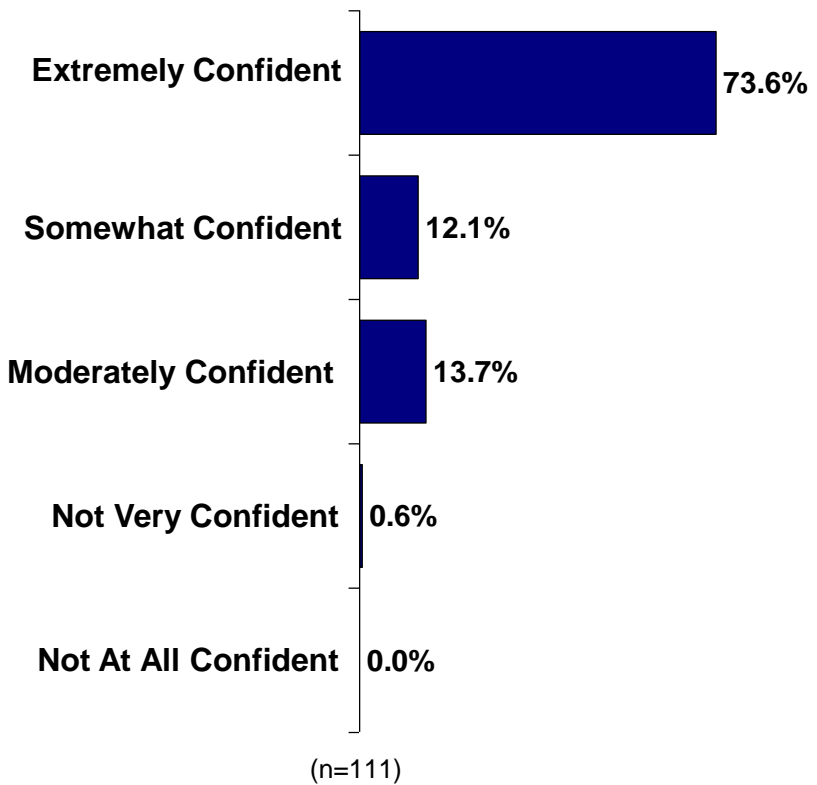| Source	Percentage
Doctor/Health Professional	89.7%
Book/Magazine/Publication	15.1%
The Internet	4.5%
Family/Friends	4.4%
A Group Class	2.5%
A TV Show/Radio Program	1.4%
Some other source	1.2%
Did not get any information	7.5%

(n=114)

Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?
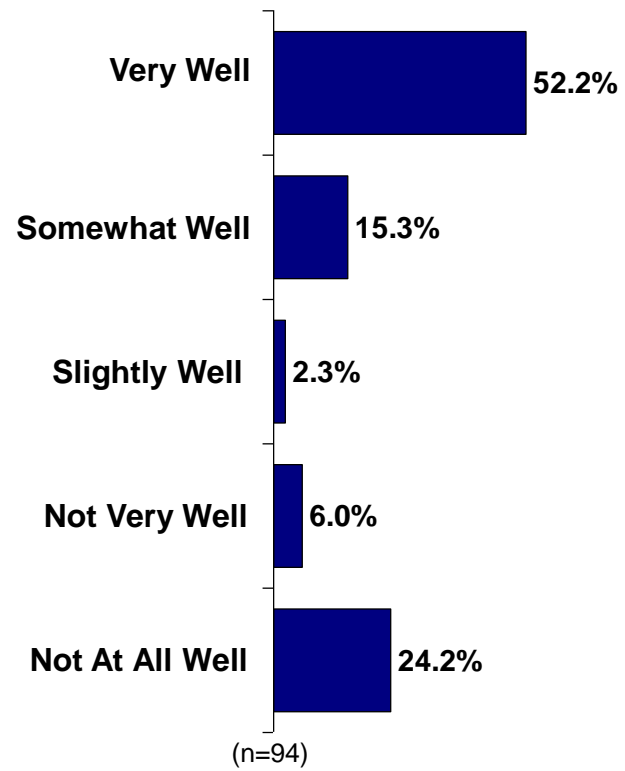
Almost all (99.4%) area adults are at least moderately confident they can do all the things necessary to manage their skin cancer; 73.6% are extremely confident. However, three in ten (30.2%) believe existing programs and services in the community do not help them manage their skin cancer well. The two 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

Category	Percentage
Extremely Confident	73.6%
Somewhat Confident	12.1%
Moderately Confident	13.7%
Not Very Confident	0.6%
Not At All Confident	0.0%

(n=111)

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

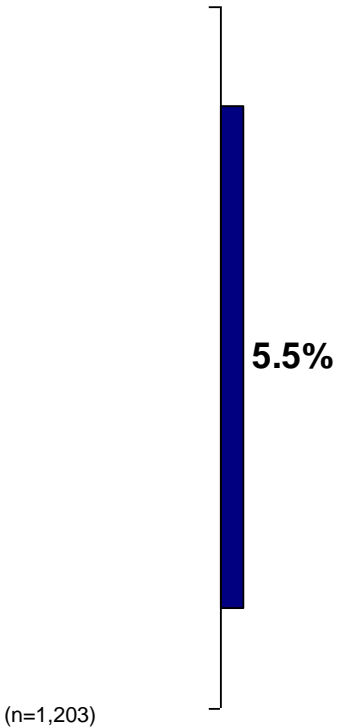| Category	Percentage
Very Well	52.2%
Somewhat Well	15.3%
Slightly Well	2.3%
Not Very Well	6.0%
Not At All Well	24.2%

(n=94)

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?
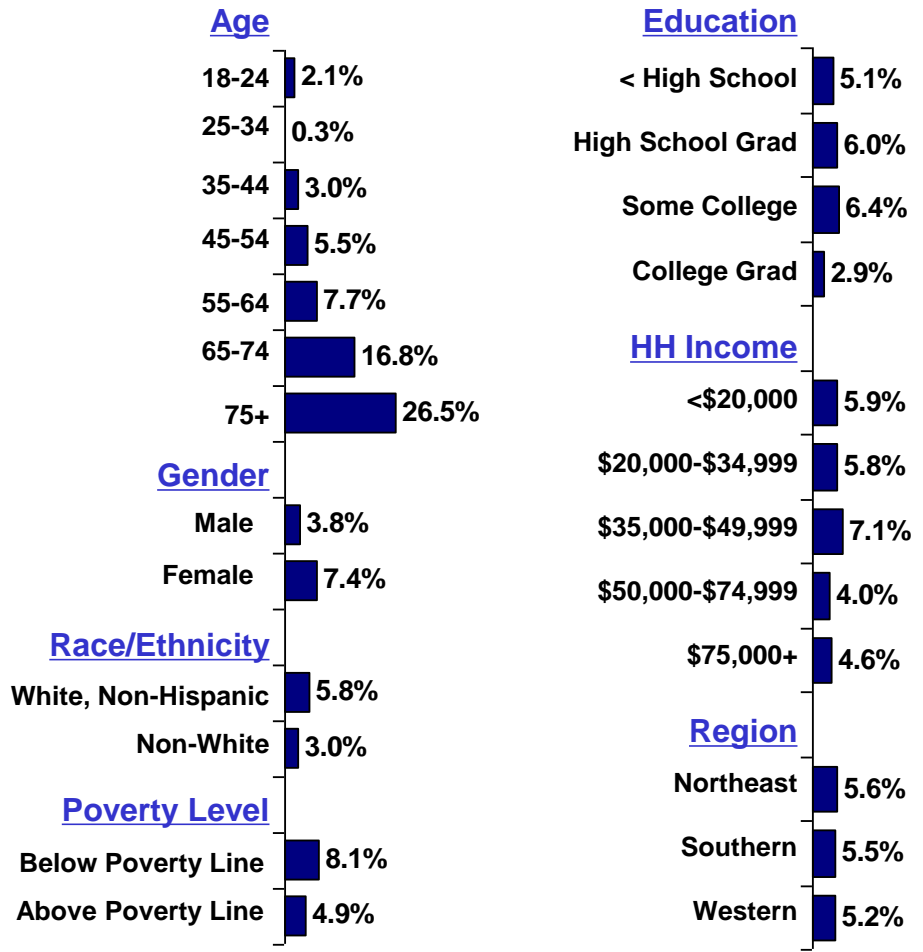
VIP Research and Evaluation

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)

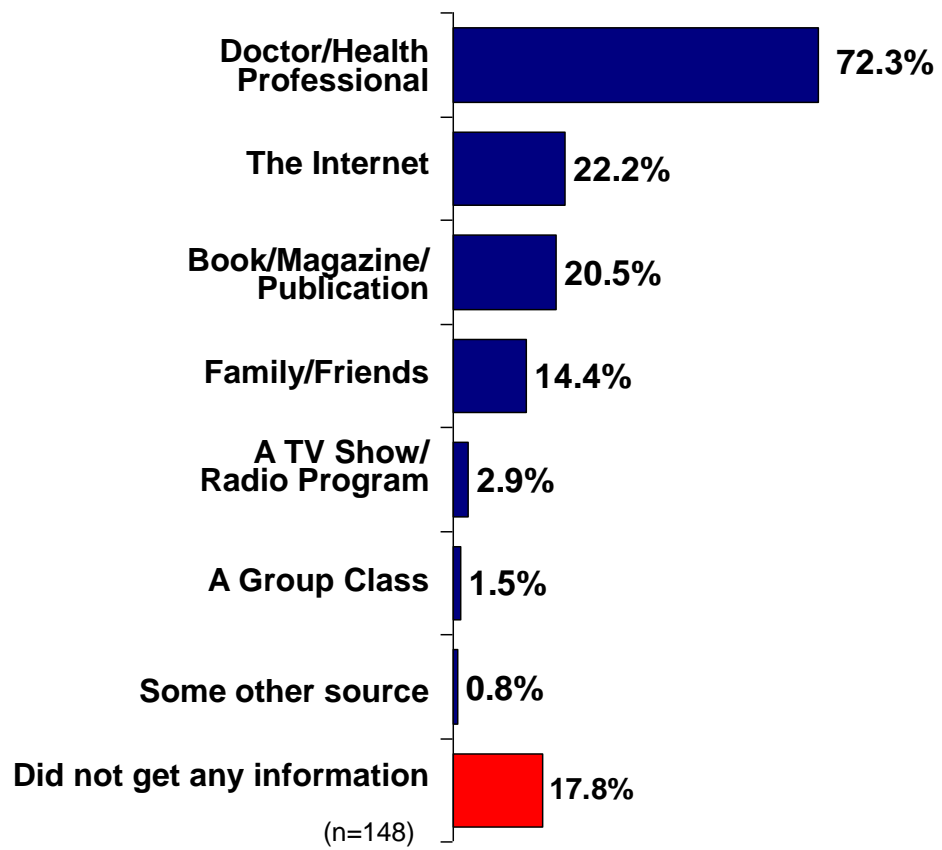### Ever Told Have Cancer (Other Than Skin)* (Total Sample)

5.5%

(n=1,203)

*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

Age

18-24	2.1%
25-34	0.3%
35-44	3.0%
45-54	5.5%
55-64	7.7%
65-74	16.8%
75+	26.5%

Gender

Male	3.8%
Female	7.4%

Race/Ethnicity

White, Non-Hispanic	5.8%
Non-White	3.0%

Poverty Level

Below Poverty Line	8.1%
Above Poverty Line	4.9%

Education

< High School	5.1%
High School Grad	6.0%
Some College	6.4%
College Grad	2.9%

HH Income

<$20,000	5.9%
$20,000-$34,999	5.8%
$35,000-$49,999	7.1%
$50,000-$74,999	4.0%
$75,000+	4.6%

Region

Northeast	5.6%
Southern	5.5%
Western	5.2%

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)

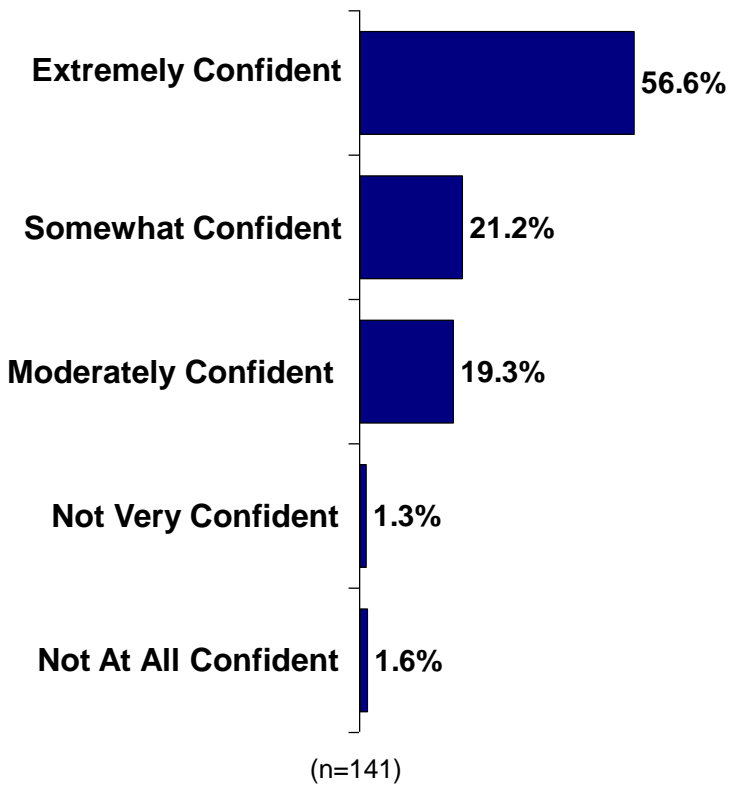| Source	Percent
Doctor/Health Professional	72.3%
The Internet	22.2%
Book/Magazine/Publication	20.5%
Family/Friends	14.4%
A TV Show/Radio Program	2.9%
A Group Class	1.5%
Some other source	0.8%
Did not get any information	17.8%

(n=148)

Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?
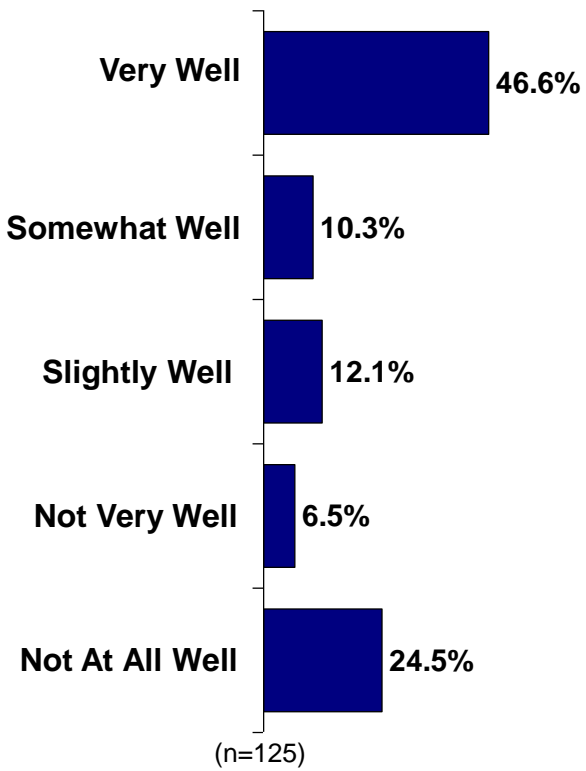
Almost all (97.1%) area adults are at least moderately confident they can do all the things necessary to manage their non-skin cancer. However, as with skin cancer, three in ten (31.0%) believe existing programs and services in the community do not help them manage their non-skin cancer well. The four 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 Other Cancer

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

Category	Percentage
Extremely Confident	56.6%
Somewhat Confident	21.2%
Moderately Confident	19.3%
Not Very Confident	1.3%
Not At All Confident	1.6%

(n=141)

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

| Category	Percentage
Very Well	46.6%
Somewhat Well	10.3%
Slightly Well	12.1%
Not Very Well	6.5%
Not At All Well	24.5%

(n=125)

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.
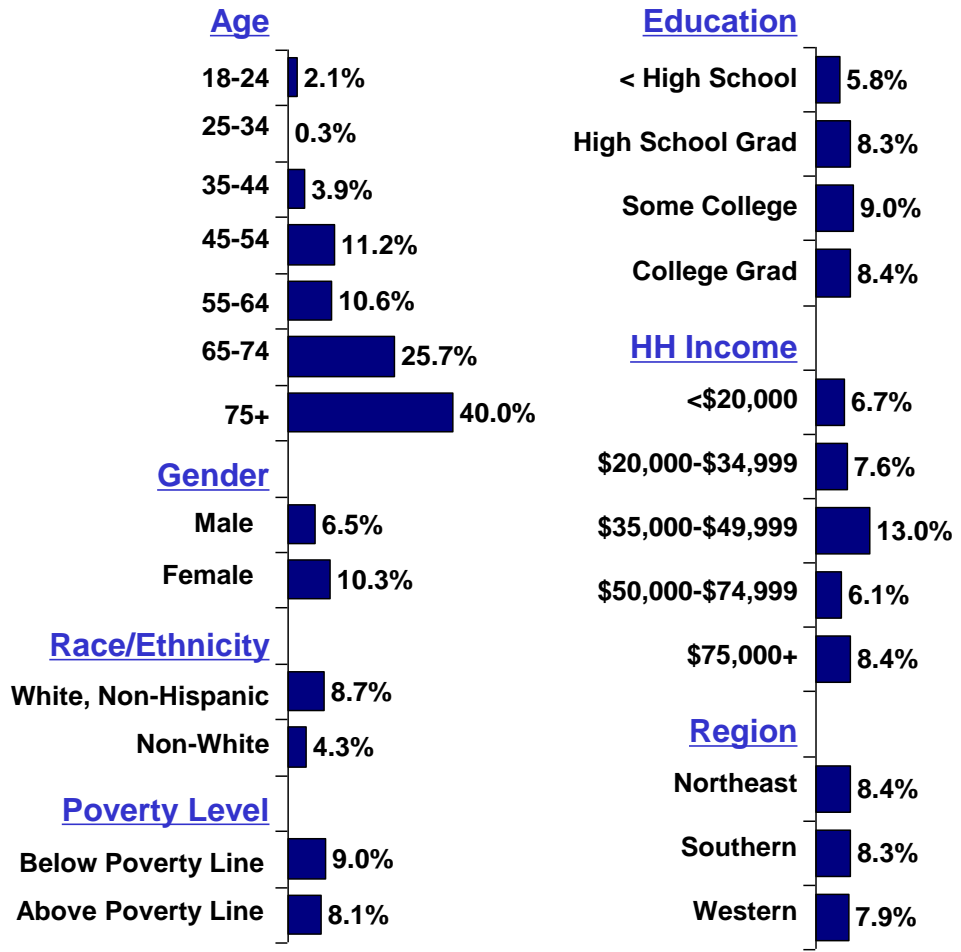
Any Cancer

Ever Told Have Any Cancer* (Total Sample)

8.3%
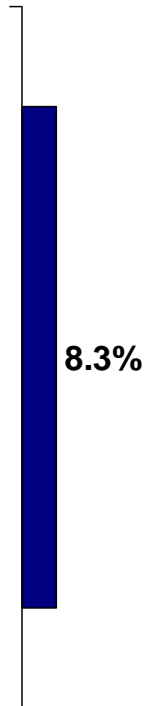
(n=1,203)

*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).

Told Have Any Cancer by Demographics

Age

18-24	2.1%
25-34	0.3%
35-44	3.9%
45-54	11.2%
55-64	10.6%
65-74	25.7%
75+	40.0%

Gender

Male	6.5%
Female	10.3%

Race/Ethnicity

White, Non-Hispanic	8.7%
Non-White	4.3%

Poverty Level

Below Poverty Line	9.0%
Above Poverty Line	8.1%

Education

< High School	5.8%
High School Grad	8.3%
Some College	9.0%
College Grad	8.4%

HH Income

<$20,000	6.7%
$20,000-$34,999	7.6%
$35,000-$49,999	13.0%
$50,000-$74,999	6.1%
$75,000+	8.4%

Region

Northeast	8.4%
Southern	8.3%
Western	7.9%

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.
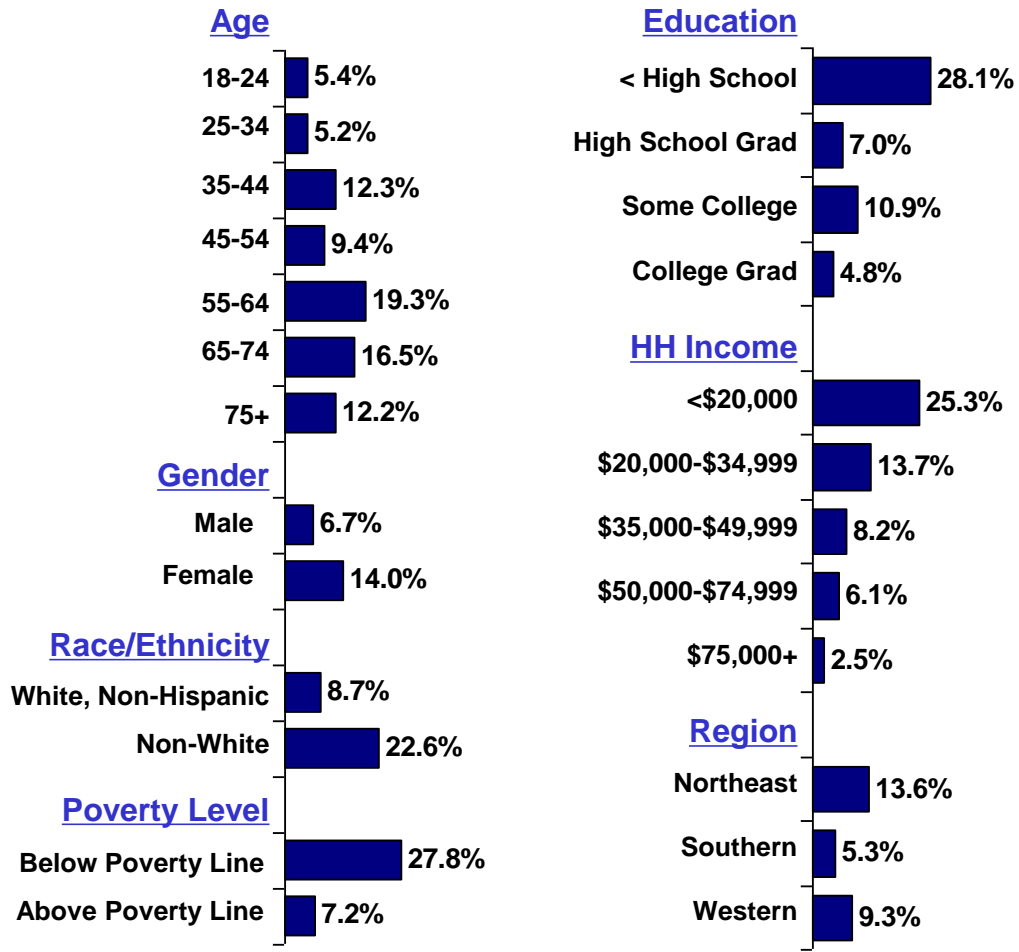
COPD

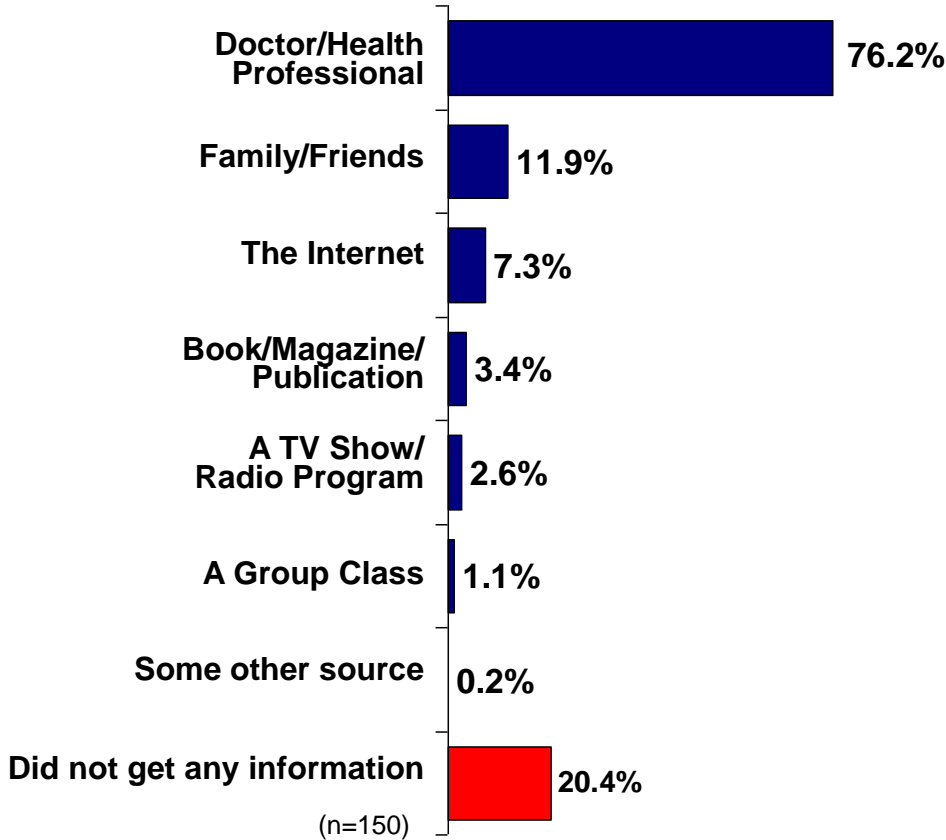### Ever Told Have COPD* (Total Sample)
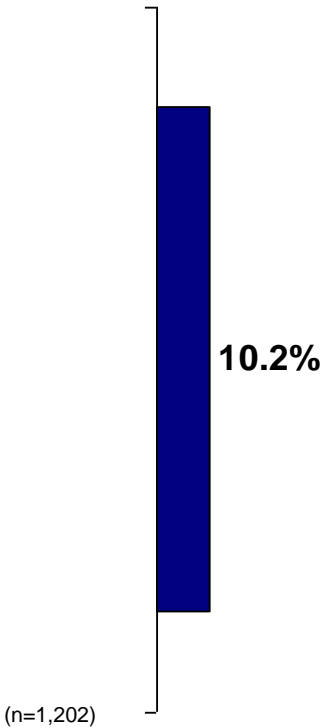
10.2%

(n=1,202)

*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

Age

18-24	5.4%
25-34	5.2%
35-44	12.3%
45-54	9.4%
55-64	19.3%
65-74	16.5%
75+	12.2%

Gender

Male	6.7%
Female	14.0%

Race/Ethnicity

White, Non-Hispanic	8.7%
Non-White	22.6%

Poverty Level

Below Poverty Line	27.8%
Above Poverty Line	7.2%

Education

< High School	28.1%
High School Grad	7.0%
Some College	10.9%
College Grad	4.8%

HH Income

<$20,000	25.3%
$20,000-$34,999	13.7%
$35,000-$49,999	8.2%
$50,000-$74,999	6.1%
$75,000+	2.5%

Region

Northeast	13.6%
Southern	5.3%
Western	9.3%

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.
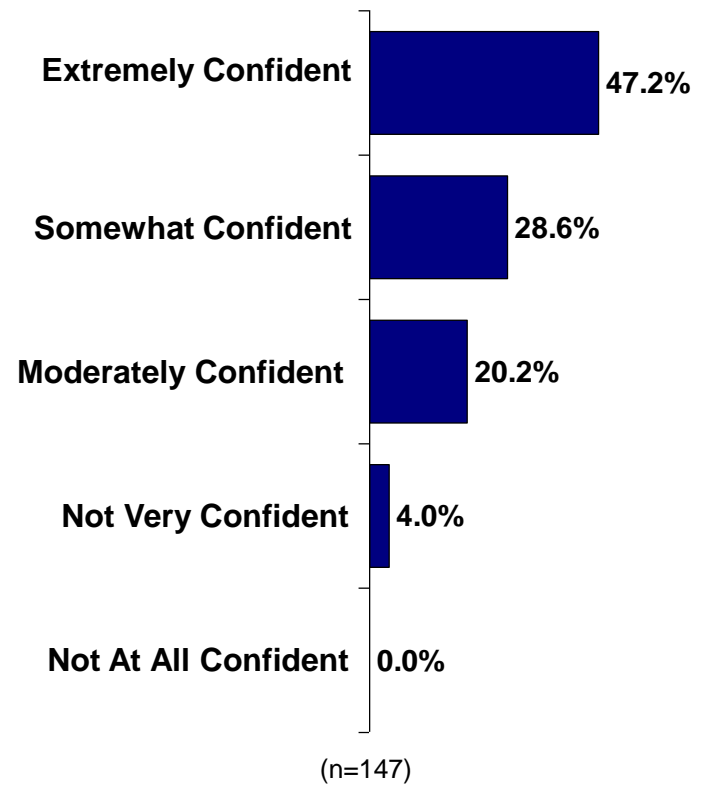
Information Sources for Management of COPD

Source	Percentage
Doctor/Health Professional	76.2%
Family/Friends	11.9%
The Internet	7.3%
Book/Magazine/Publication	3.4%
A TV Show/Radio Program	2.6%
A Group Class	1.1%
Some other source	0.2%
Did not get any information	20.4%

(n=150)

Q11.1: During the last 12 months, where did you get information about taking care of your [INSERT DISEASE]?
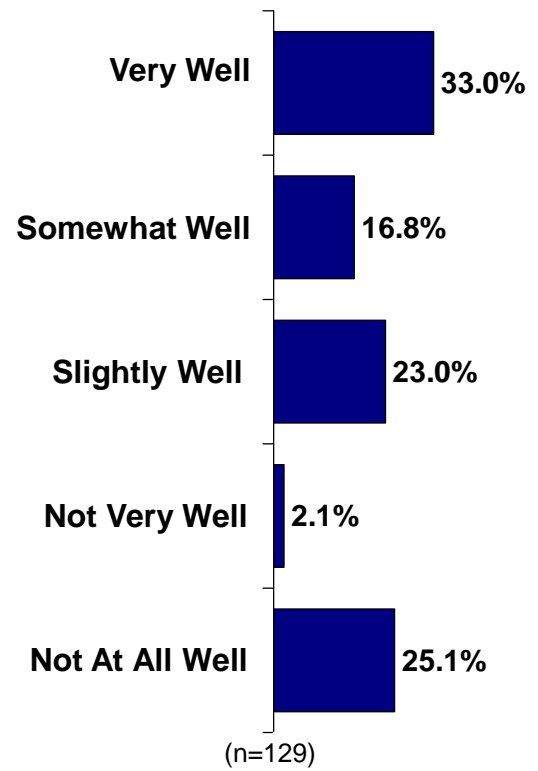
Almost all (96.0%) area adults are at least moderately confident they can do all the things necessary to manage their COPD. However, one-fourth (25.1%) believe existing programs and services in the community do not help them manage their COPD well at all. Common barriers to managing COPD well include 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

- Extremely Confident — 47.2%
- Somewhat Confident — 28.6%
- Moderately Confident — 20.2%
- Not Very Confident — 4.0%
- Not At All Confident — 0.0%

(n=147)

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

- Very Well — 33.0%
- Somewhat Well — 16.8%
- Slightly Well — 23.0%
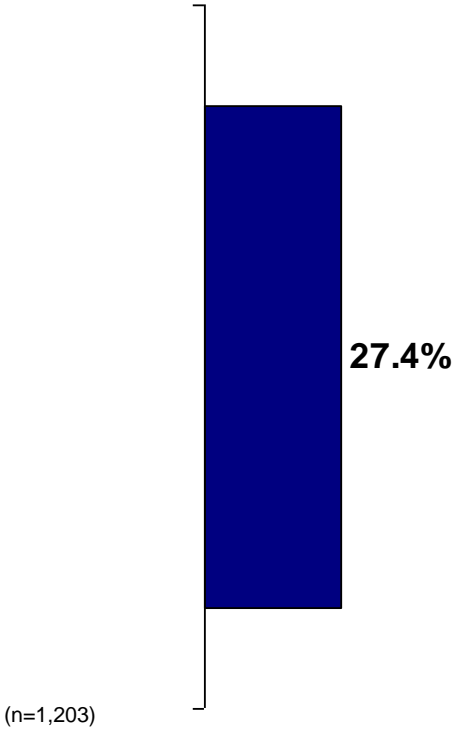- Not Very Well — 2.1%
- Not At All Well — 25.1%

(n=129)

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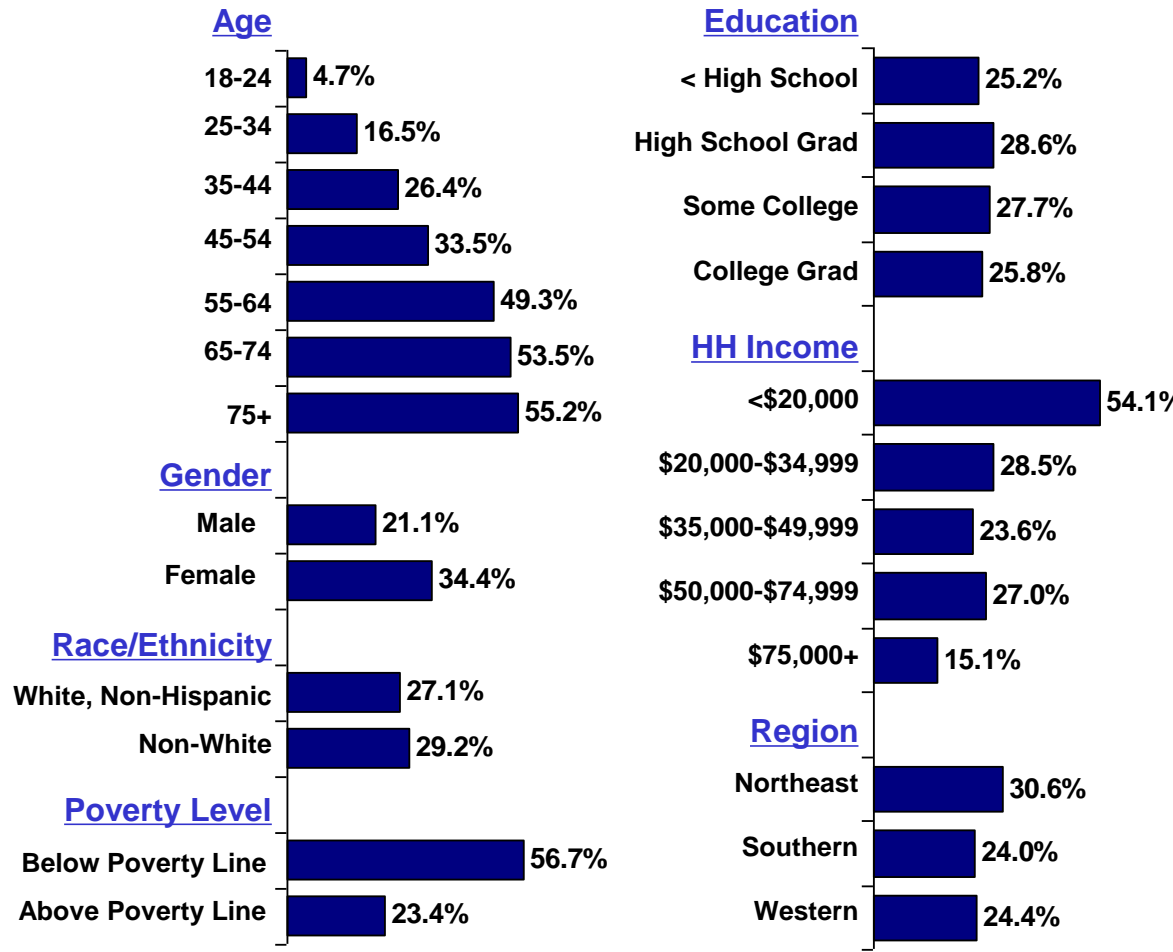
More than one in four (27.4%) St. Clair County adults have ever been told by a health care professional they have arthritis. This rate, not surprisingly, rises dramatically with age. Having arthritis is more prevalent among women than men, and far more prevalent among groups living under the poverty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

Arthritis
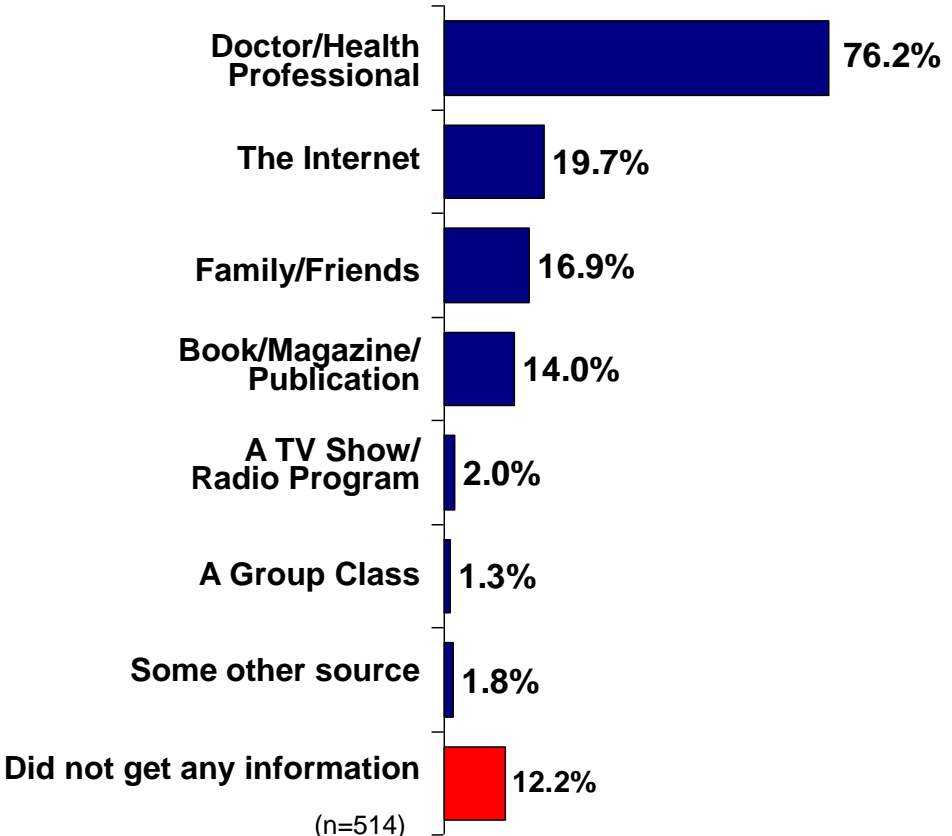
Ever Told Have Arthritis* (Total Sample)

27.4%

(n=1,203)

*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.

Told Have Arthritis by Demographics

Age

18-24	4.7%
25-34	16.5%
35-44	26.4%
45-54	33.5%
55-64	49.3%
65-74	53.5%
75+	55.2%

Gender

Male	21.1%
Female	34.4%

Race/Ethnicity

White, Non-Hispanic	27.1%
Non-White	29.2%

Poverty Level

Below Poverty Line	56.7%
Above Poverty Line	23.4%

Education

< High School	25.2%
High School Grad	28.6%
Some College	27.7%
College Grad	25.8%

HH Income

<$20,000	54.1%
$20,000-$34,999	28.5%
$35,000-$49,999	23.6%
$50,000-$74,999	27.0%
$75,000+	15.1%

Region

Northeast	30.6%
Southern	24.0%
Western	24.4%

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.

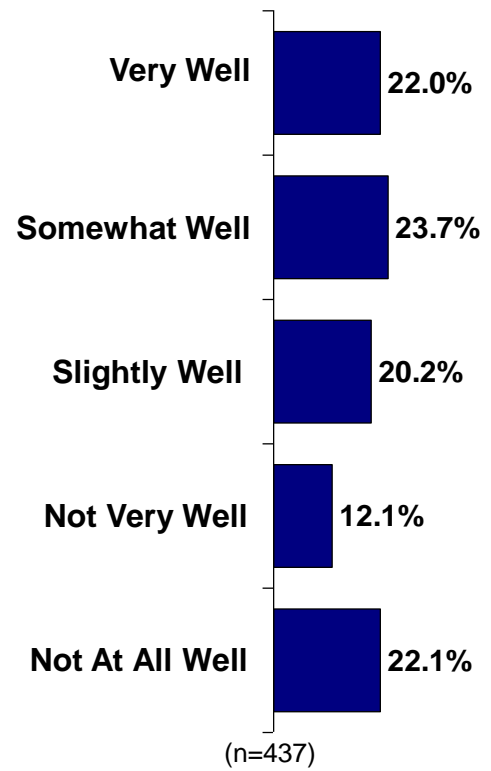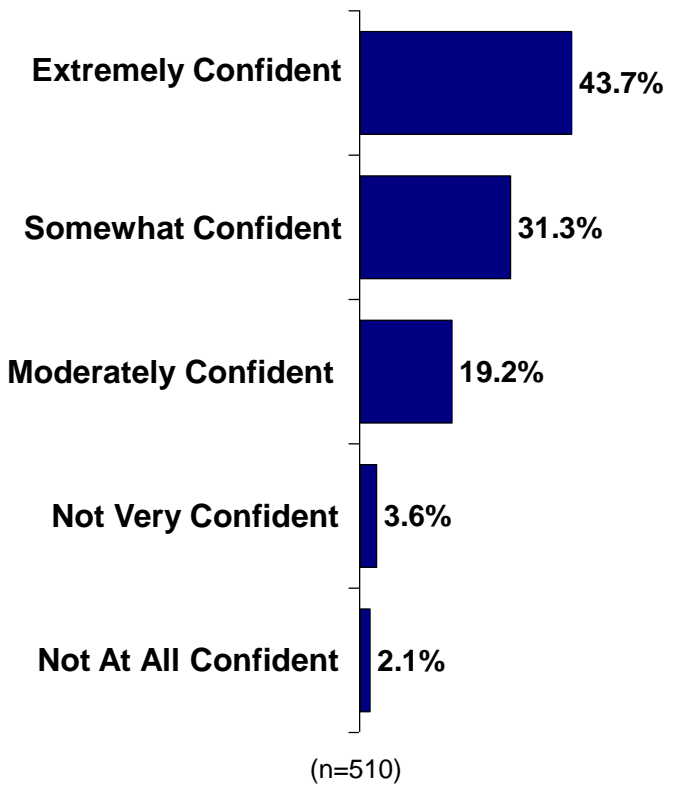## Information Sources for Management of Arthritis

Source	Percentage
Doctor/Health Professional	76.2%
The Internet	19.7%
Family/Friends	16.9%
Book/Magazine/Publication	14.0%
A TV Show/Radio Program	2.0%
A Group Class	1.3%
Some other source	1.8%
Did not get any information	12.2%

(n=514)

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

Extremely Confident	43.7%
Somewhat Confident	31.3%
Moderately Confident	19.2%
Not Very Confident	3.6%
Not At All Confident	2.1%

(n=510)

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

Very Well	22.0%
Somewhat Well	23.7%
Slightly Well	20.2%
Not Very Well	12.1%
Not At All Well	22.1%

(n=437)

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?

Adults perceive the top health problem in St. Clair County to be *obesity*, followed by *cancer*, *lifestyle choices* that lead to health problems, and *issues involving health care*, including costs, lack of affordable coverage, and issues of access that arise from cost and lack of coverage.

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

Too costly/can't afford	21.7%	
Not enough programs/ services	11.3%	
Existing programs/services are inadequate	10.3%	
Do not have health insurance	10.1%	
Insurance doesn't cover treatment	9.2%	

Transportation issues	6.2%	
Too hard to remember/ forget easily	4.9%	
Don't trust health care providers	4.7%	
Too many chronic issues to manage	3.6%	
Chronic conditions make it tough to be mobile	2.7%	

(n=35)

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 arthritis?
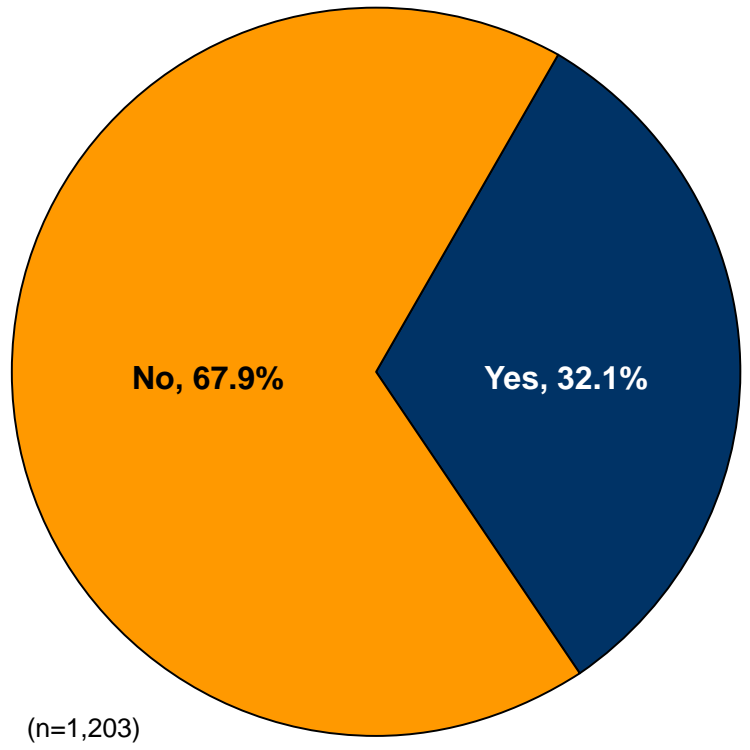
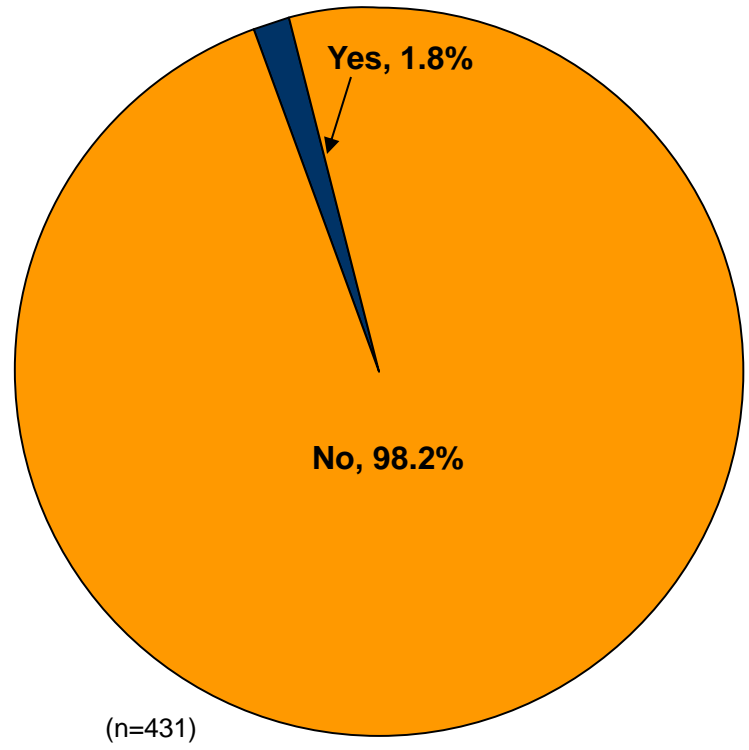VIP Research and Evaluation

132
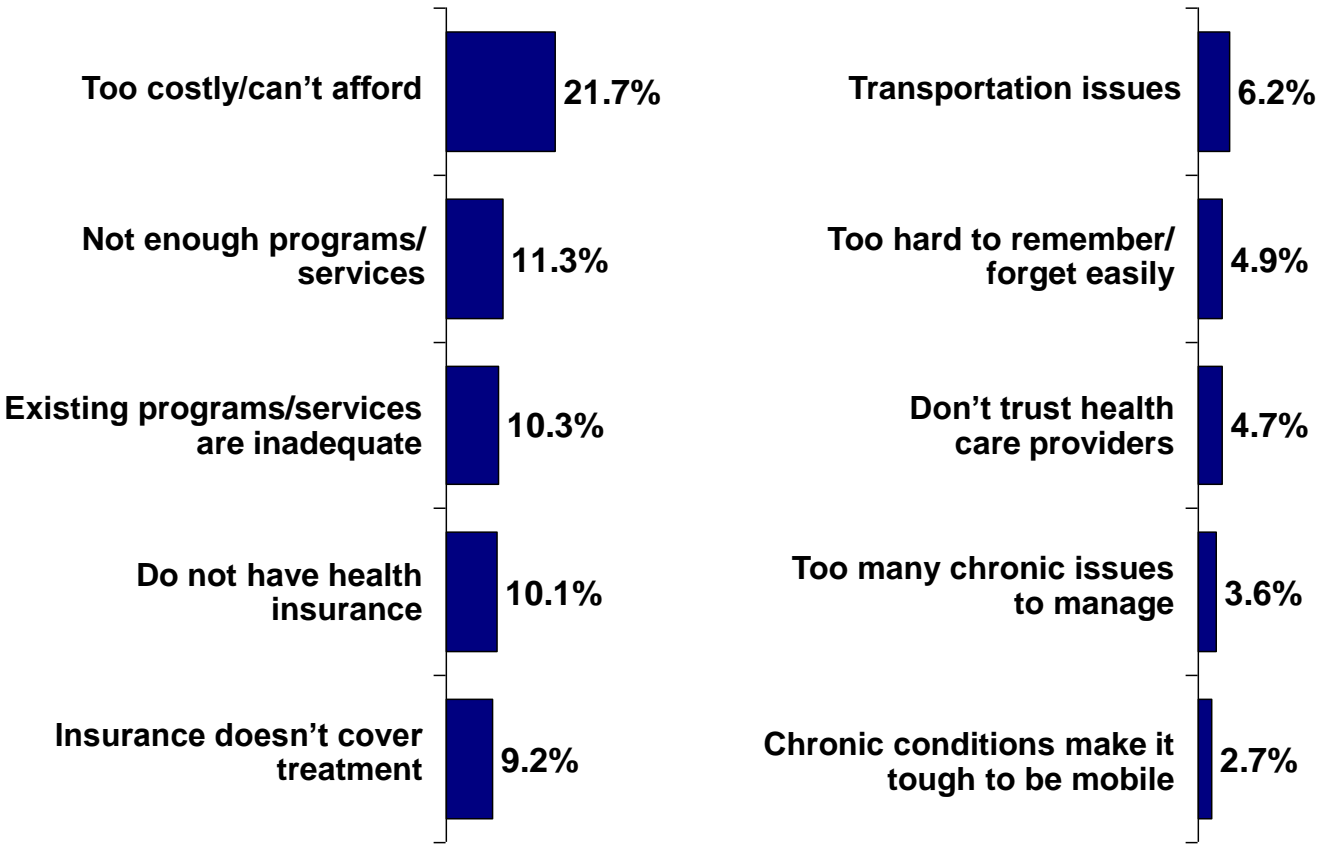
Chronic Pain

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

No, 67.9%

Yes, 32.1%

(n=1,203)

Yes, 1.8%

No, 98.2%

(n=431)
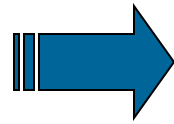
Q9.1: Do you suffer from any type of chronic pain; that is, pain that occurs constantly or flares up frequently?
Q9.2: (If Yes) Is this pain caused by cancer of any type?

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.
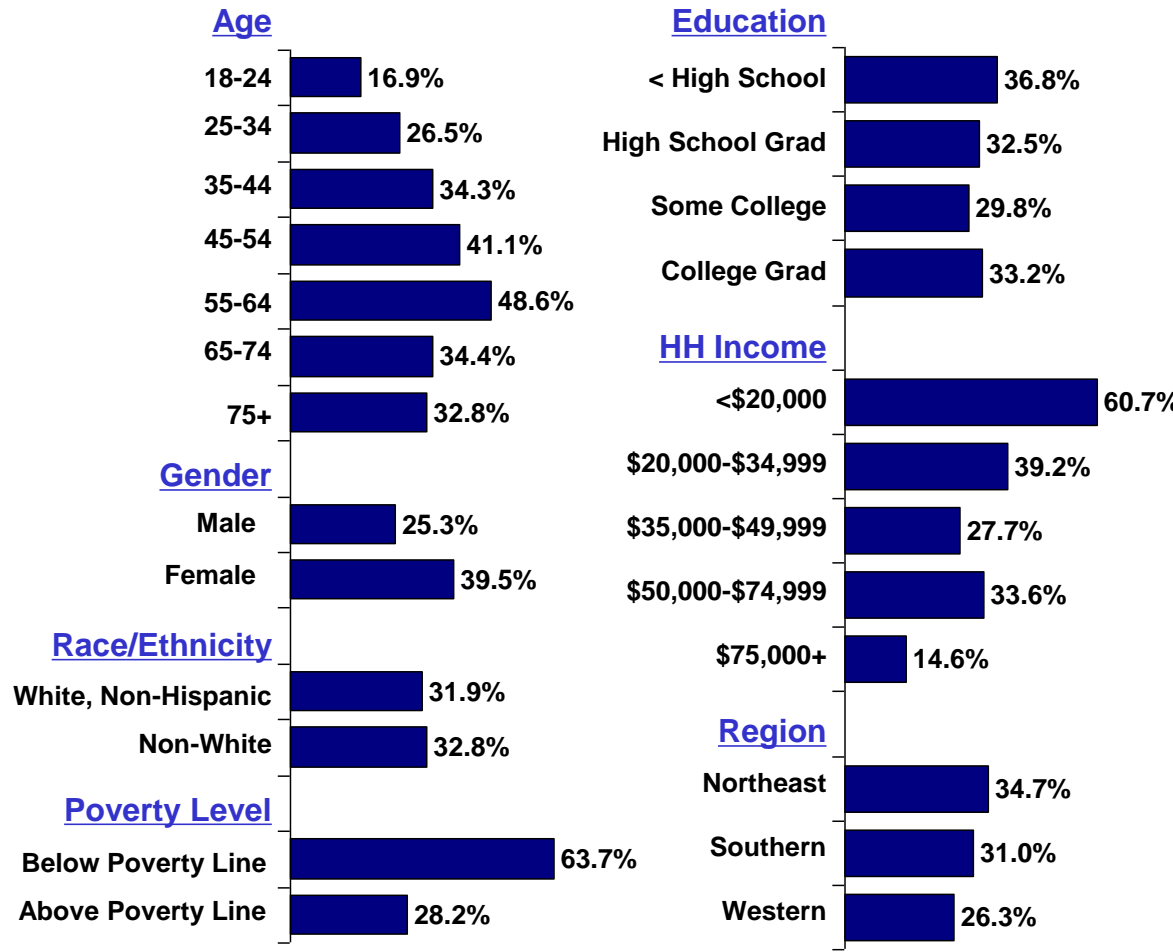
Prevalence of Chronic Pain (Continued)

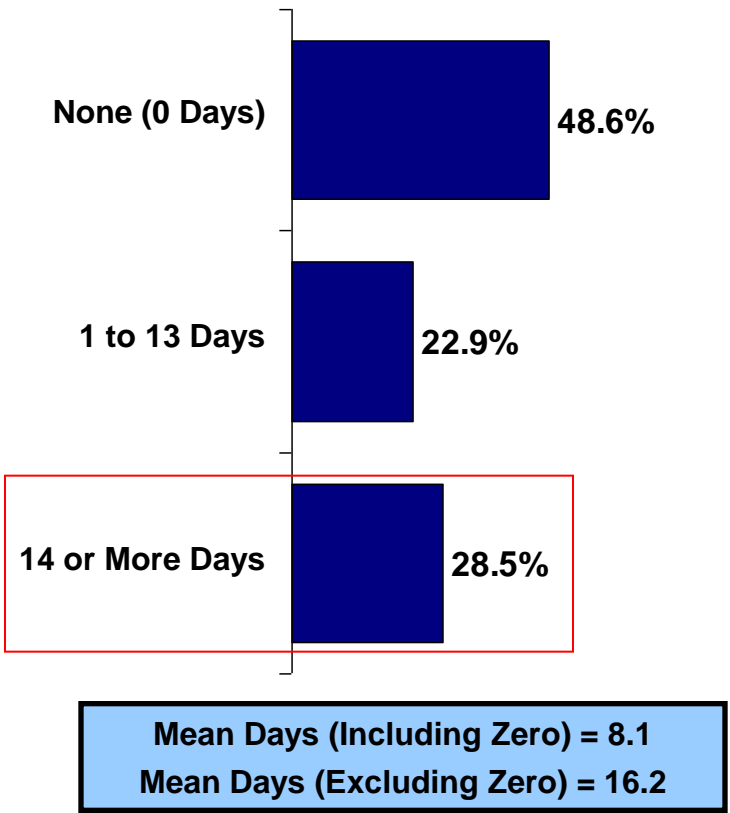### Suffer From Chronic Pain* (Total Sample)

32.1%

(n=1,203)
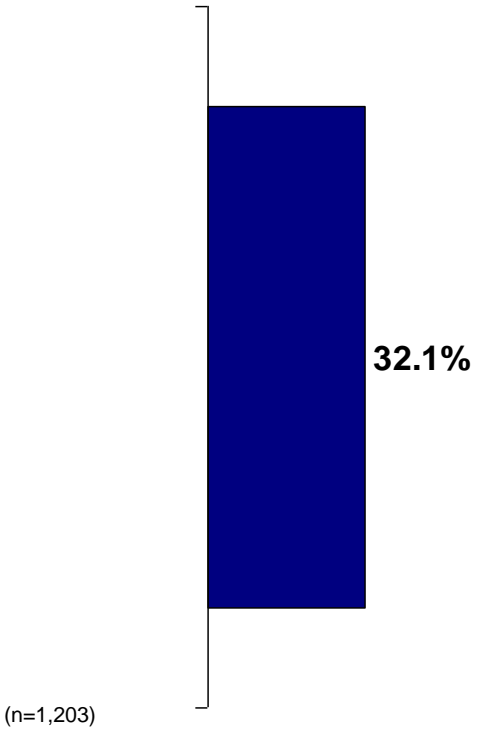
*Among all adults, the proportion who reported that they suffer from any type of chronic pain.

Suffer From Chronic Pain by Demographics

Age

18-24	16.9%
25-34	26.5%
35-44	34.3%
45-54	41.1%
55-64	48.6%
65-74	34.4%
75+	32.8%

Gender

Male	25.3%
Female	39.5%

Race/Ethnicity

White, Non-Hispanic	31.9%
Non-White	32.8%

Poverty Level

Below Poverty Line	63.7%
Above Poverty Line	28.2%

Education

< High School	36.8%
High School Grad	32.5%
Some College	29.8%
College Grad	33.2%

HH Income

<$20,000	60.7%
$20,000-$34,999	39.2%
$35,000-$49,999	27.7%
$50,000-$74,999	33.6%
$75,000+	14.6%

Region

Northeast	34.7%
Southern	31.0%
Western	26.3%

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.

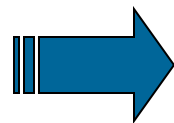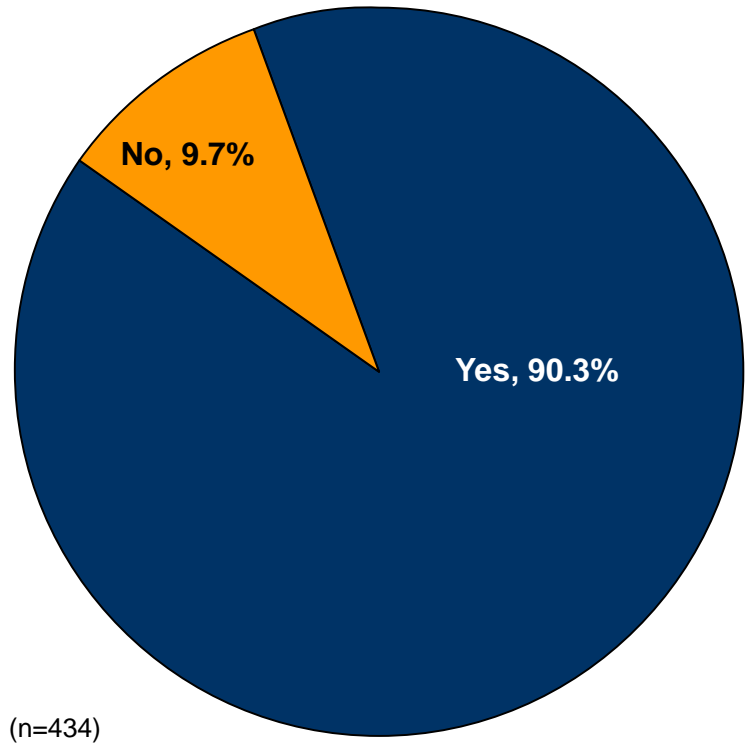## Activity Limitation Due to Chronic Pain During Past 30 Days (Among Those with Chronic Pain)

None (0 Days) — 48.6%

1 to 13 Days — 22.9%

14 or More Days — 28.5%

Mean Days (Including Zero) = 8.1
Mean Days (Excluding Zero) = 16.2

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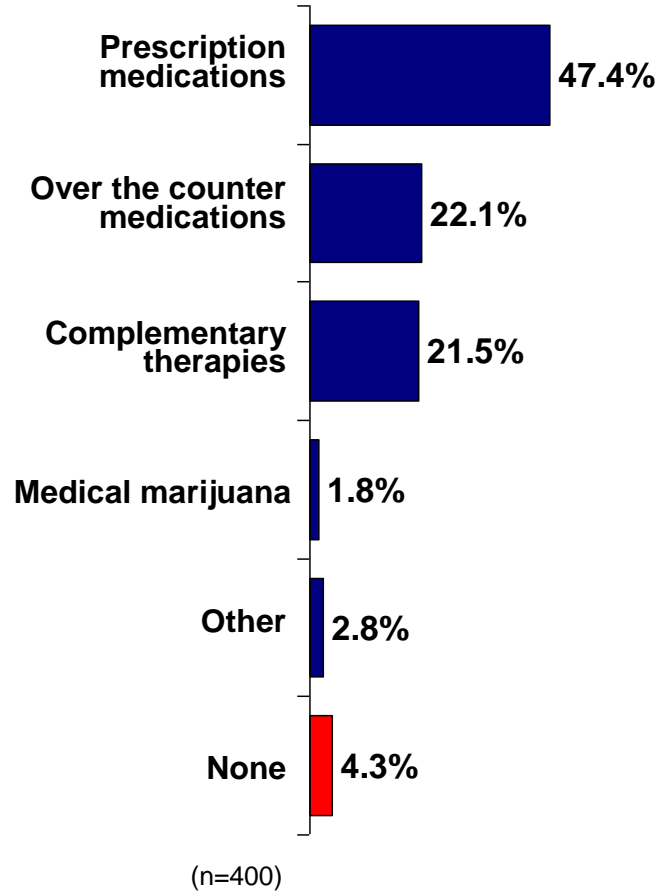
Nine in ten adults with chronic pain have talked to a health care provider about their condition. Almost half of the health care providers recommended prescription drugs to treat the pain. In addition, over-the-counter medications and complementary therapies were each recommended by more than one in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

Chronic Pain (Continued)

Talked to Health Care Provider About Pain

No, 9.7%

Yes, 90.3%

(n=434)

Therapy Recommended by Health Care Provider

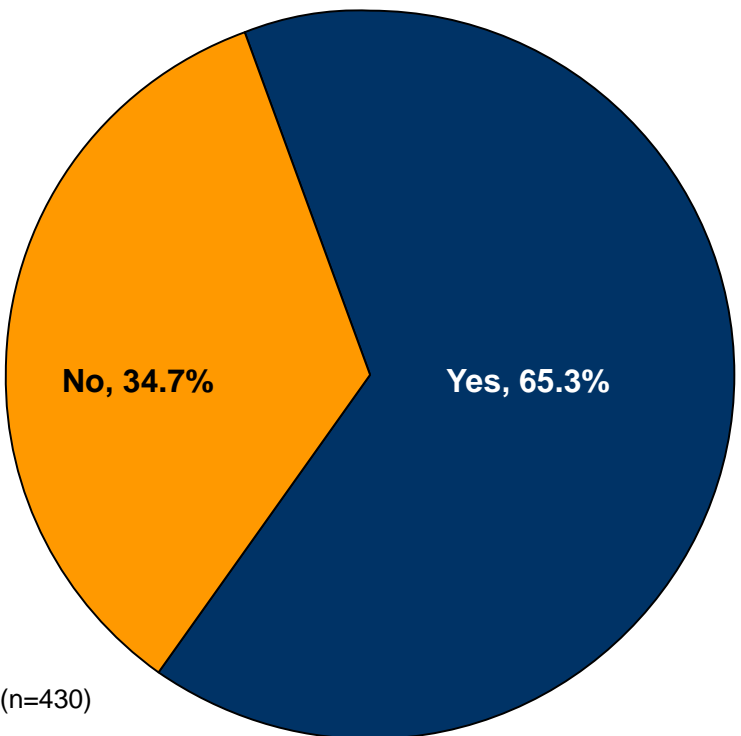| Therapy	Percentage
Prescription medications	47.4%
Over the counter medications	22.1%
Complementary therapies	21.5%
Medical marijuana	1.8%
Other	2.8%
None	4.3%

(n=400)

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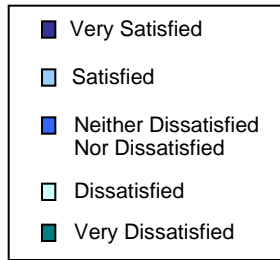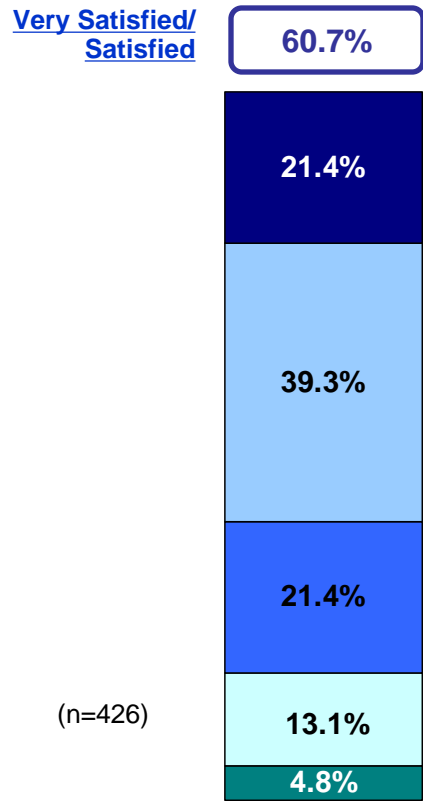
More than one-third (34.7%) of chronic pain sufferers say their pain is not managed well. Moreover, one in four (39.3%) adults are less than satisfied with how their heath care provider is helping them manage their pain.

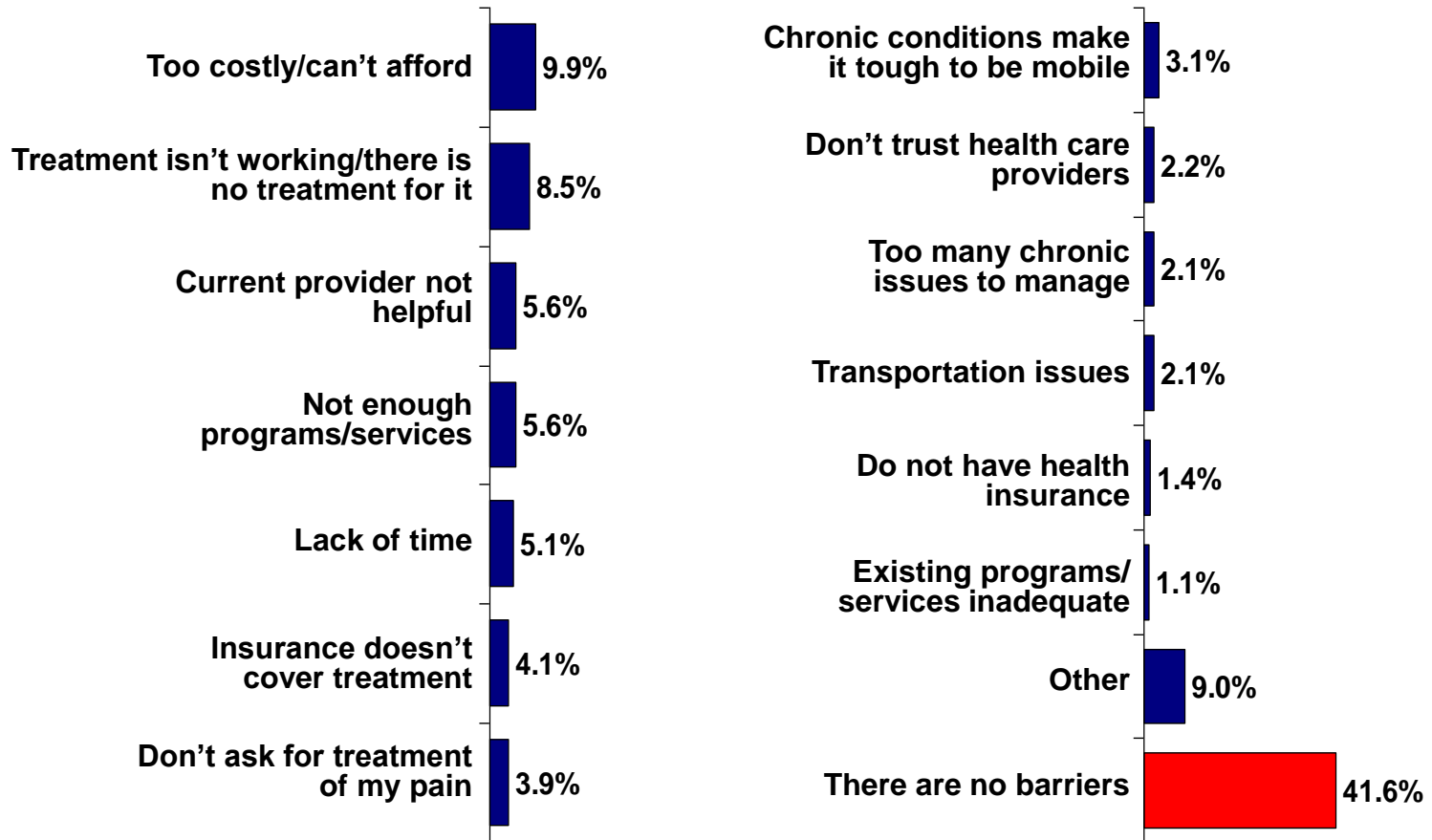## Management of Chronic Pain

Pain is Managed Well

Satisfaction with How Health Care Provider is Helping Manage My Pain

No, 34.7%

Yes, 65.3%

(n=430)

Very Satisfied/ Satisfied — 60.7%

21.4%

39.3%

21.4%

13.1%

4.8%

(n=426)

Legend:
- Very Satisfied
- Satisfied
- Neither Dissatisfied Nor Dissatisfied
- Dissatisfied
- Very Dissatisfied

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)

Barrier	%
Too costly/can't afford	9.9%
Treatment isn't working/there is no treatment for it	8.5%
Current provider not helpful	5.6%
Not enough programs/services	5.6%
Lack of time	5.1%
Insurance doesn't cover treatment	4.1%
Don't ask for treatment of my pain	3.9%
Chronic conditions make it tough to be mobile	3.1%
Don't trust health care providers	2.2%
Too many chronic issues to manage	2.1%
Transportation issues	2.1%
Do not have health insurance	1.4%
Existing programs/services inadequate	1.1%
Other	9.0%
There are no barriers	41.6%

(n=395)
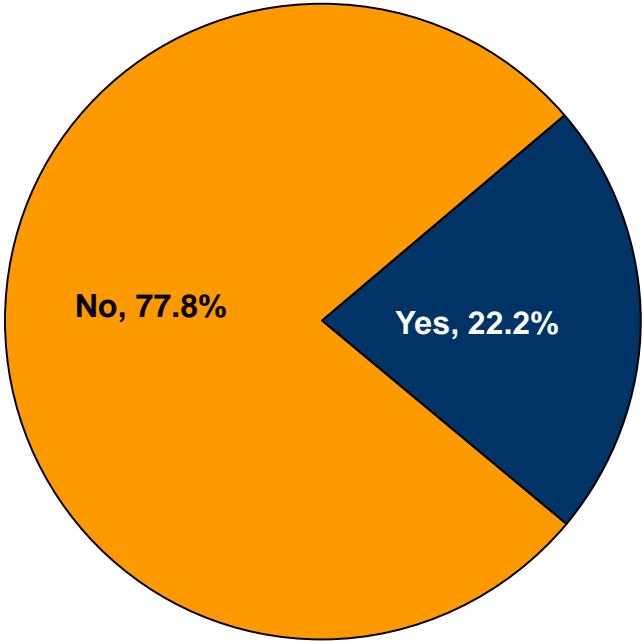
Q9.8: What are some **barriers** to treating your pain?

Caregiving

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.
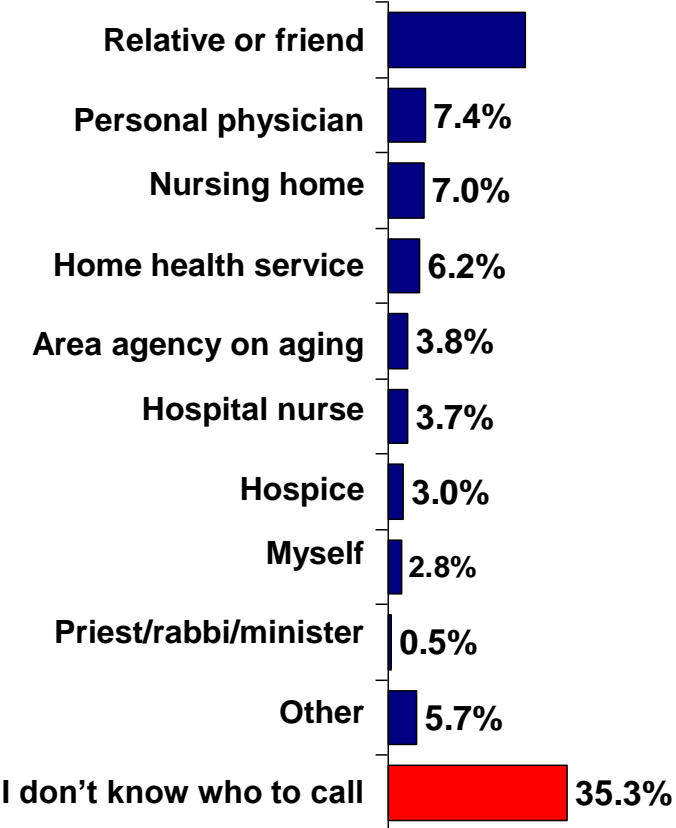
Caregiving

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

No, 77.8%

Yes, 22.2%

(n=1,203)

Sources of Caregiving Considered if Someone Needed In-Home Care

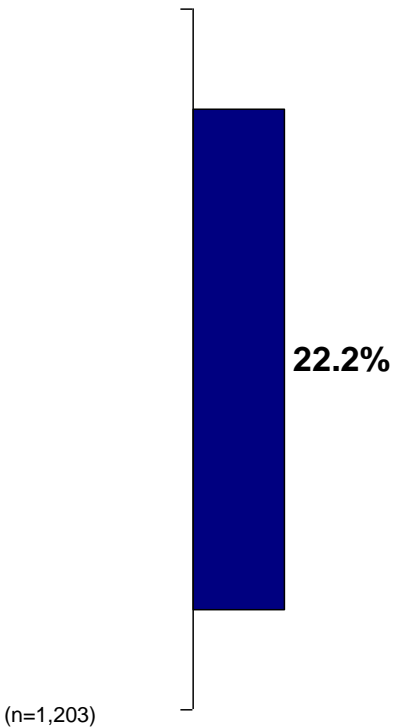| Source	Percentage
Relative or friend	
Personal physician	7.4%
Nursing home	7.0%
Home health service	6.2%
Area agency on aging	3.8%
Hospital nurse	3.7%
Hospice	3.0%
Myself	2.8%
Priest/rabbi/minister	0.5%
Other	5.7%
I don't know who to call	35.3%

(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?
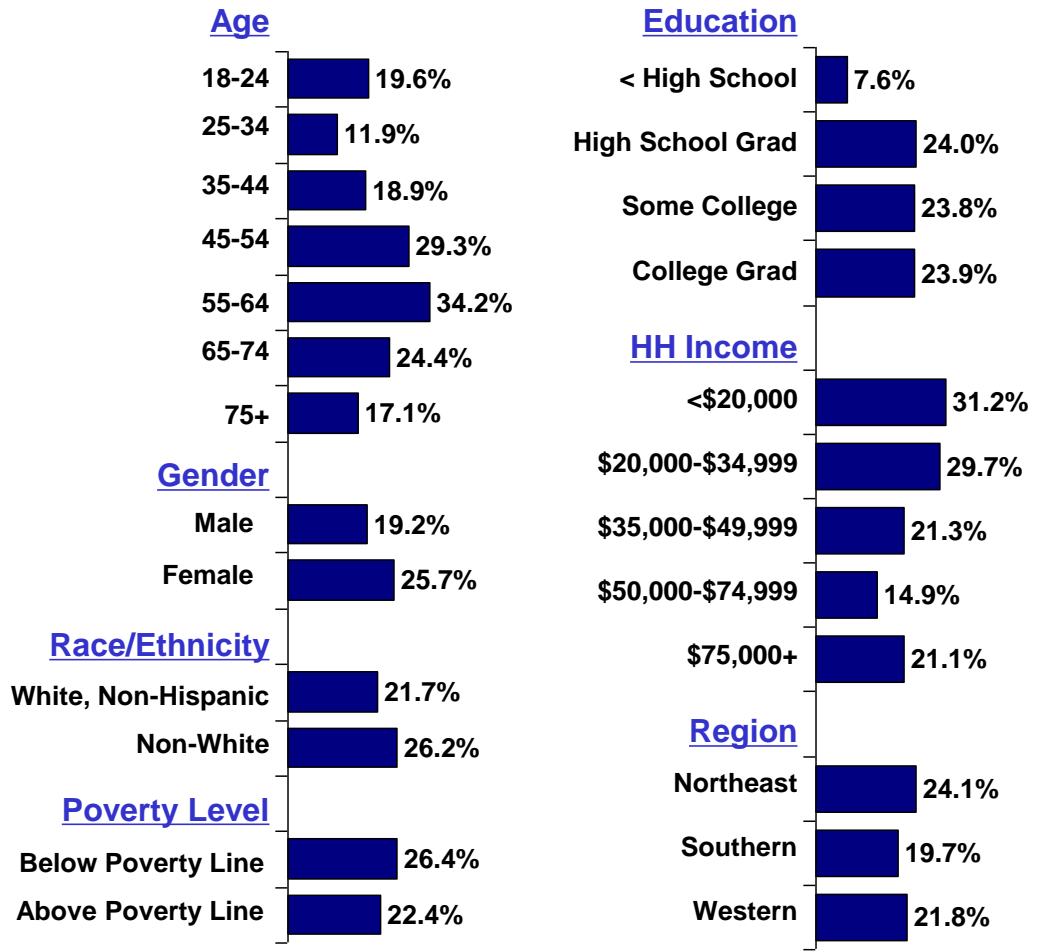
Area adults most likely to provide caregiving come from the following groups: women, those age 45 to 64, and those with household incomes below $35K.

Caregiving (Continued)

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

22.2%

(n=1,203)

*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.

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

Age

18-24	19.6%
25-34	11.9%
35-44	18.9%
45-54	29.3%
55-64	34.2%
65-74	24.4%
75+	17.1%

Gender

Male	19.2%
Female	25.7%

Race/Ethnicity

White, Non-Hispanic	21.7%
Non-White	26.2%

Poverty Level

Below Poverty Line	26.4%
Above Poverty Line	22.4%

Education

< High School	7.6%
High School Grad	24.0%
Some College	23.8%
College Grad	23.9%

HH Income

<$20,000	31.2%
$20,000-$34,999	29.7%
$35,000-$49,999	21.3%
$50,000-$74,999	14.9%
$75,000+	21.1%

Region

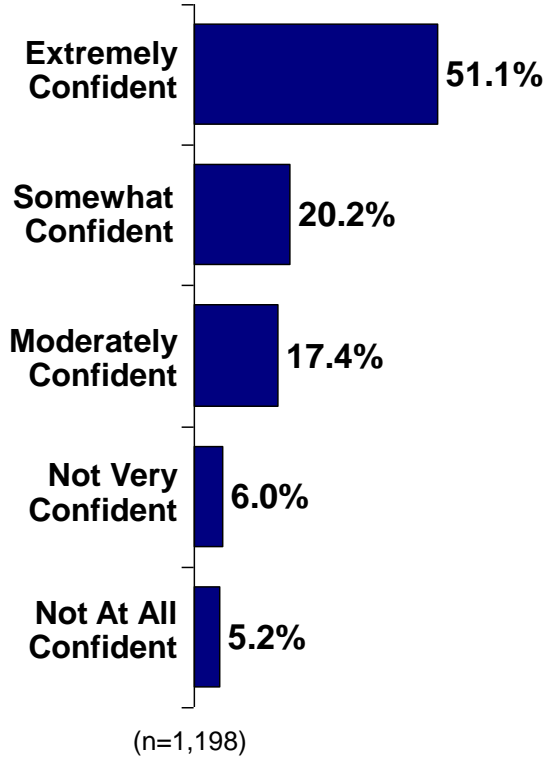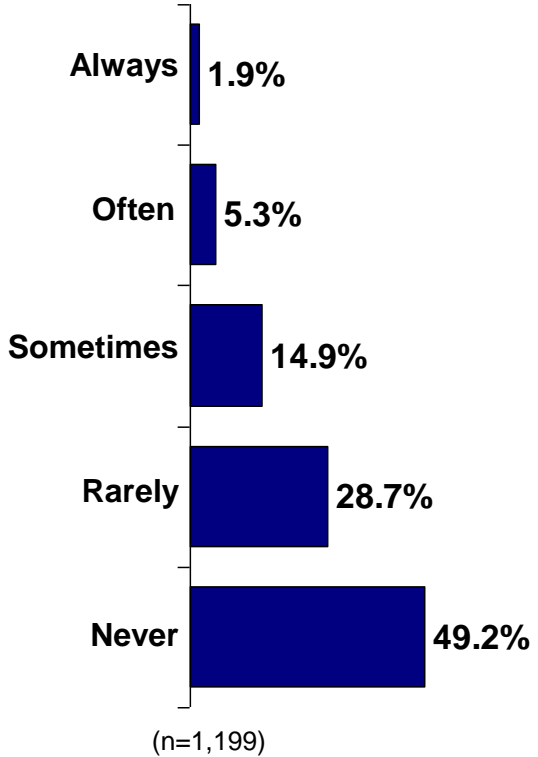|	
Northeast	24.1%
Southern	19.7%
Western	21.8%

Health Literacy

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.
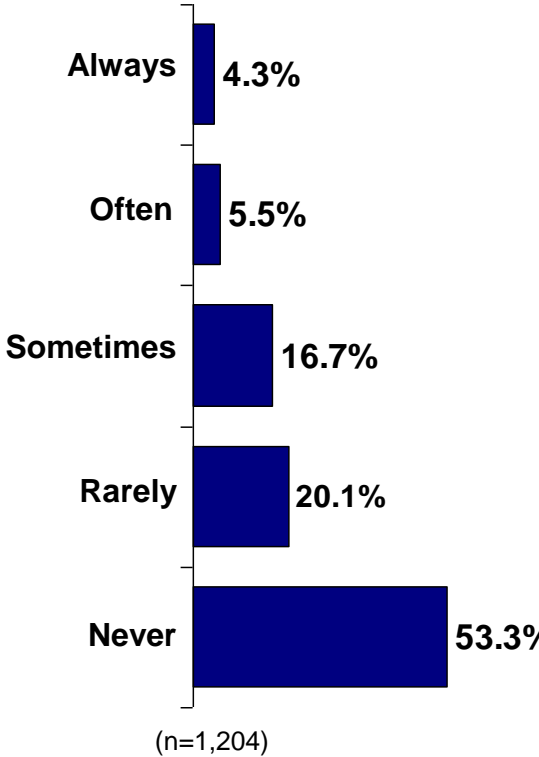
Health Literacy

Confidence in Filling Out Medical Forms by Myself

Category	Value
Extremely Confident	51.1%
Somewhat Confident	20.2%
Moderately Confident	17.4%
Not Very Confident	6.0%
Not At All Confident	5.2%

(n=1,198)

Frequency of Having Problems Learning About My Health Condition

Category	Value
Always	1.9%
Often	5.3%
Sometimes	14.9%
Rarely	28.7%
Never	49.2%

(n=1,199)

Frequency of Having Someone Help Me Read My Medical Materials

Category	Value
Always	4.3%
Often	5.5%
Sometimes	16.7%
Rarely	20.1%
Never	53.3%

(n=1,204)

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…?
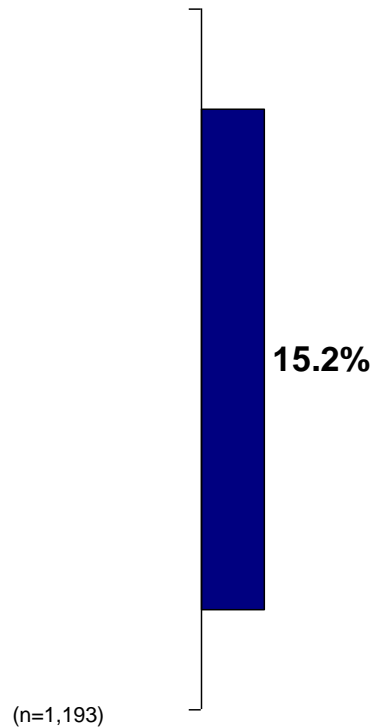
Q11.3: How often do you have someone help you read medical materials? For example, a family member, friend, caregiver, doctor, nurse, or other health professional. Would you say…?

More than one in six area adults are considered to be health illiterate, where they likely 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, non-White, lack a college education, and have incomes less than $35K.
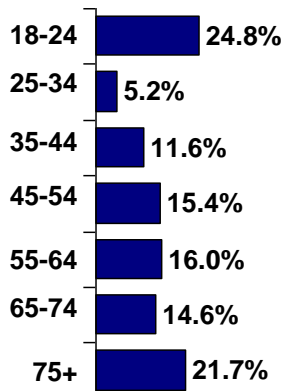
Health Illiteracy (Continued)
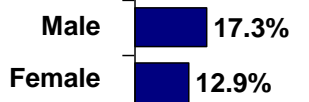
Considered Health Illiterate (Total Sample)
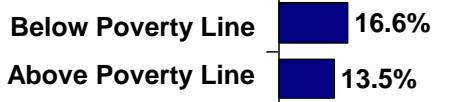
Heath Illiteracy by Demographics

Age

18-24	24.8%
25-34	5.2%
35-44	11.6%
45-54	15.4%
55-64	16.0%
65-74	14.6%
75+	21.7%

Gender

Male	17.3%
Female	12.9%

Race/Ethnicity

White, Non-Hispanic	13.8%
Non-White	29.1%

Poverty Level

Below Poverty Line	16.6%
Above Poverty Line	13.5%

Education

< High School	18.2%
High School Grad	20.5%
Some College	13.9%
College Grad	5.8%

HH Income

<$20,000	21.8%
$20,000-$34,999	19.5%
$35,000-$49,999	10.7%
$50,000-$74,999	13.6%
$75,000+	7.7%

Region

Northeast	19.6%
Southern	9.7%
Western	13.1%

15.2%

(n=1,193)
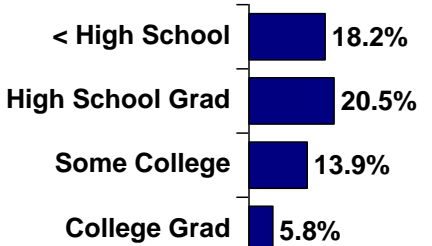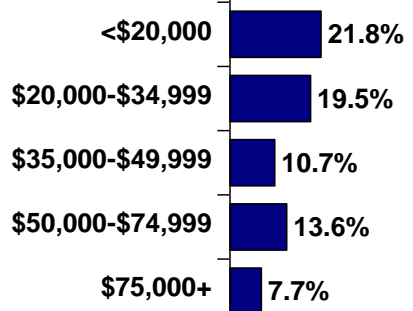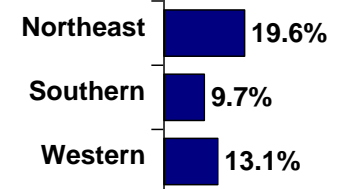
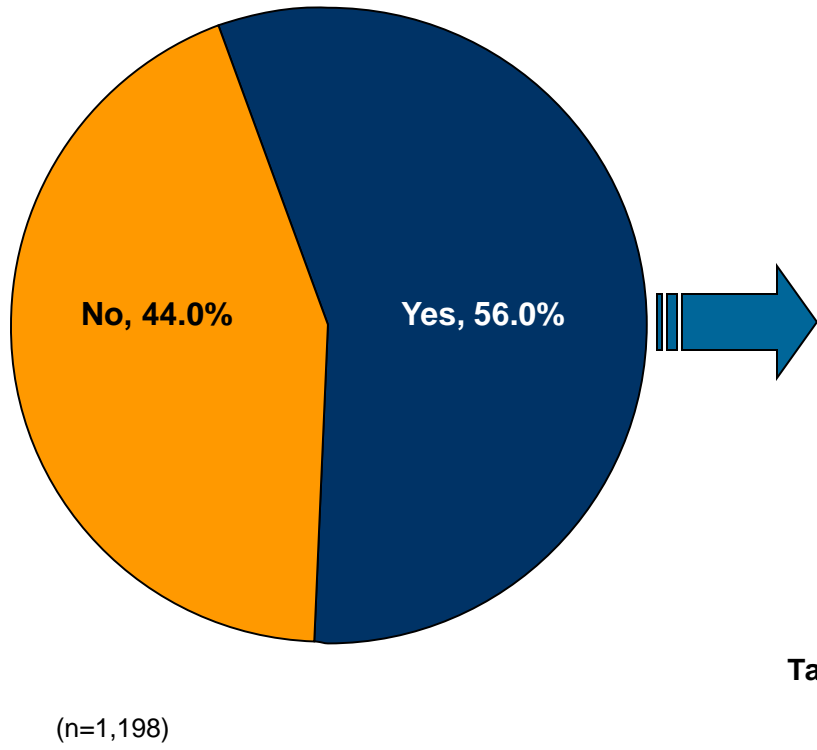*Among all adults, the proportion who scored 9 or less on the 3-15 index scale of questions 11.1, 11.2, and 11.3.
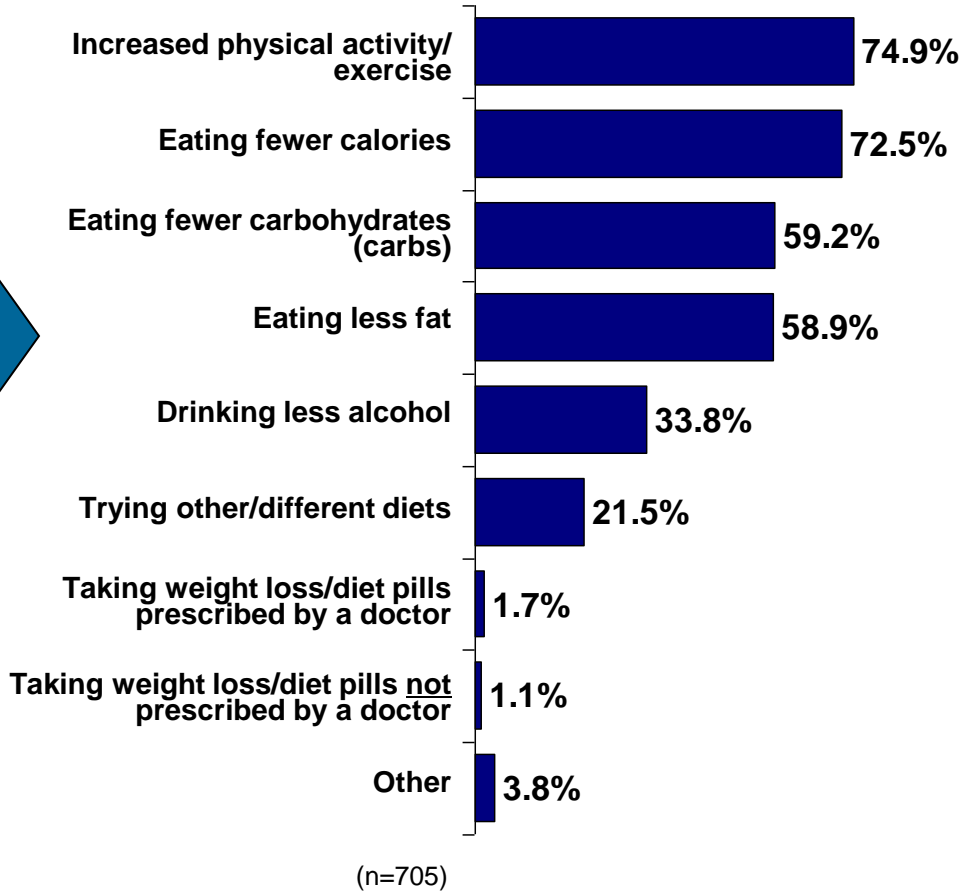
Weight Control

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

No, 44.0%

Yes, 56.0%

(n=1,198)

Strategies Used to Lose Weight or Prevent Gaining More Weight

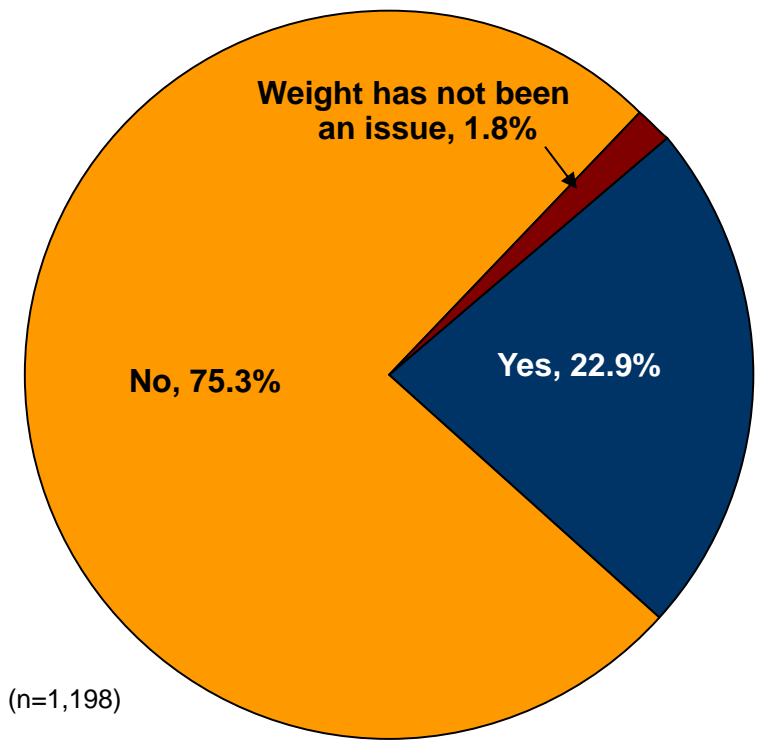| Strategy	Percentage
Increased physical activity/exercise	74.9%
Eating fewer calories	72.5%
Eating fewer carbohydrates (carbs)	59.2%
Eating less fat	58.9%
Drinking less alcohol	33.8%
Trying other/different diets	21.5%
Taking weight loss/diet pills prescribed by a doctor	1.7%
Taking weight loss/diet pills not prescribed by a doctor	1.1%
Other	3.8%

(n=705)

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.
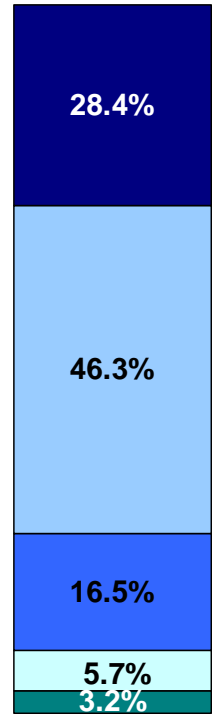
Professional Advice About Weight

Have Been Given Advice About Weight From Health Professional

Satisfaction with Professional Advice on Weight Control
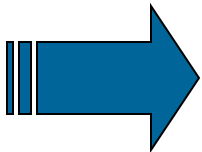
Weight has not been an issue, 1.8%

No, 75.3%

Yes, 22.9%

(n=1,198)

Very Satisfied/ Satisfied   74.7%

28.4%

46.3%

16.5%

5.7%

3.2%

- ■ Very Satisfied
- ☐ Satisfied
- ■ Neither Dissatisfied Nor Dissatisfied
- ☐ Dissatisfied
- ■ Very Dissatisfied

(n=316)

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?

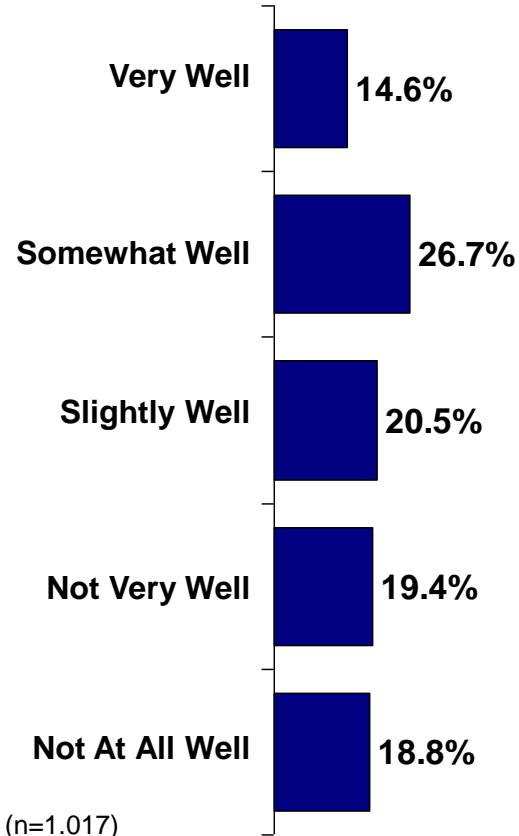Further hampering residents' ability to maintain a healthy weight is the fact that almost four in ten (38.2%) area adults believe the existing programs, services, or resources in the community do not help people manage their weight well.

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

Category	Percentage
Very Well	14.6%
Somewhat Well	26.7%
Slightly Well	20.5%
Not Very Well	19.4%
Not At All Well	18.8%

(n=1.017)

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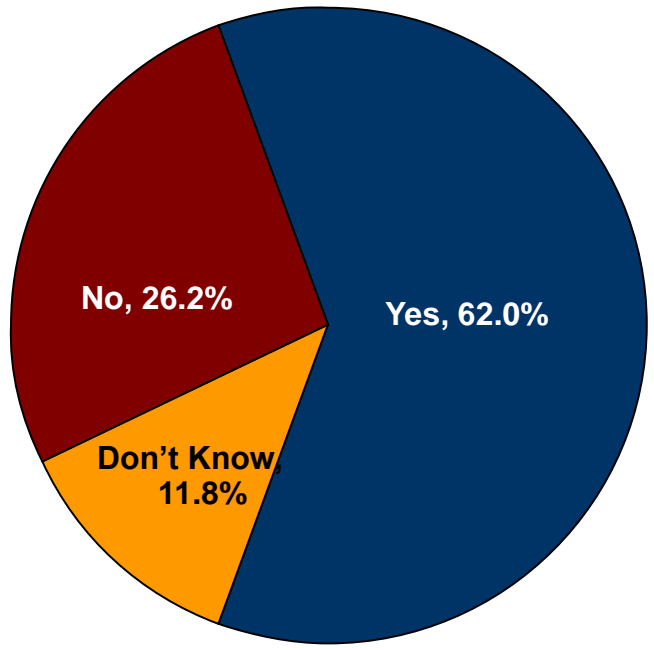
Perception of Substance Abuse

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 prescription drug abuse is a problem among minors.

Perceived Problem of Prescription Drug Abuse

Currently a Problem with Prescription Drug Abuse in the Community

No, 26.2%

Yes, 62.0%

Don't Know, 11.8%

(n=1,175)
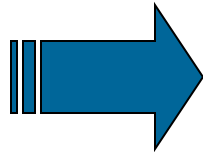
Age Groups Perceived as Biggest Abusers of Prescription Drugs

Youth, 12-17 — 6.8%

Young Adults, 18-29 — 65.0%

Adults, 30-45 — 23.8%

Adults, 46-64 — 2.3%

Senior Adults, 65 and older — 2.1%
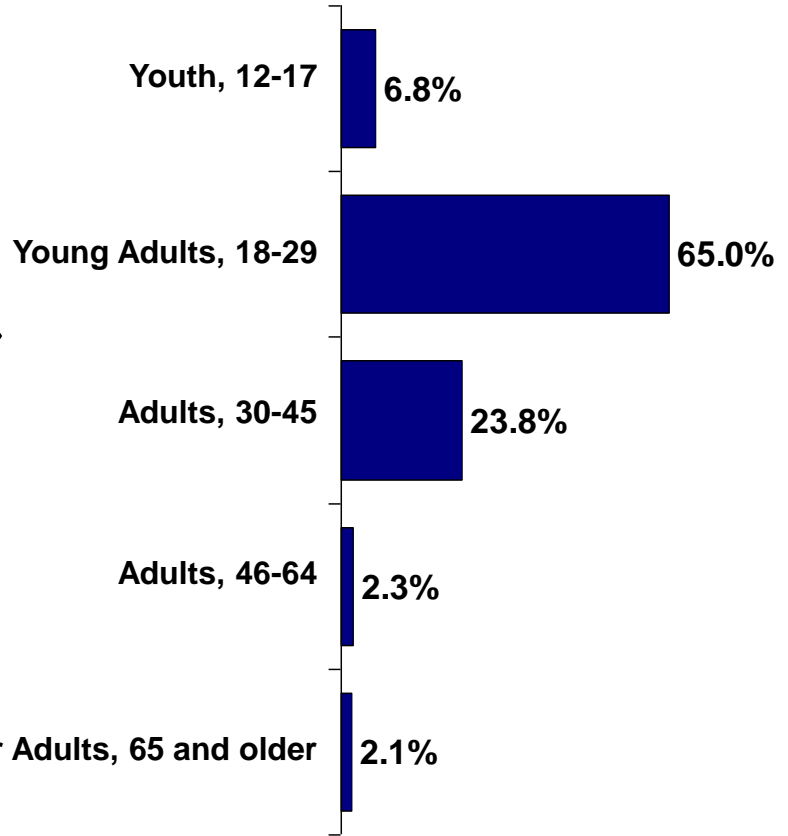
(n=587)

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.
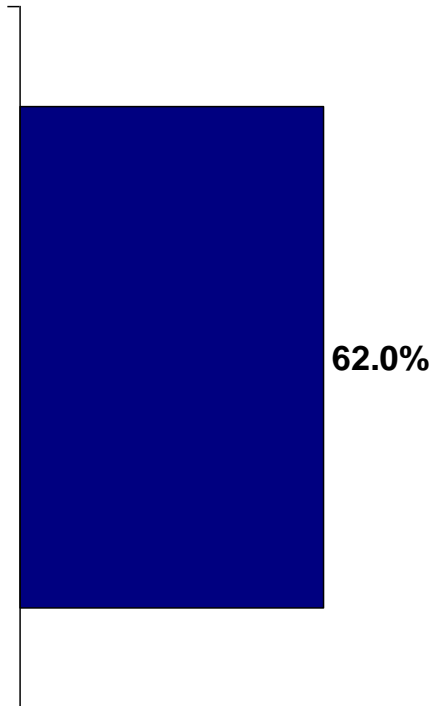
Perceived Problem of Prescription Drug Abuse (Continued)

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

62.0%

(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

Age

18-24	58.5%
25-34	69.4%
35-44	74.3%
45-54	59.9%
55-64	56.2%
65-74	49.6%
75+	55.4%

Gender

Male	63.0%
Female	61.0%

Race/Ethnicity

White, Non-Hispanic	61.0%
Non-White	73.2%

Poverty Level

Below Poverty Line	61.1%
Above Poverty Line	62.9%

Education

< High School	52.4%
High School Grad	64.2%
Some College	61.4%
College Grad	64.5%

HH Income

<$20,000	56.8%
$20,000-$34,999	57.7%
$35,000-$49,999	68.8%
$50,000-$74,999	60.0%
$75,000+	68.0%

Region

Northeast	71.9%
Southern	55.7%
Western	42.6%

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)

Category	Don't Know	No	Yes
Opiates (n=623)	1.2%	2.0%	96.8%
Stimulants/Amphetamines (n=623)	5.0%	11.1%	83.9%
Depressants/Tranquilizers (n=623)	6.1%	12.4%	81.5%
Sedatives (n=623)	18.9%	26.6%	54.5%
Cold Medicine (n=623)	11.0%	44.5%	44.5%
Other (n=623)	9.6%	78.3%	12.1%

Legend: Don't Know | No | Yes
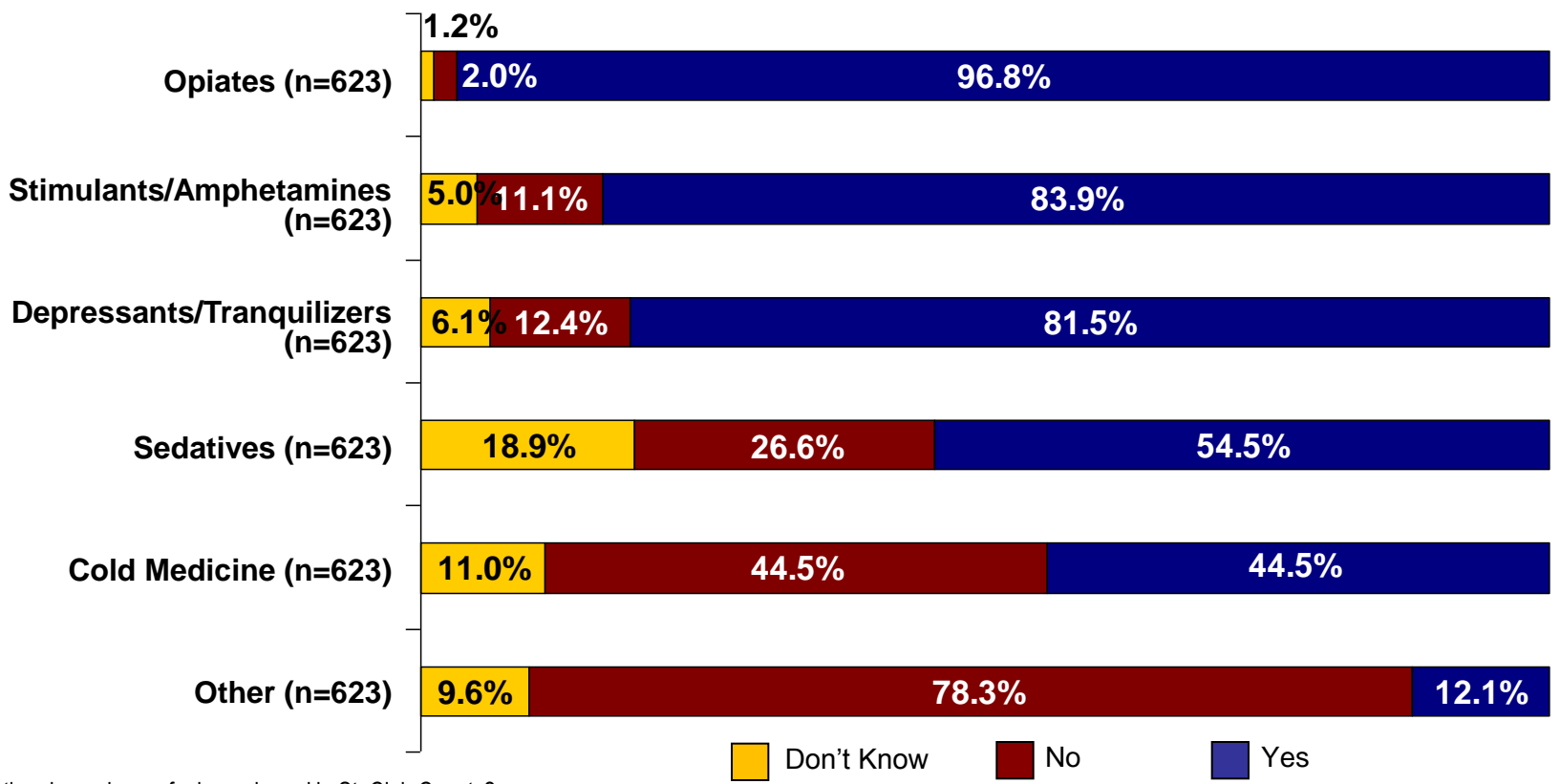
Which prescription drugs do you feel are abused in St. Clair County?
Q19.2: Opiates (examples: Vicodin, Percocet, OxyContin, Lortab, Lorcet, Hydrocodone)
Q19.3: Sedatives (examples: Nembutal, Seconal, Ambien, Sonata)
Q19.4: Depressants/Tranquilizers (examples: Xanax, Ativan, Valium, Halcion, Klonopin)
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

Yes, 44.0%

No, 56.0%
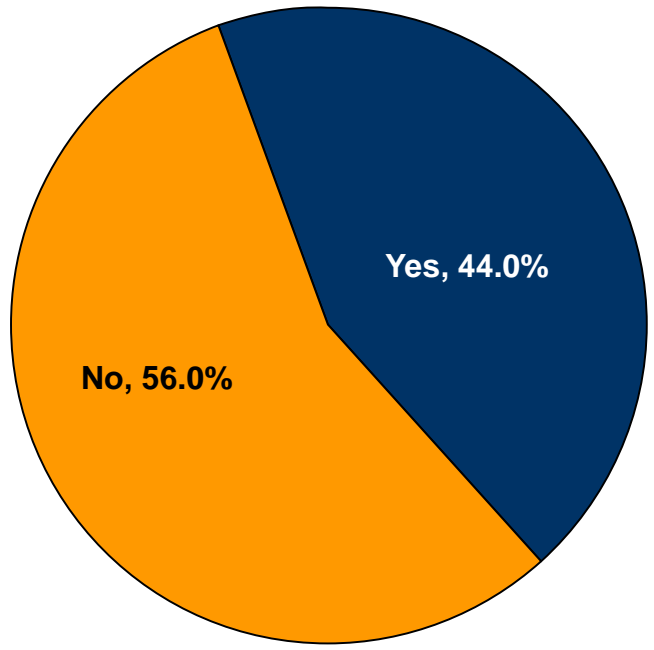
(n=1,158)

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

Youth, 12-17 — 8.2%

Young Adults, 18-29 — 61.0%

Adults, 30-45 — 32.0%

Adults, 46-64 — 14.2%

Senior Adults, 65 and older — 3.3%
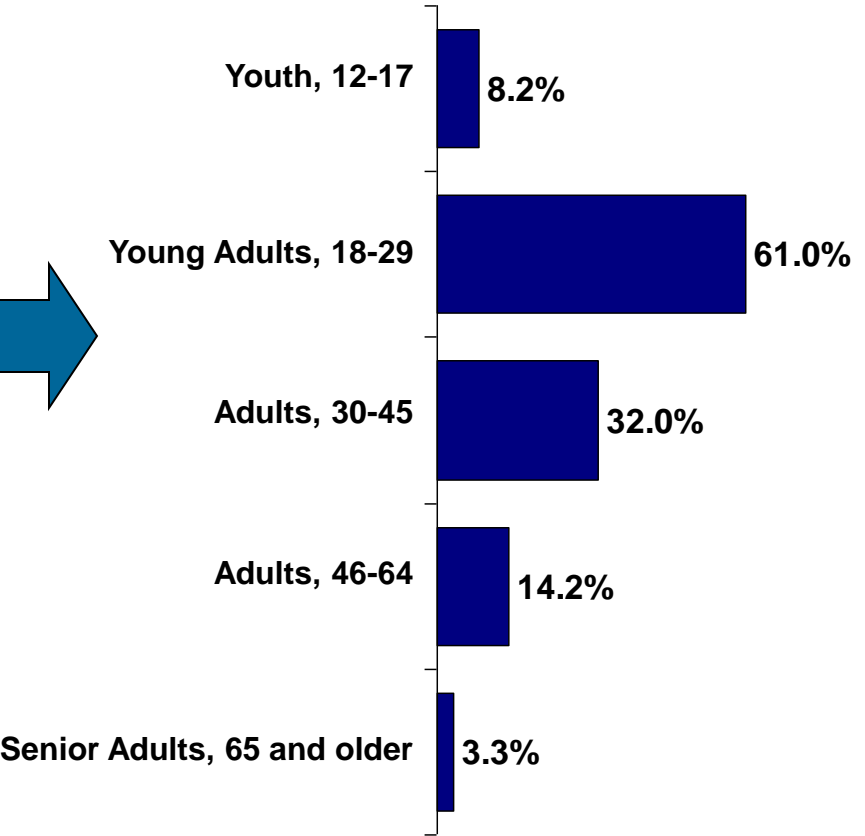
(n=359)

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.
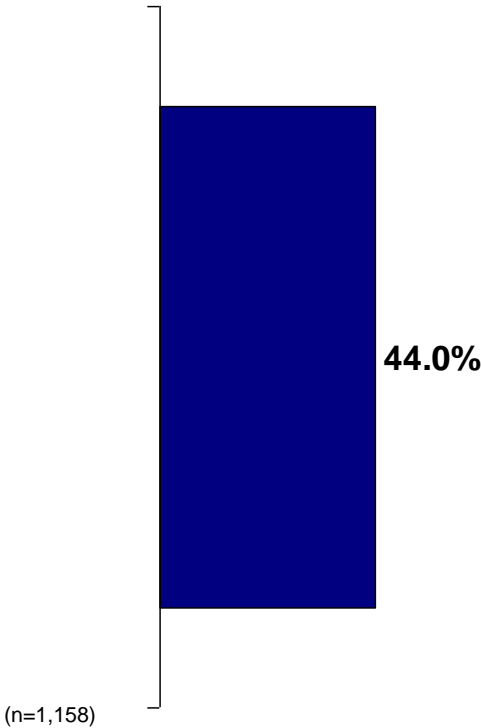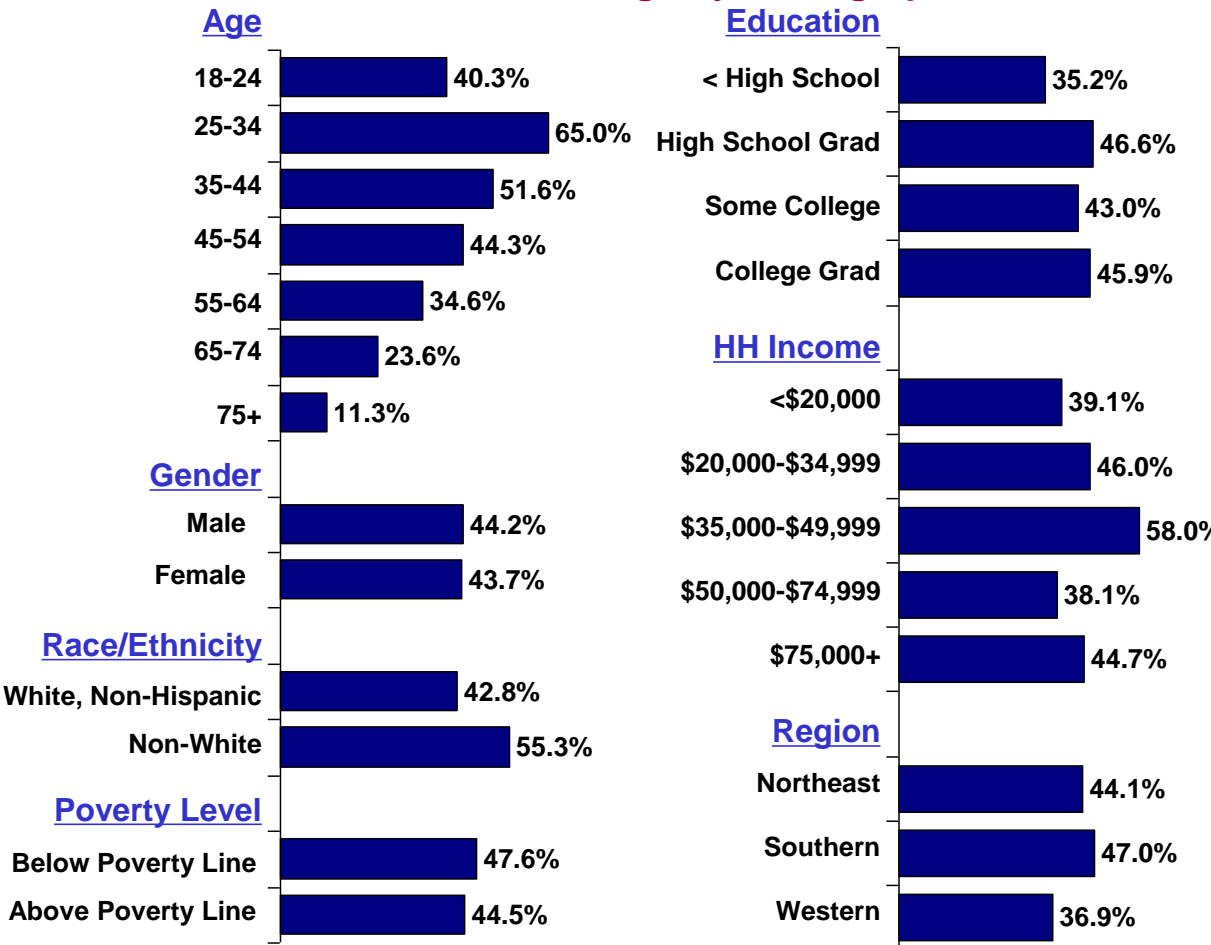
Knowledge of Prescription Drug Abuse (Continued)

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

44.0%

(n=1,158)

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

Know Someone Who Took Prescription Medication to Get High by Demographics

Age

18-24	40.3%
25-34	65.0%
35-44	51.6%
45-54	44.3%
55-64	34.6%
65-74	23.6%
75+	11.3%

Gender

Male	44.2%
Female	43.7%

Race/Ethnicity

White, Non-Hispanic	42.8%
Non-White	55.3%

Poverty Level

Below Poverty Line	47.6%
Above Poverty Line	44.5%

Education

< High School	35.2%
High School Grad	46.6%
Some College	43.0%
College Grad	45.9%

HH Income

<$20,000	39.1%
$20,000-$34,999	46.0%
$35,000-$49,999	58.0%
$50,000-$74,999	38.1%
$75,000+	44.7%

Region

Northeast	44.1%
Southern	47.0%
Western	36.9%

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

Yes, 5.1%

No, 94.9%

(n=1,157)
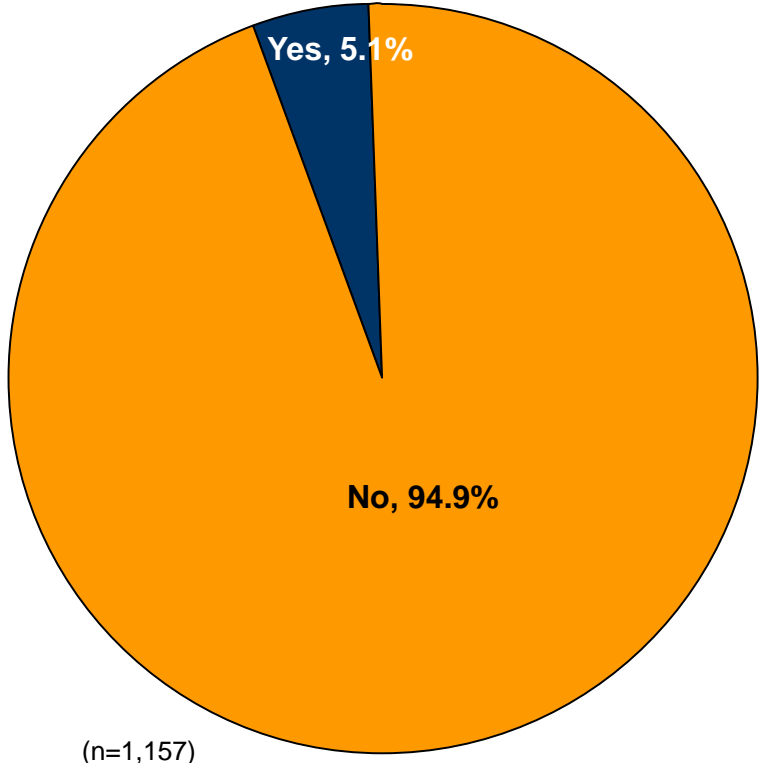
Q19.11: In your opinion, does your doctor give you too many pills in one prescription?

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

Drug	Don't Know	No	Yes
Heroin (n=1,173)	6.9%	24.0%	69.1%
Methamphetamine (n=1,172)	6.9%	31.7%	61.4%
Marijuana (n=1,173)	5.4%	53.6%	41.0%
Cocaine (n=1,173)	11.0%	48.6%	40.4%
Inhalants (n=1,173)	14.8%	57.8%	27.4%
Hallucinogens (n=1,173)	11.1%	62.7%	26.2%
Other (n=1,172)	10.2%	84.2%	5.6%

Legend: ■ Don't Know ■ No ■ Yes
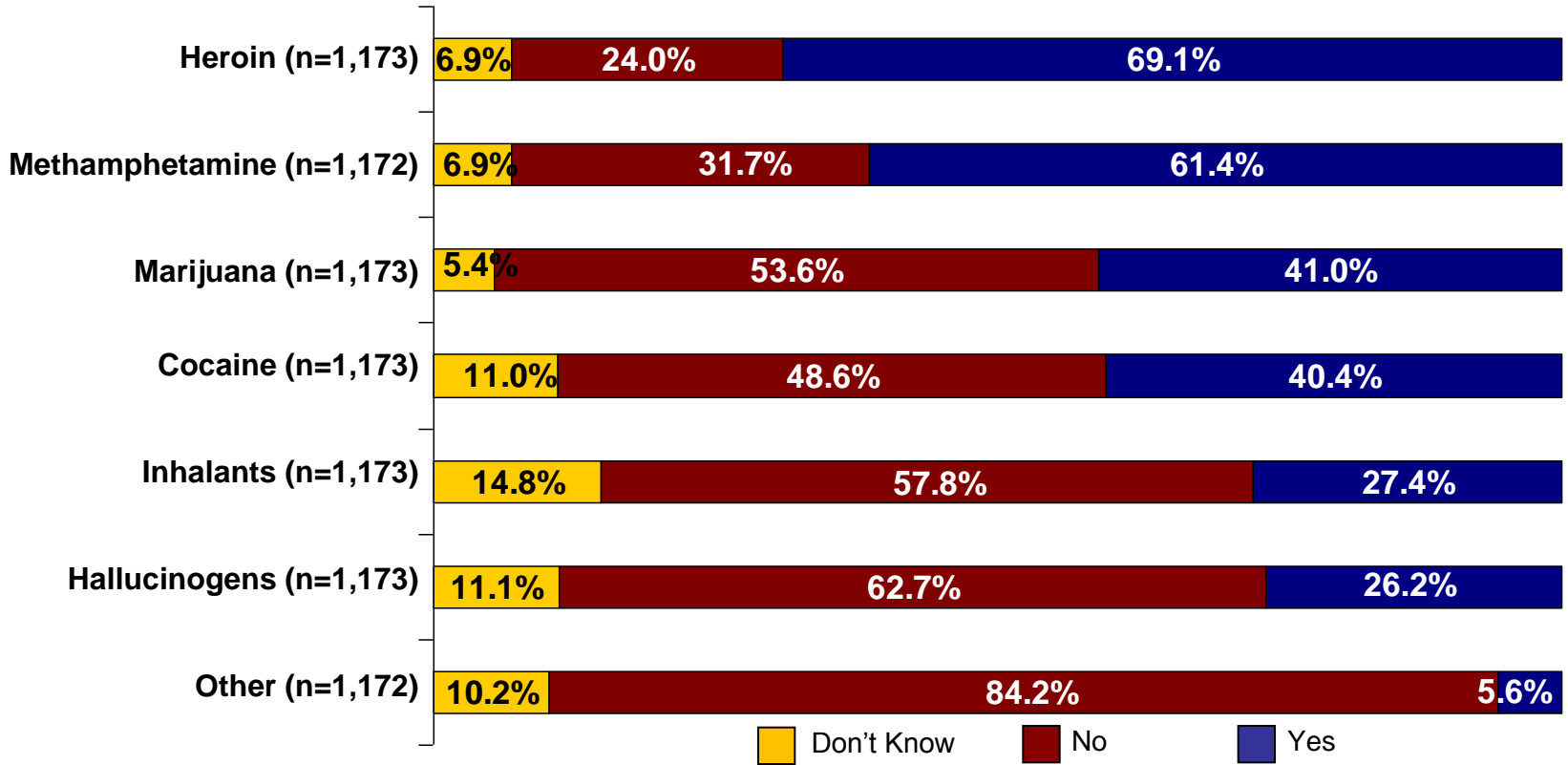
With regard to the use of the following drugs, which do you think are a **problem** in your community?
Q19.12: Marijuana
Q19.13: Cocaine
Q19.14: Heroin
Q19.15: Hallucinogens
Q19.16: Inhalants
Q19.17: Methamphetamine
Q19.18: Another drug

General Literacy

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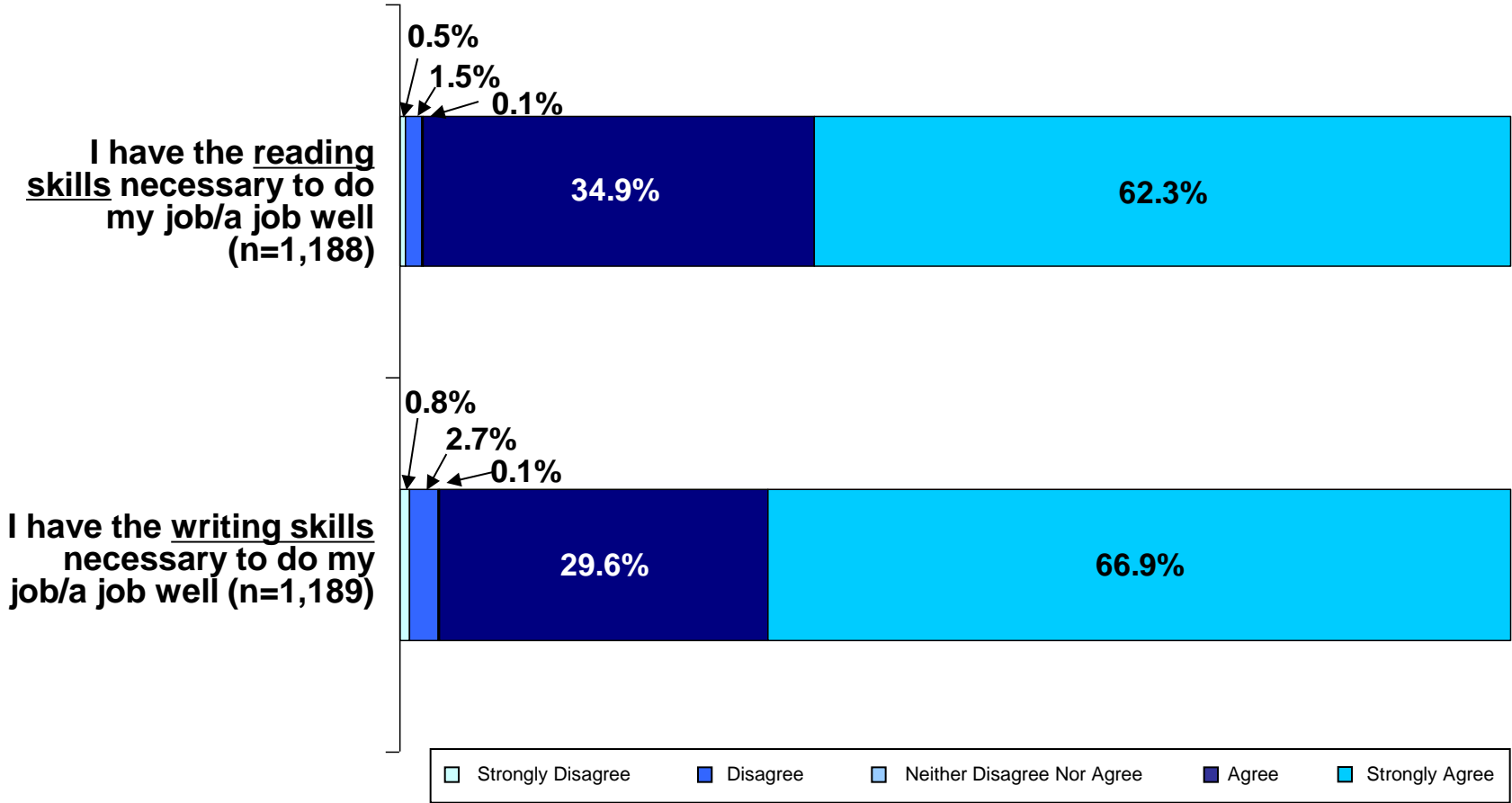
Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements.
Q15.1: I have the **reading** skills necessary to do ["my" job if employed; "a job" if not employed] well.
Q15.2: I have the **writing** skills necessary to do ["my" job if employed; "a job"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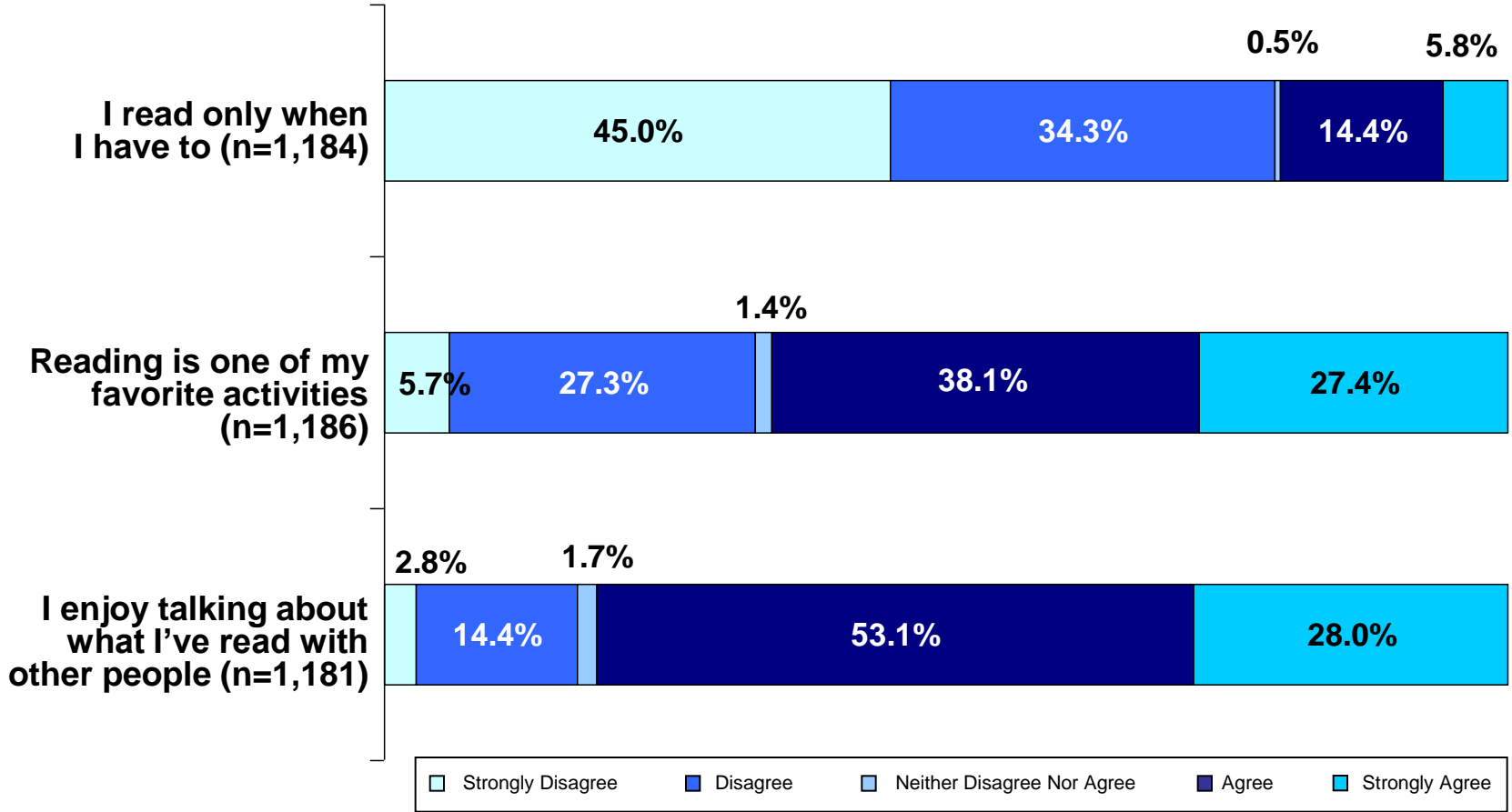
Reading

Bar chart data:

I read only when I have to (n=1,184)
- Strongly Disagree: 45.0%
- Disagree: 34.3%
- Neither Disagree Nor Agree: 0.5%
- Agree: 14.4%
- Strongly Agree: 5.8%

Reading is one of my favorite activities (n=1,186)
- Strongly Disagree: 5.7%
- Disagree: 27.3%
- Neither Disagree Nor Agree: 1.4%
- Agree: 38.1%
- Strongly Agree: 27.4%

I enjoy talking about what I've read with other people (n=1,181)
- Strongly Disagree: 2.8%
- Disagree: 14.4%
- Neither Disagree Nor Agree: 1.7%
- Agree: 53.1%
- Strongly Agree: 28.0%

Legend: ☐ Strongly Disagree ■ Disagree ☐ Neither Disagree Nor Agree ■ Agree ■ Strongly Agree

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. The vast majority of adults report having at least 25 books in their home.

Reading (Continued)

Frequency of Reading/Using Written Information

At least once a week	89.9%
Less than once a week	2.3%
Rarely	5.1%
Never	2.7%

(n=1,191)
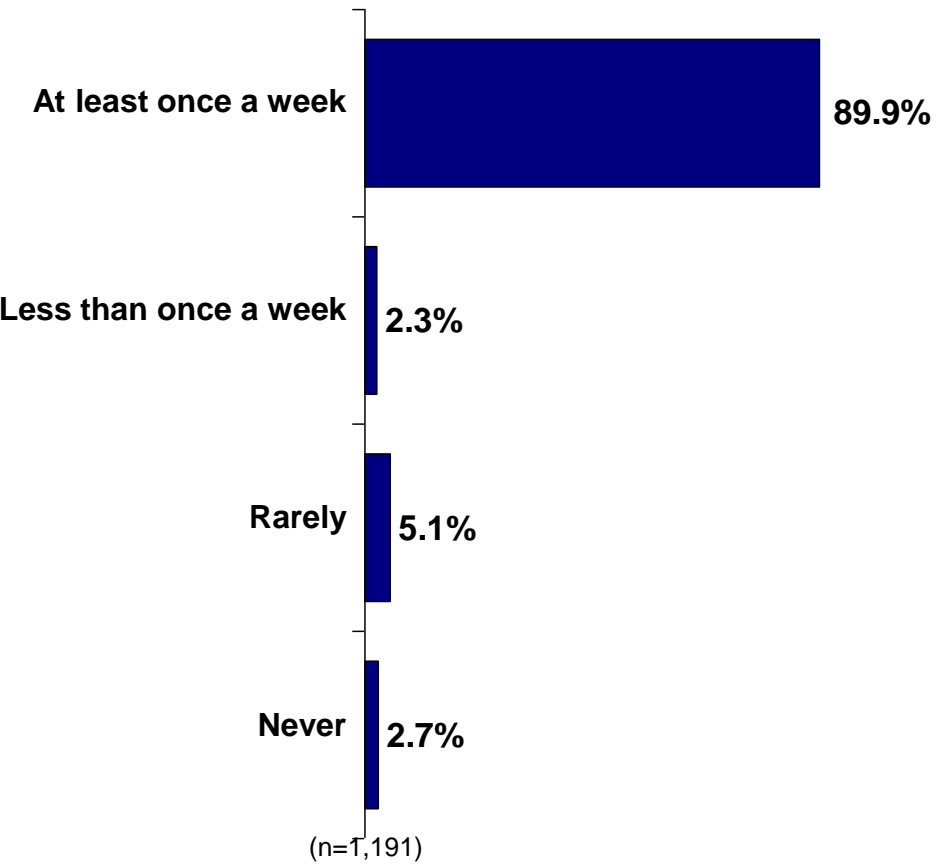
Number of Books in Household

More than 100	45.0%
25 to 100	36.3%
Less than 25	18.7%

(n=1,191)
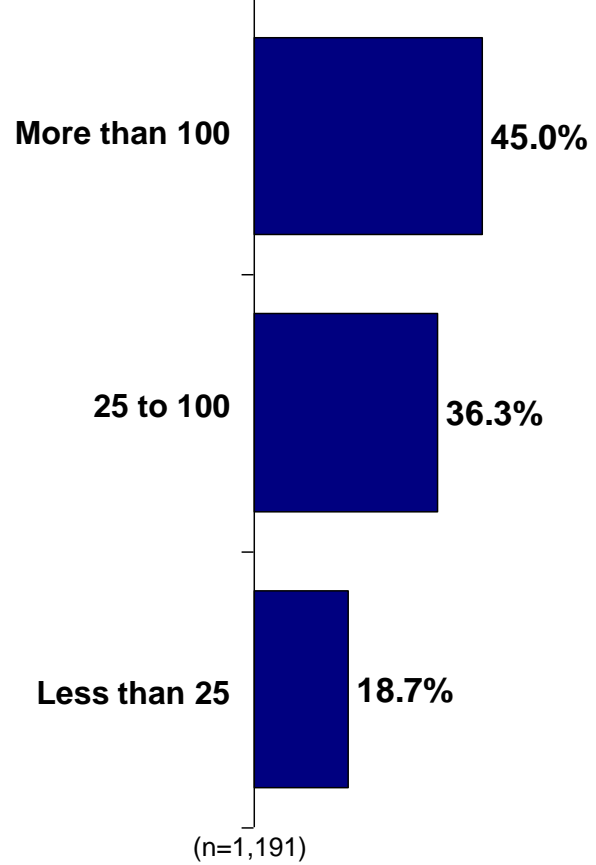
Q15.3: How often do you read or use information from books, magazines, letters, notes, e-mails, or online sources from the Internet? Would you say at least once a week, less than once a week, rarely or never?
Q15.4: How many books do you have in your household? Do not include magazines.

VIP Research and Evaluation

APPENDIX A

Respondent Demographics

Gender, Age, Race/Ethnicity and Section of Residence

	TOTAL	A. Northeast	B. Southern	C. Western
Gender	(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%
Age	(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%
Race/Ethnicity	(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%
Region of St. Clair County	(n=1996)	(n=414)	(n=413)	(n=377)
Northwest	50.4%	100%		
Southern	32.9%		100%	
Western	16.7%			100%

Marital Status and Number of Household Members

	TOTAL	A. Northeast	B. Southern	C. Western
Marital Status	(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%
Number of Children Less Than Age 18 At Home	(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%
Number of Adults and Children in Household	(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%

Education and Employment Status

	TOTAL	A. Northeast	B. Southern	C. Western
Education	**(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%
Employment Status	**(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%

Household Income, Poverty Status and Military Service

	TOTAL	A. Northeast	B. Southern	C. Western
Household Income	**(n=1,106)**	**(n=387)**	**(n=380)**	**(n=339)**
Less than $10,0000	**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%**
Poverty Status	**(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%**
Own vs. Rent	**(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%**
Military Service	**(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%**