

2021 Community Health Needs Assessment, St. Clair County, MI

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Executive
Summary



Background



Methodology



Findings &
Implications

Table of Contents

	Page
Introduction	3
Background and Objectives	4
Methodology	6
Executive Summary	14
Detailed Findings	48
Coronavirus (COVID-19)	49
Social Indicators	67
Community Characteristics	81
Health Status Indicators	91
Health Care Access	121
Risk Behavior Indicators	149
Clinical Preventive Practices	171
Chronic Conditions	184
Solutions and Strategies	209
Appendix	215
Respondent Profile	216

INTRODUCTION



Background and Objectives

- VIP Research and Evaluation was contracted by the St. Clair County Health Department to conduct a Community Health Needs Assessment (CHNA), including a Behavioral Risk Factor Survey (BRFS).
- 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
- The overall objective of the CHNA is to obtain information and feedback from St. Clair County residents, health care professionals, and key community leaders in various industries and capacities about a wide range of health and health care topics to gauge the overall health climate of St. Clair County.



Background and Objectives (Continued)

- More specific objectives include measuring:
 - ❖ Social indicators, such as crime rates, education, and poverty rates
 - ❖ Community characteristics, such as resources, collaboration, and volunteerism
 - ❖ Physical health status indicators, such as life expectancy, mortality, physical health, chronic conditions, chronic pain, and weight status
 - ❖ Mental health status indicators, such as psychological distress, poor mental health, and suicide
 - ❖ Health risk behaviors, such as smoking and tobacco use, drinking, diet, and physical activity
 - ❖ Clinical preventative measures, such as cancer screening and oral health
 - ❖ Resiliency and social support
 - ❖ Adverse childhood experiences (ACEs)
 - ❖ Disparities in health
 - ❖ Positive and negative health indicators
 - ❖ Accessibility of health care
 - ❖ Barriers to health care
 - ❖ Gaps in health care services or programs
 - ❖ Feedback on COVID-19, including prevalence of COVID-19 vaccination and the pandemic's impact on area residents



Methodology

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

	Data Collection Methodology	Target Audience	Number
Key Stakeholders	In-Depth Telephone Interviews	Hospital Directors, Clinic Executive Directors	5
Key Informants	Online Survey	Physicians, Nurses, Dentists, Pharmacists, Social Workers	39
Community Residents (Underserved)	Self-Administered (Paper) Survey	Vulnerable and underserved subpopulations	332
Community Residents	Telephone Survey (BRFS)	St. Clair County Adults (18+)	1,000

- Secondary data was derived from various government and health sources such as the U.S. Census, Michigan Department of Health and Human Services, County Health Rankings, Youth Risk Behavior Survey (YRBS), Michigan Profile of Healthy Youth (MiPhy), and Kids Count Database.



Methodology (Continued)

- Of the 10 Key Stakeholders invited to participate, 5 completed an in-depth interview. Key Stakeholders were defined as executive-level community leaders who:
 - ❖ Have extensive knowledge and expertise on public health and/or human service issues
 - ❖ Can provide a “50,000-foot perspective”
 - ❖ Are often involved in policy decision-making
 - ❖ Examples include hospital administrators and clinic executive directors
- The number of Key Informants participating in the online survey this iteration decreased 40.0% from 65 in 2016 to 39 in 2021. Key Informants are also community leaders who:
 - ❖ Have extensive knowledge and expertise on public health issues, or
 - ❖ Have experience with subpopulations impacted most by issues in health/health care
 - ❖ Examples include health care professionals (e.g., physicians, nurses, dentists, pharmacists, social workers) or directors of non-profit organizations
- There were 332 self-administered surveys completed by targeted subpopulations, such as single mothers with children, senior adults, as well as those who are uninsured, underinsured, or have Medicaid. Surveys were distributed at local events such as food drives and resource fairs.



Methodology (Continued)

- A Behavioral Risk Factor Survey was conducted among 1,000 St. Clair County adults (age 18+) via telephone. The response rate was 32%.
- Disproportionate stratified random sampling (DSS) was used to ensure results could be generalized to the population of St. Clair County. DSS utilizes both listed and unlisted landline sample, allowing everyone with a landline telephone the chance of being selected to participate.
- In addition to landline telephone numbers, the design also targeted cell phone users. Of the 1,000 completed surveys:
 - ❖ 417 are cell phone completes (41.7%), and 583 are landline phone completes (58.3%)
 - ❖ 316 are cell-phone-only households (31.6%)
 - ❖ 109 are landline-only households (10.9%), and
 - ❖ 571 have both cell and landline numbers (57.1%)
- For landline numbers, households were selected to participate subsequent to determining that the number corresponded to a St. Clair County residence. Vacation homes, group homes, institutions, and businesses were excluded.
- Respondents were screened to ensure they were at least 18 years of age.



Methodology (Continued)

- In households with more than one adult, interviewers randomly selected one adult to participate based on which adult had the nearest birthday to the date surveyed. 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 1,000 households represent 1.6% of the 63,806 households in St. Clair County according to the 2019 U.S. Census 1-year estimate.
- The margin of error for the entire sample of 1,000, at a 95% confidence level, is +/- 3.1%. This calculation is based on a population of roughly 126,938 St. Clair County residents 18 years or older, according to the 2019 U.S. Census 1-year estimate.
- Data collection for the Behavioral Risk Factor Survey occurred between June and October of 2021.
- Unless noted, consistent with the Michigan BRFSS, respondents who refused to answer a question or did not know the answer to a specific question were excluded from analysis for that question (valid responses only). Thus, the base sizes vary throughout the report.



Methodology (Continued)

- Data weighting is an important statistical process that was used to reduce bias from the BRFSS sample. The formula consists of both design weighting and iterative proportional fitting, also known as “raking” weighting. The purposes of weighting the data are 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 entire St. Clair County adult population
- The formula used for the final weight is: Design Weight X Raking Adjustment
- Resiliency was measured using the Connor-Davidson Resiliency Scale, 2-item version (CD-RISC-2).



Methodology (Continued)

➤ Adverse Childhood Experiences (ACEs) data were collected using the BRFSS 11-item version. The 11 items measure the following adverse groups and subgroups:

❖ Abuse:

- Emotional Abuse
- Physical Abuse
- Sexual Abuse

❖ Household challenges:

- Intimate Partner Violence
- Household Substance Abuse
- Household Mental Illness
- Parental Separation or Divorce
- Incarcerated Household Member



Methodology (Continued)

- Five of the 11 questions have “yes” or “no” response categories and the remaining 6 questions have “never,” “once,” or “more than once” response categories. Respondents scored either a “0” for each “no” or a “1” for each “yes,” and they scored either a “0” for each “never” or a “1” for each “once” or “more than once.” Their total ACEs score was computed by adding the sum of the scores across the 11 items. The total ACEs scores were segmented into three groups according to the number of adverse childhood experiences they had: none, 1 to 3, and 4 or more.
- It should be noted that if the respondent said “don’t know” or refused to answer any of the ACEs items then they were not included in the ACEs analyses by groups. This decision was made because the CHNA team and the researchers believe that coding “don’t know” or “refused” answers as zero and then including them in one of the three groups could possibly create an inaccurate picture of the extent to which adverse childhood experiences exist in the population of St. Clair County residents. As an example, if someone refused to answer all 11 ACE questions, rather than coding them as a none (zero), it was determined best to exclude them from the analyses.



Methodology (Continued)

- In the Executive Summary, VIP Research and Evaluation has identified several key findings, or significant health needs, which we have determined to be the most critical areas of need, derived from primary and secondary data. The process for making such determinations involved analyzing quantitative and qualitative feedback from Key Stakeholders, Key Informants, St. Clair County adults, and St. Clair County underserved residents to gain a better understanding of what they deem to be the most important health and health care issues in the community. Information needed to identify and determine the community's significant health needs was obtained by conducting telephone surveys with adult residents, sending out additional community health (paper) surveys to underserved adult residents, and conducting telephone interviews and online surveys with community health care professionals and community leaders. Two of the four respondent groups were explicitly asked what they perceived to be the most important or critical health issues in St. Clair County, and additional information was gleaned from all groups via their responses to various questions throughout the surveys or discussion guides. Secondary data was then used to complement the findings from the primary data analyses. The result is a robust process that we are confident depicts an accurate assessment of the most critical health or health care issues in St. Clair County.

EXECUTIVE SUMMARY & KEY FINDINGS



Executive Summary (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

We were super proactive. We had weekly COVID-call meetings and we would talk about what the needs were for different people, what people's current situations were like, and how could we help those who need support. As soon as the pandemic started I got the call, I think it was March 15th. I was told we were having a Monday morning meeting at the emergency operation center because of “this COVID thing.” And from that point forward, every Monday we started doing it remotely, a lot of us. So, the minute we knew that there was a problem, people started talking about it, about how we are going to address this. And then we shared resources. We helped each other out, we talked, we had identified what the needs were. The Health Department had a COVID information line. We developed a support line because they were getting an overabundance of calls related to mental health problems (e.g., nervousness, anxiety, uptight, loneliness, isolation). There were a lot of things where we just worked together. As a precaution, we looked to Dr. Mercatante to give us the guidance that this is what we need to be doing right now, and we did it, in terms of PPE, social distancing, and cleaning practices, etc. The committee was also helpful because people were looking at the guidelines, whether it was OSHA, MIOSHA, MDHHS, the governor orders. There were zillions of those things coming out and through that group, things were sifted through to determine what we have to do now, that kind of stuff. I just think that that whole group setup that we had, and the fact that we worked collaboratively together, and trust each other, made a big difference in our community. – *Key Stakeholder*

I have really adamant pushback from school age parents who don't want their kids to wear a mask, be tested, be social distant. They don't want anything done. And to me, that means that there is a broad disconnection with the science. I'm trying hard to separate health issues from political issues. That's the challenge. People have aligned themselves with the political ideology, which also means that diversity is a bad word, justice is a bad word, vaccine is a bad word, harm reduction is a bad word. Obvious things, I think that are so important to be healthy, are being outright rejected by a large portion, I would say almost a majority of our community. And as long as that's happening, I have a hard time feeling that we're going to move in the right direction. – *Key Stakeholder*



Executive Summary (Continued)

- Much like the year 2020, in 2021, the social, economic, and political impact of the coronavirus (COVID-19) pandemic continued to be systemic worldwide. Individually there was, and continues to be, an impact on physical and mental health, as well as an enormous social impact. Because these past two years were so unique, the approach to presenting research findings in this Community Health Needs Assessment (2021) report is slightly different than in the previous report (2016). Although a major theme of the report is COVID's far-reaching impact, we feel it's necessary to compare local primary data collected in 2021 with the latest state or national data which would have been collected in 2020, also a COVID year. Additionally, a comparison is made with the 2021 primary data collected and data collected in the previous CHNA (2016).
- Although St. Clair County faces numerous challenges, on some levels the findings from this CHNA portray the county as a community with many health and human service resources. With three hospitals, free medical clinics, and hundreds of health care professionals, health care is accessible to most people, if they can afford it or have decent health insurance.
- St. Clair County continues to be a caring, giving, and philanthropic community with numerous resources, programs, and services, a robust volunteer force, and a strong collaborative spirit among people and organizations. Collaboration and coordination among and between organizations has expanded and improved over the past five years and shined during the pandemic.



Executive Summary (Continued)

- Moreover, St. Clair County is a very safe community with low levels of violent crime and homicide. However, poverty levels are on par with the state and the nation, and the unemployment rate is higher than the state or national rates.
- Environmentally, the area is moderately clean and offers a plethora of outdoor spaces such as lakes, beaches, parks, walking/hiking paths, and biking trails that invite activity.
 - ❖ That said, 88.2% of Key Informants are concerned about environmental factors, especially water and air quality
- Additionally, with the farms nearby and the farmer's markets throughout the warmer months, there is generous access to healthy food for those who can afford it.
- In sum, St. Clair County possesses some of the social and community characteristics that Key Stakeholders say distinguish a community as "healthy." However, there is room for improvement as there are certain subpopulations that struggle to access the many resources that do exist.
- The vast majority of area residents have health insurance, have a personal health care provider, and are at least somewhat confident they can navigate the health care system and complete medical forms.



Executive Summary (Continued)

- St. Clair County residents also report good or better health and relatively low levels of psychological distress. Their life expectancy rate is on par with the state and national rates (for women it's even higher) but the mortality rates for adults and infants are higher than rates across Michigan or the U.S. Local residents are more likely to have years of potential life lost due to heart disease compared to residents throughout Michigan or the U.S.
- The prevalence of most chronic conditions are higher than the state and the nation, and many are higher than when last measured in 2016. This could be directly, or indirectly, related to the COVID-19 pandemic.
- St. Clair County performs well when it comes to clinical preventive practices. A large majority of children age 19-35 months are fully immunized, although the proportion is lower than state or national proportions. The vast majority of pregnant women begin prenatal care in the first trimester and almost all pregnant women receive timely prenatal care.
- The prevalence of many risk behaviors are also higher compared to the state or nation. However, the prevalence of cigarette smoking is down in 2021, and leisure time physical activity has improved as well. Conversely, binge drinking and vaping is up this year compared to the previous CHNA (2016). This could also be connected to the COVID-19 pandemic.



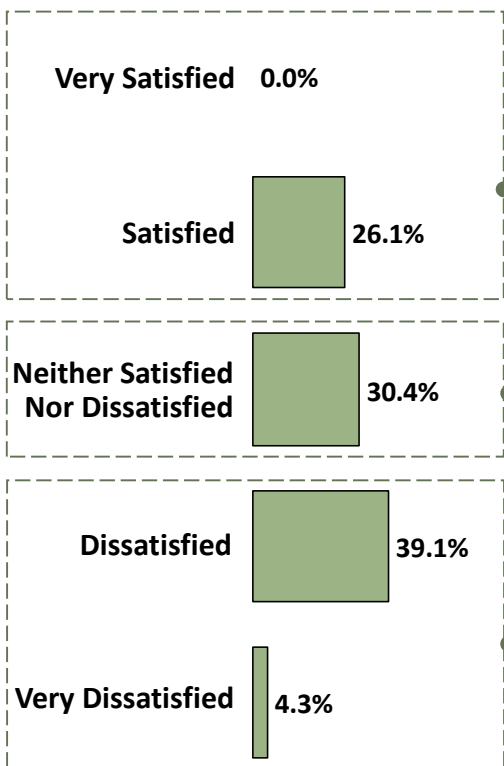
Executive Summary (Continued)

Satisfaction With Overall Health Climate (Key Informants) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Only one-fourth (26.1%) of Key Informants – the very people on the ground working in or around the field of health care – are satisfied with the overall health climate of St. Clair County, demonstrating that there is substantial room for improvement, and their comments indicate concerns across several areas.
 - ❖ Although many people are working hard to improve health and human services in the community, there are limited resources and many social determinants of health negatively impact certain residents, or groups, that face a multitude of barriers to not only existing resources, services, and programs, but to living an optimally healthy lifestyle

Overall Satisfaction with Health Climate

Reasons for Rating



While there are **needs** that need attention they are **acknowledged** and **efforts are being made to address them**.

Given the resources, they do the best possible for most possible.

Because I'm **happy with improvements that have occurred in health care**, like the expanding of McLaren hospital, more physicians, new health care facilities in St. Clair and an increase in subspecialties. But **dissatisfied with elder care and mental health care all around, in every aspect.**

Area attitudes are basically poor. In general, this leads to **apathy and lack of value of good parenting. Kids have no role models** to imitate and reinforce needed skills that encourage them to be ambitious for themselves.

Need access to prevention and wellness programs, affordable health care, access to healthy foods, safe spaces for physical activity, increase in vaccination rates, understanding of what is important for health, public needs to understand the true science and not follow unsubstantiated information.

Not enough options, few resources for Medicaid patients, lack of specialty care, lack of mental health providers/barriers to access, limited or nonexistent food/housing/shelter resources.

There is **no coordination of services**. A National Healthcare system is needed. Meantime, there **should NOT be a separate on-line system for each doctor**. Why not **come up with one place for people to register and ALL medical info is there for ALL hospitals and all health facilities to access?** When a person goes to a specialist or new doctor, it is impossible to get records from one place to the next. **Coordination of services is impossible.**

Source: KIOS – Q9: Taking everything into account, including health conditions, health behaviors, health care availability, and health care access, how satisfied are you **overall** with the health climate in St. Clair County? (n=23); KIOS – Q9a: Why do you say that? (n=23)



Comparison of Current St. Clair County BRFSS Measures to 2016, Michigan, and the U.S.

	Health Status Indicators			
	2016	2021	Michigan*	U.S.*
General Health Fair/Poor	15.1%	17.4% ●	15.5%	13.3%
Poor Physical Health (14+ days)	13.4%	13.9% ●	11.3%	9.9%
Poor Mental Health (14+ days)	11.6%	15.6% ●	15.8%	13.2%
Activity Limitation (14+ days)	9.4%	8.6% ●	9.1%	--
Obese	33.0%	42.7% ●	35.2%	31.9%
Overweight	31.3%	31.8% ●	34.6%	35.2%
Healthy Weight	35.8%	24.5% ●	28.4%	31.1%
Mild to Severe Psychological Distress	22.2%	29.1% ●	--	--
Receiving Medication/Treatment for Mild to Moderate Psychological Distress	31.5%	37.5% ●	--	--
Receiving Medication/Treatment for Severe Psychological Distress	36.5%	62.9% ●	--	--
Receiving Medication/Treatment for Poor Mental Health	34.6%	53.7% ●	--	--
Rarely/Never Receive Social/Emotional Support	7.1%	10.4% ●	--	--
Very Dissatisfied/Dissatisfied with Life	7.8%	6.92% ●	--	--

● = better (improved) than 2016

● = worse than 2016

□ = worse than MI and/or U.S.

**MI and US BRFSS data were collected in 2020, unless otherwise noted.



Comparison of Current St. Clair County BRFSS Measures to 2016, Michigan, and the U.S. (Continued)

	Health Care Access			
	2016	2021	Michigan*	U.S.*
No Health Care Coverage (18-64)	11.3%	4.8% ●	8.4%	13.2%
No Personal Health Care Provider	19.6%	11.4% ●	14.5%	22.4%
No Health Care Access Due to Cost	10.5%	4.8% ●	7.9%	9.8%
Confidence in Navigating the Health Care System	86.1%	89.3% ●	--	--
Confidence in Completing Medical Forms (Very/Extremely Confident)	71.3%	75.0% ●	--	--

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Comparison of Current St. Clair County BRFs Measures to 2016, Michigan, and the U.S. (Continued)

	Risk Behavior Indicators			
	2016	2021	Michigan*	U.S.*
No Leisure Time Physical Activity	18.4%	15.8% ●	20.8%	22.4%
Consumes Fruits <1 time/day	--	50.9%	41.1% (2019)	39.3% (2019)
Consumes Vegetables <1 time/day	--	32.8%	20.7% (2019)	20.3% (2019)
Current Cigarette Smoking	28.1%	18.1% ●	18.4%	15.5%
Former Cigarette Smoking	23.6%	31.5% ●	27.1%	25.2%
Binge Drinking	22.7%	24.0% ●	17.4%	15.9%
Heavy Drinking	8.6%	8.0% ●	6.8%	6.7%
Current Vaping/E-cigarette Use	4.6%	8.2% ●	6.4%	4.6% (2017)

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Comparison of Current St. Clair County BRFSS Measures to 2016, Michigan, and the U.S. (Continued)

	Clinical Preventive Practices			
	2016	2021	Michigan*	U.S.*
No Dental Visit in Past Year	36.9%	30.1% ●	30.8%	33.3%
Had Flu Vaccine in Past Year (65+)	--	75.2%	71.7%	
Ever Had Mammogram (Female, 40+)	--	95.7%	92.8%	
Had Mammogram in Past Year (Female, 40+)	--	54.5%	50.3%	
Ever Had Pap Test (Female)	--	94.6%	89.3%	
Had Pap Test in Past Three Years (Female)	--	62.3%	68.7%	
Ever Had Sigmoidoscopy or Colonoscopy (50+)	--	81.5%	79.4%	
Had Sigmoidoscopy or Colonoscopy in Past 5 Years (50+)	--	60.8%	55.6%	

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Comparison of Current St. Clair County BRFSS Measures to 2016, Michigan, and the U.S. (Continued)

	Chronic Conditions			
	2016	2021	Michigan*	U.S.*
Arthritis	27.4%	37.4% ●	30.1%	24.5%
Lifetime Asthma	24.4%	19.1% ●	15.4%	14.2%
Current Asthma	15.4%	13.1% ●	11.0%	9.6%
Diabetes	10.0%	16.3% ●	12.3%	10.6%
COPD	10.2%	8.5% ●	8.3%	6.2%
Heart Attack	4.1%	5.0% ●	5.1%	4.3%
Angina/Coronary Heart Disease	3.3%	5.5% ●	5.0%	4.0%
Stroke	2.3%	5.1% ●	3.5%	2.8%
Skin Cancer	3.6%	8.5% ●	6.2%	6.4%
Other Cancer (Non-Skin)	5.5%	8.3% ●	9.6%	6.8%
Chronic Pain	32.1%	36.9% ●	--	--
Chronic Pain Well Managed	65.3%	65.6% ●	--	--

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**MI and US BRFSS data were collected in 2020, unless otherwise noted.



KEY FINDINGS

- What follows are ten key findings and discussions of each:
 - ❖ KEY FINDING [Significant Health Need] #1: The COVID-19 pandemic had a broad and deep impact on the well-being of St. Clair County residents, especially the underserved
 - ❖ KEY FINDING [Significant Health Need] #2: Mental health continues to be a critical issue, especially with regard to access to treatment
 - ❖ KEY FINDING [Significant Health Need] #3: Chronic disease rates are higher than the state or national rates and many are higher than the local rates from 2016
 - ❖ KEY FINDING [Significant Health Need] #4: Obesity (and being overweight): the vast majority of adults are either overweight or obese and the proportion of the latter has increased notably
 - ❖ KEY FINDING [Significant Health Need] #5: Substance abuse has been an issue for a decade, although certain aspects of it have improved (e.g., opioid addiction, over-prescription)
 - ❖ KEY FINDING [Significant Health Need] #6: Addressing certain social determinants of health, such as affordable housing, access to affordable and healthy food, and safe spaces, will improve the overall health and health care climate of the region
 - ❖ KEY FINDING [Significant Health Need] #7: Certain risk behaviors, such as lack of exercise, lack of adequate fruit/vegetable consumption, smoking, and binge drinking remain issues
 - ❖ KEY FINDING [Significant Health Need] #8: Access to care can still be summed up as a case of those who have and those who have not; however, access has improved
 - ❖ KEY FINDING [Significant Health Need] #9: The most appropriate way to address health and health care issues is from an integrated, holistic, or biopsychosocial perspective
 - ❖ KEY FINDING [Significant Health Need] #10: Health disparities exist across several demographic groups



KEY FINDING [Significant Health Need] #1: The COVID-19 pandemic had a broad and deep impact on the well-being of St. Clair County residents, especially the underserved

- Key Stakeholders and Key Informants view COVID as a pressing or concerning health issue in St. Clair County because of its impact on so many other aspects of life, but especially mental health.
 - ❖ The pandemic may most negatively impact children, adolescents, and senior adults
 - ❖ The greatest concern for key leaders is that there are large numbers of unvaccinated residents
 - ❖ Moreover, there is continued resistance to following proper COVID protocol and utilizing standard PPE appropriately, as well as having consistent guidelines for those who want to comply
 - ❖ All of this has led to an increase in positive cases, more people getting sick, heightened personal stress and anxiety, and a strain on the health care system
- Two thirds (67.3%) of adults from the general population say they are vaccinated against COVID-19, however only 36.0% of underserved adults are vaccinated.
 - ❖ Top reasons given for not getting vaccinated are lack of testing/research, fear of side-effects, and lack of trust
- Three in ten (28.7%) adults from the general population and six in ten (59.7%) underserved adults report that their lives became worse because of the COVID-19 pandemic, while 68.4% of Key Informants believe the life of the average St. Clair County resident worsened during the pandemic.



KEY FINDING [Significant Health Need] #1: The COVID-19 pandemic had a broad and deep impact on the well-being of St. Clair County residents, especially the underserved (Continued)

- Some of the ways the pandemic made adults' lives worse include reduced ability to socialize with people or social isolation (68.5% for underserved adults, 35% for BRFs adults) and being confined to their homes, unable to go out and do things like shop, visit restaurants, bars, museums, and other cultural events, or attend church, and all of this contributed to a feeling of isolation (54.9% for underserved adults, 32.8% for BRFs adults).
- Underserved adults are more likely than adults from the general population to cite the negative emotional and mental health impact the pandemic had on them, such as increased anxiety, depression, stress, and fear.
- Key Informants also note the mental health and emotional impact of the pandemic, but also mention the physical impact as many residents were afraid to seek, or were prevented from seeking, preventive or routine care. They also witness increased distrust in the health care system, science, and the government.
- Additionally, the pandemic may have contributed to:
 - ❖ Increased domestic violence/abuse as home confinement prevented some from being able to move to safer environments, which may be supported by higher child abuse/neglect rates in St. Clair County compared to the state or the nation.
 - ❖ Exacerbation of mental health, physical health, substance abuse, and overall well-being as health and human service programs and services were closed or had limited hours
 - ❖ Highlighted social and political divides among and between community members



KEY FINDING [Significant Health Need] #1: The COVID-19 pandemic had a broad and deep impact on the well-being of St. Clair County residents, especially the underserved (Continued)

- Because they have experienced many of the worst things to come out of the pandemic, area residents most negatively impacted are the vulnerable, or underserved, especially the lower socioeconomic groups or ALICE community.
- Most concerning might be the unknown longer-term impact of COVID-19, on many levels.
- On a more positive note, the vast majority of Key Informants, Key Stakeholders, and underserved residents think that, based on the response to the current pandemic, local health professionals are at least somewhat well prepared to deal with a future communicable disease outbreak.
- Also, the vast majority of residents use proper PPE and follow appropriate protocol, such as wearing masks (84.6%), washing or sanitizing their hands (96.1%), keeping safe distances (78.7%), and avoiding crowded places (70.6%).
 - ❖ Further, 79.1% say they feel these measures make a difference
- Another interesting finding is that asked who their most trusted sources are for health information, underserved adults (the very people likely to be unvaccinated), say their top three are health care providers (doctors, nurses), the Centers for Disease Control (CDC), and their local health officials (St. Clair County Health Department).



KEY FINDING [Significant Health Need] #1: The COVID-19 pandemic had a broad and deep impact on the well-being of St. Clair County residents, especially the underserved (Continued)

- Strategies and actions that have worked well during the COVID pandemic include:
 - ❖ Relying on science, health, and healthcare expertise to guide decision-making
 - ❖ The coordination and collaboration of numerous health and human service organizations coming together working on the same goal
 - ❖ Consistent and timely communication
 - ❖ Accessibility to medical equipment and PPE
 - ❖ Use of several media to disperse communication, especially websites

- Areas of opportunity to improve include:
 - ❖ Ensuring that all schools in the area have consistent protocol for handling COVID
 - ❖ Having everyone buy into the use of science in medical and policy decision-making, and removing politics if possible
 - ❖ Rolling out PPE, equipment, and testing sooner and to a greater extent
 - ❖ Ensuring that communication is consistent at all levels (national, state, local)

- Although numerous organizations were at least somewhat prepared for dealing with the COVID pandemic, not surprisingly, the county health department, hospitals, and providers were believed to be the best prepared.



KEY FINDING [Significant Health Need] #2: Mental health continues to be a critical issue, especially with regard to access to treatment

➤ Prevalence data demonstrates:

- ❖ 29.1% of St. Clair County adults are considered to have mild to severe psychological distress
- ❖ 43.9% of underserved adults have felt “little interest in doing things” or have felt “down, depressed, or hopeless” for at least several days over the past two weeks
- ❖ **Four in ten (42.3%) St. Clair County teens report having depression in the past year, a rate higher than the state or national rates, and up from 2016 (38.1%)**
- ❖ 25.9% of adults say that growing up they lived with someone who was depressed, mentally ill, or suicidal

➤ Key Stakeholders and Key Informants consider issues surrounding mental health to be pressing or concerning health issues in St. Clair County for five major reasons:

- ❖ It is prevalent in both adults and youth
- ❖ It is often comorbid with other social, behavioral, or physical problems
- ❖ There is a continued stigma that may prevent some people from seeking and receiving needed treatment
- ❖ There are a lack of programs, services, and resources to address the issue, especially a dearth of therapists and psychiatrists
- ❖ There is perpetually a lack of funding for programs and services



KEY FINDING [Significant Health Need] #2: Mental health continues to be a critical issue, especially with regard to access to treatment (Continued)

- It is concerning that **sizeable proportions of people who currently suffer from some form of mental illness are not undergoing treatment or taking medication.** For example, the following groups are not taking medication or receiving treatment for their condition:
 - ❖ 62.5% of those classified as having “mild to moderate psychological distress”
 - ❖ 46.3% of those classified as having “poor mental health”
 - ❖ 37.1% of those classified as having “severe psychological distress”
 - ❖ **The good news is that all of those proportions are lower than what they were in 2016, indicating more people are seeking and receiving treatment**
- A question must be raised: If the vast majority of adults believe that treatment can help people with mental illness lead normal lives, why do so many people who could benefit from care not seek it?
 - ❖ The answer may lie partly in the continued stigma concerning mental health conditions: just half (55.3%) of adults think people are caring and sympathetic to people with mental illness
- In absolute terms, the rate for attempted suicide among area adults is low; however, **the proportion of suicidal thoughts (23.2%) or suicide attempts (10.6) is higher for St. Clair County teens compared to teens across the state or the nation.**



KEY FINDING [Significant Health Need] #3: Chronic disease rates are higher than state or national rates and many are higher than local rates from 2016

➤ Prevalence data demonstrates:

- ❖ Heart disease is the leading cause of death in St. Clair County and the rate is far higher than the state or national rates
- ❖ Both cancer diagnosis and death rates are higher in St. Clair County than across the state or the nation
- ❖ One in six adults (16.3%) have diabetes; prevalence of diabetes is higher since the last CHNA in 2016 and higher than the prevalence in the state or the nation
- ❖ The death rate from diabetes in St. Clair County is higher than the rates in MI or the U.S.
- ❖ Although the prevalence of asthma and COPD is lower this year than in 2016, the prevalence of arthritis, heart attack, angina/CHD, stroke, and cancer (both skin and non-skin) is higher this iteration
- ❖ More than one-third (36.9%) of area adults suffer from chronic pain, and this is up slightly from 2016

➤ Despite the fact that two-thirds (65.6%) of adults who suffer from chronic pain say their pain is managed well, they average over 7 days per month where their pain prevented them from doing usual activities.

- ❖ 65.6% of adults with chronic pain are satisfied with how their health care provider helps them manage their pain
- ❖ Still, over half (57.5%) face barriers to treating their pain, including having too many chronic issues to manage, being immobile, and the inadequacy of existing programs



KEY FINDING [Significant Health Need] #4: Obesity (and being overweight): the vast majority of adults are either overweight or obese and the proportion of the latter has increased notably

- Prevalence data demonstrates:
 - ❖ 74.5% of adults are either overweight (31.8%) or obese (42.7%), the latter up significantly from 2016 (33.0%)
 - ❖ 17.3% of youth (grades 8-12) are obese
- Although not mentioned as much this iteration (probably because COVID-19 was such a major topic), Key Stakeholders and Key Informants still consider obesity to be a pressing or concerning health issue in St. Clair County today primarily because:
 - ❖ Prevalence is high and becoming worse
 - ❖ Obesity is comorbid with other chronic conditions or negative outcomes such as diabetes, heart disease, and stroke
- Key Informants perceive obesity to be one of the most concerning health issues in the county, only behind access to mental health treatment, access to substance use disorder treatment, and COVID.
- Although 60.9% of adults are trying to lose or maintain their weight, 36.2% say the programs and services that exist in the area are not helpful to them in trying to manage their weight.
 - ❖ Further, only 18.7% of overweight adults and 53.0% of obese adults, have received advice from a health professional regarding their weight (only 31.0% overall)



KEY FINDING [Significant Health Need] #5: Substance abuse has been an issue for a decade, although certain aspects of it have improved (e.g., opioid addiction, over-prescription)

- Substance abuse, which is often comorbid with mental illness, is still considered to be a concerning issue among area professionals; however, it receives fewer mentions these days because COVID-19 has dominated the narrative.
- Prevalence data demonstrates:
 - ❖ 18.1% of adults and 3.3% of area teens currently smoke cigarettes; both of these proportions are down from 2016
 - ❖ 8.0% of adults are heavy drinkers, down from 2016
 - ❖ **24.0% of adults** and 11.9% of youth are **binge drinkers**; the adult rate is **up from 2016 and much higher than the state or national rates**
 - ❖ 19.6% of underserved adults say that alcohol has had a negative impact on their life
 - ❖ 20.3% of area adults and 15.8% of youth have used marijuana in the past 30 days
 - ❖ The proportion of area adults who currently use E-cigarette or vaping products is 8.2%, a rate higher than the state or national rates
 - ❖ **One in four (24.2%) St. Clair County teens currently uses vaping products and this rate is higher than the state rate**
- Key Stakeholders and Key Informants continue to report a lack of treatment options for substance use disorder, especially for those with Medicaid.
- Over half of area adults believe there are problems in St. Clair County with the abuse of prescription drugs and the use of methamphetamine and heroin/opiates.



KEY FINDING [Significant Health Need] #6: Addressing certain social determinants of health, such as affordable housing, access to affordable and healthy food, and safe spaces, will improve the overall health and health care climate of the region

- Negative social indicators, such as lack of affordable housing, lack of affordable healthy food, and adverse childhood experiences can cultivate negative health outcomes.
 - ❖ Despite this knowledge, six in ten (59.0%) Key Informants say that social determinants of health are only **sometimes** or **rarely** considered in developing treatment or care plans
- Unemployment is an issue as 12.3% of people aged 16 or older are unemployed, a rate higher than the state or national rates.
- Poverty levels are on par with the state and nation, which is not heartening since most counties have comparatively lower rates.
 - ❖ Children suffer the most and 41.9% currently receive WIC and 48.1% are eligible for free or reduced lunch at school
- That said, an overarching problem such as poverty is hard to ameliorate. Some of the issues that are connected to poverty, however, can be addressed, such as:
 - ❖ Finding ways to provide more affordable housing
 - ❖ Providing more healthy food options to residents at lower costs in order to improve the nutrition of those who would not otherwise be able to afford healthy food
 - ❖ Strengthening social service programs to offset the negative outcomes that can accompany poverty (e.g., broken homes, abusive relationships, household challenges)
 - ❖ Addressing the economic disparity by ensuring that underserved and vulnerable groups have access to services that will move them closer to participating on a level playing field



KEY FINDING [Significant Health Need] #6: Addressing certain social determinants of health, such as affordable housing, access to affordable and healthy food, and safe spaces, will improve the overall health and health care climate of the region (Continued)

- This research has shown the adverse effects of negative social conditions. For example, adults who experienced four or more adverse childhood experiences (ACEs) as children have a far greater chance of experiencing negative outcomes, such as:
 - ❖ Poor physical health, including chronic pain, activity limitation, and obesity
 - ❖ Poor mental health, including significantly higher rates of mild to severe mental illness, suicidal thoughts, and suicide attempts
 - ❖ Engaging in risk behaviors, such as smoking, marijuana use, heavy/binge drinking
- Almost two-thirds (66.0%) of St. Clair County adults have experienced at least one adverse childhood event, and 24.0% have experienced four or more.
 - ❖ Both of these proportions are similar to those of Ottawa County residents which were collected in 2020 during the initial stages of the pandemic. Of note, these proportions were higher than those collected in Ottawa County in 2017 (pre-pandemic) but may actually be a more accurate reflection of the prevalence of ACEs in residents since research has shown that people can more easily recall adverse childhood events during a traumatic time, such as the COVID-19 pandemic
 - ❖ **Not coincidentally, child abuse/neglect rates are higher in St. Clair County vs. MI/U.S.**
- **Despite the fact that ACEs are considered important as predictors of adult outcomes, less than one-fourth (23.5%) of Key Informants can confirm that they, or their organizations, screen patients/clients for adverse childhood experiences.**



KEY FINDING [Significant Health Need] #6: Addressing certain social determinants of health, such as affordable housing, access to affordable and healthy food, and safe spaces, will improve the overall health and health care climate of the region (Continued)

- An opportunity exists to educate the public on the importance of ACEs research by showing the correlation between adverse experiences in childhood with negative outcomes in adulthood.
- Although three-fourths (75.5%) of area adults receive the social and emotional support they need “often” or “all of the time,” those most likely to lack needed social and emotional support are adults with lower levels of education and incomes.
 - ❖ Receiving needed social and emotional support clearly has an impact on outcomes as well; **adults who report receiving needed social and emotional support “often” or “always” are far less likely to experience negative outcomes compared to adults who receive social and emotional support less often**
- Additionally, studying resiliency sheds important light on a person’s ability to cope with life circumstances, and it is clear that **resiliency plays a critical role in preventing some people from enduring negative outcomes in adulthood despite adverse childhood experiences.**
 - ❖ Adults who show an ability to adapt when changes occur, or bounce back from illness, injury, or other hardships, are less likely to experience negative outcomes in adulthood despite having four or more ACEs, compared to adults who are less able to adapt or bounce back (e.g., have lower/less resiliency)



KEY FINDING [Significant Health Need] #7: Certain risk behaviors, such as lack of exercise, lack of adequate fruit and vegetable consumption, smoking, and binge drinking remain issues

➤ Prevalence data demonstrates:

- ❖ Almost one in six (15.5%) area adults do not engage in leisure-time physical activity, and four in ten (44.4%) area youth engage in inadequate amounts of physical activity; both of these rates are better than the state or national rates
- ❖ The adult rate improved slightly from 2016, likely due to people doing things outdoors more often than usual due to the pandemic leaving them with fewer alternatives
- ❖ Those who don't perform any physical activities cite physical limitations as the greatest barrier, followed by lack of motivation/energy, and lack of time

➤ There continues to be an issue with adults consuming inadequate amounts of fruits and vegetables, and this problem is generally universal regardless of demographics.

- ❖ Half (50.9%) of area adults eat fruit less than one time per day, and 32.8% eat vegetables less than one time per day; both of these rates are higher than the U.S. rates

➤ Since 92.9% of adults say they “always have enough to eat” and 84.9% of them say they “are the foods they wanted to eat,” as well as 92.3% say “it’s easy to find fresh fruits and vegetables in their community,” it is clear people generally don’t like to, or want to, consume fruits and vegetables.

- ❖ Offering educational classes or events that show people how to prepare fruits and vegetables in ways that would be more appealing to them, may result in some people consuming them more often



KEY FINDING [Significant Health Need] #8: Access to care can still be summed up as a case of those who have and those who have not; however, it has improved over the past five years

- Those with insurance and the ability to afford out-of-pocket expenses such as co-pays and deductibles have access to almost any kind of service imaginable. Those without insurance, or with insurance but the inability to afford co-pays/deductibles, have trouble accessing needed services and this is most problematic for certain vulnerable or underserved subpopulations and this has not improved over time.
- Prevalence data demonstrates:
 - ❖ 4.8% of all adults age 18-64 have no health insurance and this proportion drops to 3.4% for underserved adults
 - ❖ 12.9% of BRFSS adults has Medicaid for their health insurance, compared to 63.0% of underserved adults
 - ❖ Nearly half (48.8%) of children age 0-18 have Medicaid insurance
 - ❖ One in four (25.3%) underserved adults have had trouble meeting health care needs in the past two years
 - ❖ One in ten (9.2%) underserved adults have had to skip or stretch their medication in order to save on costs
 - ❖ Almost half (47.9%) of underserved adults report they visited the ER/ED at least once in the past year, and 21.0% visited two or more times
 - ❖ **35.9% of Key Informants report that the inability to afford out-of-pocket expenses, such as co-pays and deductibles, is the most common barrier to health care in St. Clair County**



KEY FINDING [Significant Health Need] #8: Access to care can still be summed up as a case of those who have and those who have not; however, it has improved over the past five years (Continued)

- Underserved adults are less health literate than other adults; for example, they are:
 - ❖ Less confident when it comes to navigating the health care system
 - ❖ Less confident in completing medical forms
 - ❖ More likely to have problems learning about their health condition

- Key Stakeholders and Key Informants recognize that certain subpopulations are underserved when it comes to accessing health care, especially those who are uninsured or underinsured, come from lower socioeconomic groups, or are minorities for three primary reasons:
 - ❖ Even if they have insurance, it may not be accepted by some providers; an unwillingness to accept Medicaid patients is still a critical problem, especially for mental health treatment
 - ❖ These groups often have multiple barriers to overcome (e.g., cost, transportation, hours of operation, cultural, system distrust)
 - ❖ There is a lack of treatment options for these groups, such as primary care, mental health, and substance use disorder

- Key Informants report the programs and services most lacking include:
 - ❖ Home care services for the elderly or disabled
 - ❖ Residential mental health treatment and/or substance use disorder treatment
 - ❖ Programs targeting obesity reduction
 - ❖ Care coordination services



KEY FINDING [Significant Health Need] #8: Access to care can still be summed up as a case of those who have and those who have not; however, it has improved over the past five years (Continued)

- Underserved residents report the programs and services most lacking include:
 - ❖ Affordable healthy food options
 - ❖ Nutrition classes or programs that teach families how to: (1) build healthy relationships with food, (2) stretch their resources to obtain healthy food, (3) teach ways to prepare and cook healthy food
 - ❖ Free or reduced-cost exercise/fitness options, especially in winter months
 - ❖ Programs for children, families, and parents
 - ❖ Programs designed to help people find affordable housing

- Only half (54.5%) of Key Informants believe they are equipped to assist their clientele in accessing needed programs and services.
 - ❖ Those who feel equipped use services such as 211, People's Clinic, CMH, DHS, SCCHD, United Way, and Council on Aging
 - ❖ Key Informants not equipped suggest it would help to have instant access to information or a list of available resources or services. There is also a need for better ways to access this information through websites, apps, or a centralized location. Better reimbursement rates to providers for Medicaid may offset the need for more acceptance of this insurance type



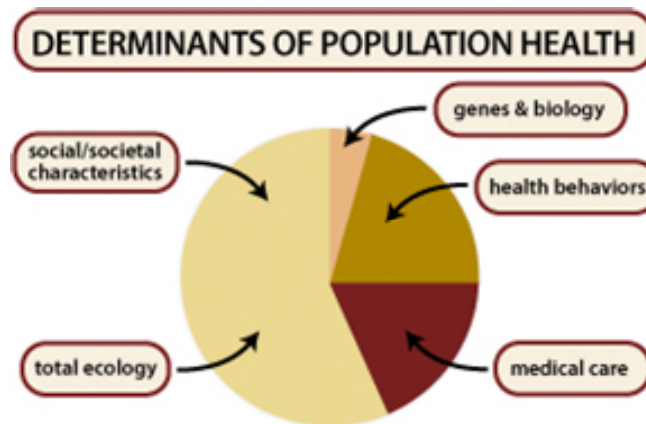
KEY FINDING [Significant Health Need] #9: The most appropriate way to address health and health care issues is from an integrated, holistic, or biopsychosocial perspective

- We recommend adopting the tenets of the World Health Organization:
 - ❖ Health is a state of complete **physical, mental, and social** well-being and **not merely the absence of disease or infirmity**
 - ❖ The enjoyment of the highest attainable standard of health is one of the **fundamental rights of every human being** without distinction of race, religion, political belief, economic, or social condition
 - ❖ The health of all peoples is **fundamental to the attainment of peace and security** and is dependent upon the **fullest cooperation of individuals and states**
 - ❖ The achievement of any state in the **promotion and protection of health is of value to all**
 - ❖ Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger
 - ❖ **Healthy development of the child is of basic importance**; the ability to live harmoniously in a changing total environment is essential to such development
 - ❖ The **extension to all peoples of the benefits of medical, psychological, and related knowledge** is essential to the fullest attainment of health
 - ❖ **Informed opinion and active cooperation on the part of the public** are of the utmost importance in the **improvement of the health of the people**
 - ❖ Governments have a **responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures**



KEY FINDING [Significant Health Need] #9: The most appropriate way to address health and health care issues is from an integrated, holistic, or biopsychosocial perspective (Continued)

- Further, the determinants of health that contribute to each person's well-being are biological, socioeconomic, psychosocial, behavioral, and social. The determinants of health include*:
 - ❖ Biological (genes) (e.g., sex and age)
 - ❖ Health behaviors (e.g., drug use, alcohol use, diet, exercise)
 - ❖ Social/environmental characteristics (e.g., discrimination, income)
 - ❖ Physical environment/total ecology (e.g., where a person lives, crowding conditions)
 - ❖ Health services/medical care (e.g., access to quality care)
- The chart below estimates how each of the five major determinants influence population health (**note the significant influences of the social and physical environments**):





KEY FINDING [Significant Health Need] #10: Health Disparities Exist Across Several Demographic Groups

- 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, while negative outcomes are more prevalent among those with less education and lower incomes. Examples of this disparity include:
 - ❖ General health status
 - ❖ Physical health, activity limitation, and chronic pain
 - ❖ Mental health and psychological distress
 - ❖ Chronic diseases such as arthritis, diabetes , asthma, cardiovascular disease (heart attack, angina/CHD, stroke), and COPD
 - ❖ Health risk behaviors such as marijuana use, smoking, and physical activity
 - ❖ Preventive practices such as visiting a dentist, being vaccinated against COVID-19, and some cancer screenings
 - ❖ Health care access such as having a primary care provider, lack of access to care and medication due to cost, and being health literate
- The link between both education and income and positive health outcomes goes beyond the direct relationship. Those occupying the very bottom groups, for example, having no high school diploma and/or having household income less than \$20K (or living below the poverty line), are most likely to experience the worst health outcomes.



KEY FINDING [Significant Health Need] #10: Health Disparities Exist Across Several Demographic Groups (Continued)

- 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:
 - ❖ Poor mental health and having psychological distress
 - ❖ Lower levels of life satisfaction
 - ❖ Less confidence in navigating the health care system
 - ❖ Having no personal care provider
 - ❖ Risk behaviors such as consuming fewer fruits and vegetables, heavy drinking, binge drinking, and marijuana use

- In other cases, negative outcomes are more associated with **older** adult groups, such as:
 - ❖ Fair or poor general health status
 - ❖ Risk behaviors such as limited physical activity
 - ❖ Having chronic diseases like diabetes, arthritis, COPD, cardiovascular disease (heart attack, angina/CHD, stroke), and cancer (both skin and non-skin)
 - ❖ Having chronic pain



KEY FINDING [Significant Health Need] #10: Health Disparities Exist Across Several Demographic Groups (Continued)

- There are links between health outcomes and gender. For example:
 - ❖ Men are more likely than women to:
 - Engage in risk behaviors such as binge drinking, marijuana use, and eating fewer fruits and vegetables
 - Lack health insurance or a personal health care provider
 - ❖ Women are more likely than men to:
 - Report poor mental health and have psychological distress
 - Have chronic conditions such as asthma, arthritis, and chronic pain
 - Report 4 or more ACEs

- There are also links between race and health outcomes. Non-Whites are more likely than Whites to:
 - ❖ Engage in risk behaviors such as marijuana use
 - ❖ Not engage in preventive practices such as visiting a dentist
 - ❖ Have appropriately timed Pap tests
 - ❖ Lack health insurance
 - ❖ Have problems navigating the health care system
 - ❖ Report poor mental health and experience psychological distress
 - ❖ Lack social and emotional support
 - ❖ Report 4 or more ACEs



KEY FINDING [Significant Health Need] #10: Health Disparities Exist Across Several Demographic Groups (Continued)

- Adults living in the western region of St. Clair County are more likely than adults in other regions to:
 - ❖ Not receive a COVID vaccine
 - ❖ Report fair or poor general health and poor physical health
 - ❖ Report poor mental health
 - ❖ Report a lack of social and emotional support
 - ❖ Be obese
 - ❖ Lack confidence in navigating the health care system
 - ❖ Be physically inactive
 - ❖ Engage in risk behaviors such as heavy drinking, binge drinking, and marijuana use
 - ❖ Follow preventive practices such as colon cancer screening
 - ❖ Not visit a dentist
 - ❖ Have chronic diseases such as angina/CHD or chronic pain
 - ❖ Lack social and emotional support
 - ❖ Report 4 or more ACEs

DETAILED FINDINGS

Coronavirus (COVID-19)



COVID-19 As A Pressing and Prevalent Health Issue (Key Stakeholders) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Key Stakeholders view COVID as the most pressing or concerning health issue in St. Clair County because of its impact on so many other aspects of life, but especially mental health.
- The pandemic may most negatively impact children, adolescents, and senior adults.
- The greatest concern for these key leaders is that there are large numbers of unvaccinated residents.

Obviously COVID, and the **need to continue to get people vaccinated because our county is lagging behind** a bit on that. So, that's definitely a **big concern**. And then directly **related to that** is there has been an **increase in mental health issues**, such as **anxiety, depression**, and all kinds of things like that. It's **definitely impacting everything** and I really think that we need to make sure that we put enough **emphasis on addressing the trauma**, the **effects of COVID on our teenagers** especially, because they've missed out on a lot of things. And when you're, 15, 16, 17, and certain things happen in your life it's traumatic. When we're older, we can maybe understand things better and put it into perspective a little differently. I think there was an **increased use of social media during that time and sometimes that's not used in good ways**. So **some people suffer more than others** during that time.

Obviously, probably everyone's answer is **COVID**. And it being kind of an **under vaccinated community**, I think that's probably one of our **biggest barriers right now**. I think for the **way that it affects our seniors**, the **social isolation** that's happened because of this pandemic. And the longer we go with people not vaccinated and them having to stay in and sheltering. It's just **playing havoc with their mental well-being, their physical health**, all of that.

COVID vaccinations, COVID, COVID. Everything's going to be COVID. I think right now, the most obvious problem is that we have a **hugely unvaccinated community**. And when you look at the **poor communities, they're the ones that are the most unvaccinated**. So **they're going to be the most vulnerable** for the next wave, the next area.

COVID, that's the **overarching thing** that has been **impacting everything** we do for **the last year and a half plus** now. And so it's **important because it's changed the way we think, the way we do things, everything**. And even though we have this period right now where they've loosened the restrictions and all that stuff, **I think there's a good likelihood that the restrictions will come back in place again because of the number of unvaccinated people** that we have with a Delta variant, **I heard that there's another variant coming out that might be worse than the Delta variant**. Those things **cause fear for people, they cause stress, anxiety, etc.**



COVID-19 As A Pressing and Prevalent Health Issue (Key Informants) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- At the time the Key Informants provided feedback, they stressed their was a large number of unvaccinated St. Clair County residents.
- Moreover, there is continued resistance to following proper COVID protocol and utilizing standard PPE appropriately and inconsistent guidelines in place for those who want to comply.
- All of this has led to increased positive cases, more people getting sick, heightened personal stress and anxiety, and a strain on the health care system.

We have a **community which does not value the benefits of vaccine**. The **push back to standard health safety protocols is relentless, many citizens choose to completely ignore or fightback against things like masking, vaccinations, etc.** Without these tools in place **COVID-19 continues to be rampant in our community, causing unnecessary stress to our hospital systems, schools and general anxiety.**

Covid is the most pressing concern everywhere, but **St. Clair County does not have consistent guidelines**. For example, **teachers are in the classrooms with students and teachers who are positive [with COVID]. Many sick. Teachers can't test because they have to quarantine without pay. Too many unvaccinated.**

Current **positivity rate of over 21%**.

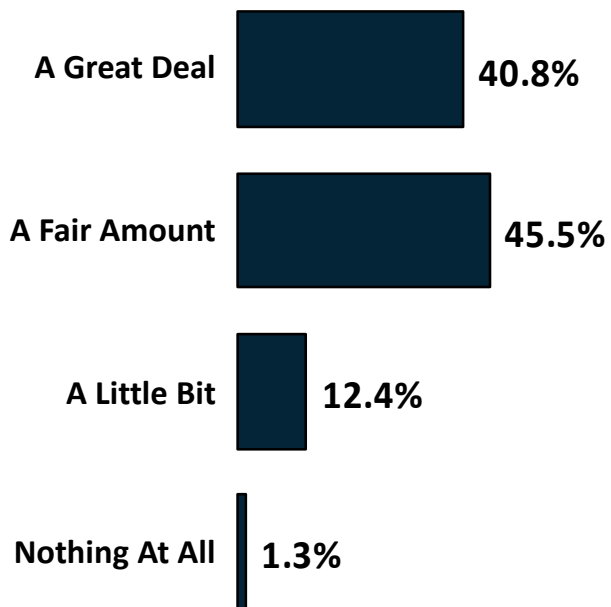
Covid **vaccine rate hovers at 50%**.



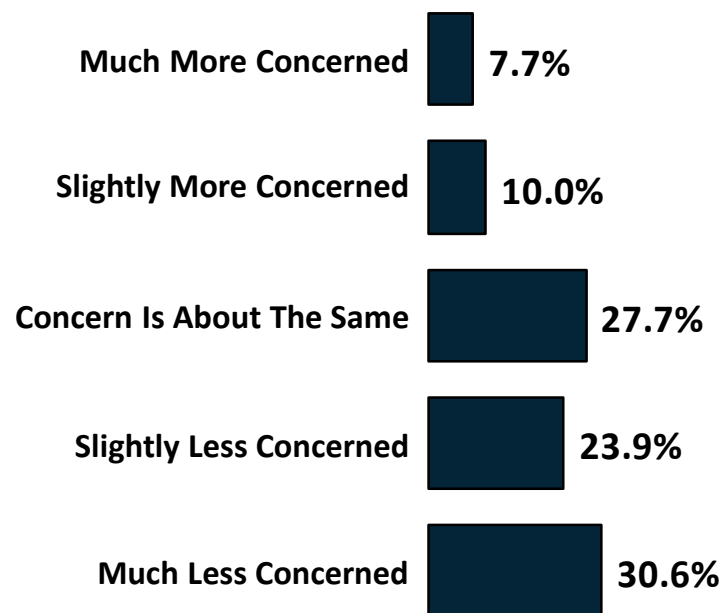
Knowledge of, and Concern About, COVID-19

- The vast majority of all St. Clair County underserved adults say they know a fair amount or a great deal about the coronavirus.
- Although half (54.5%) of underserved adults report they have become less concerned about getting the virus since the pandemic first began, 17.7% are more concerned now about getting the virus.

Understanding of COVID-19 (Among Underserved Adults)



How Concern Changed Over Time (Among Underserved Adults)





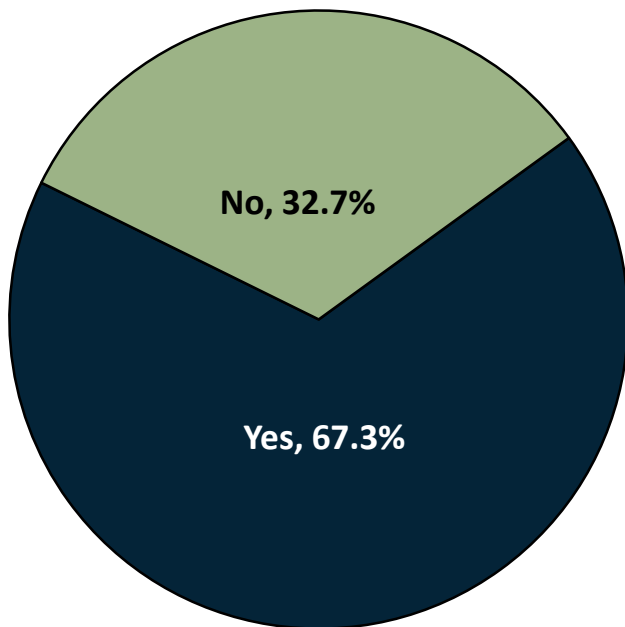
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COVID-19 Vaccination

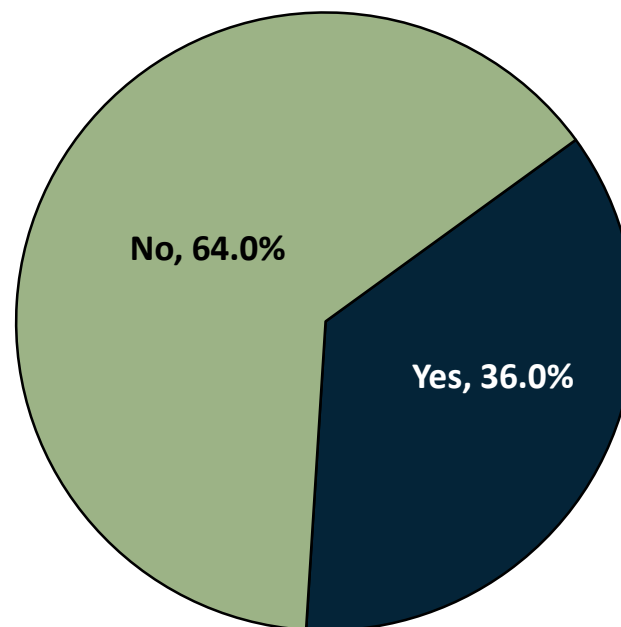
- Two-thirds (67.3%) of area adults from the general population have been vaccinated for the coronavirus (COVID-19), whereas only one-third (36.0%) of underserved adults have been vaccinated.
- Key Stakeholders tend to believe a smaller proportion of the population has been vaccinated for COVID-19.

Been Vaccinated for COVID-19

BRFS Adults



Underserved Adults



Vaccine hesitancy, which I guess we're very high in that. And it's not just the COVID vaccine, it's all vaccines. – Key Stakeholder

The other big issue we have is over 50% of our population, if not more, are refusing to acknowledge the value of the COVID vaccine. I know that half of the population is not getting the vaccine. And they're not coming forward to get the vaccine. – Key Stakeholder



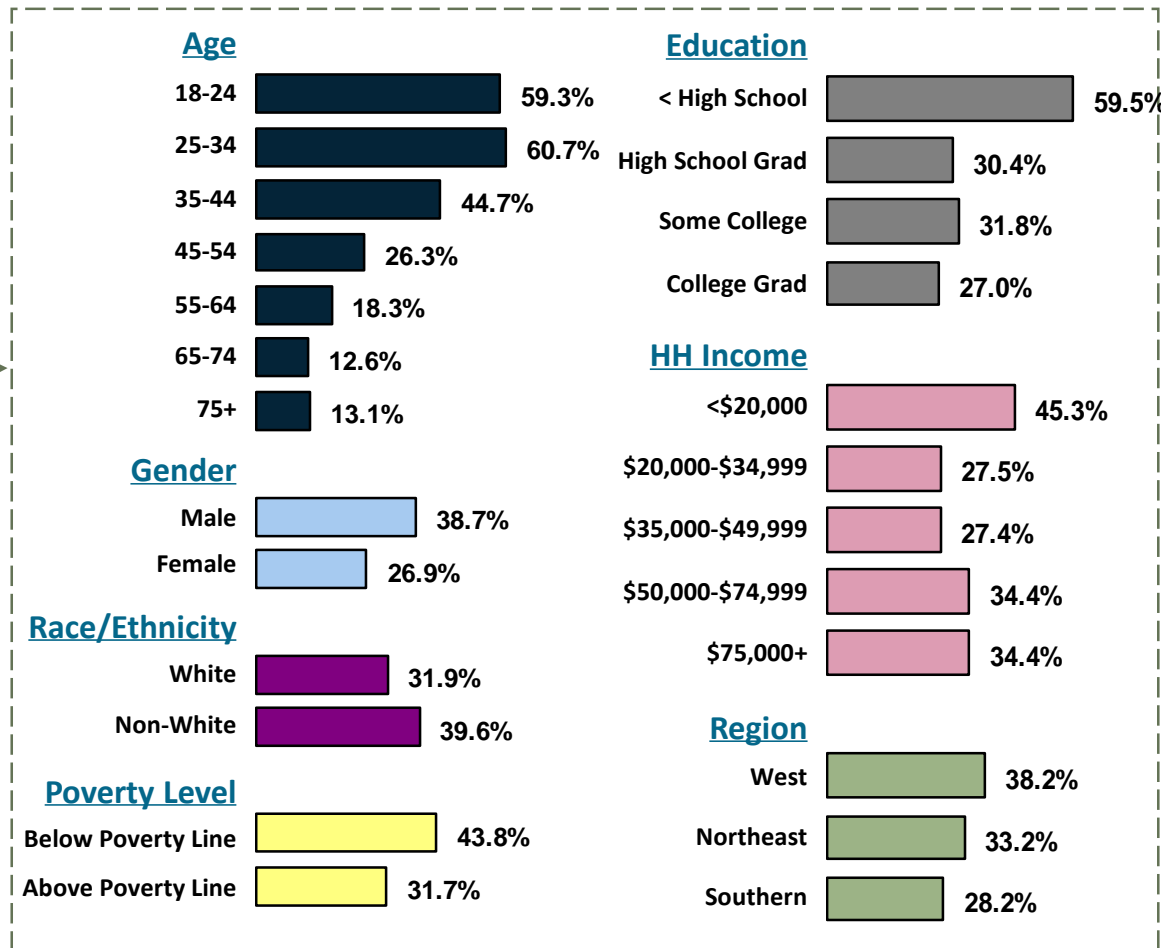
COVID-19 Vaccination (Continued)

- St. Clair County adults least likely to have received the COVID vaccine represent groups who are under age 35, have less than a high school degree, have the lowest incomes, and reside in the western region of the county.
- Men are far less likely to get the vaccine compared to women.

**Did Not Receive COVID Vaccine*
(BRFS Total Sample)**

32.7%

Did Not Receive COVID Vaccine by Demographics



*Among all adults, the proportion who reported they have not received the vaccine for coronavirus.

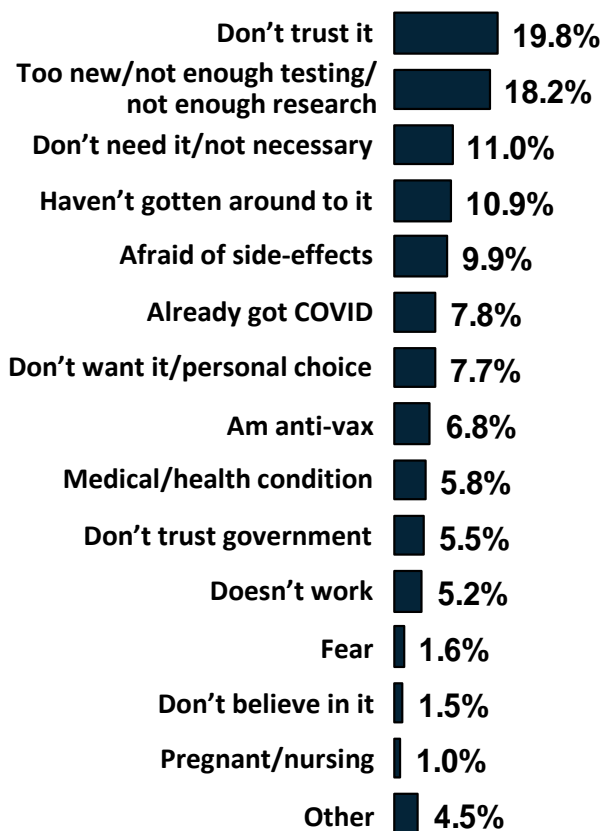


Reasons for Not Getting the COVID-19 Vaccinations

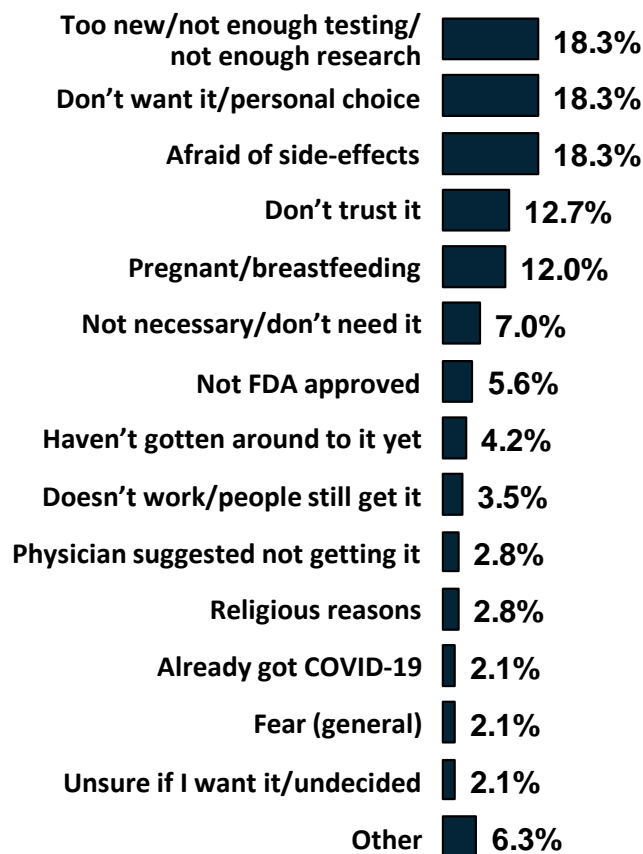
- Area adults who have not received the COVID-19 vaccine provided myriad reasons for their decision, such as: (1) it's too new or not enough testing/research has been done, (2) they don't trust the vaccine, (3) fear of side effects, (4) not wanting it/personal choice, and (5) not needing it (e.g., act sage, are healthy, won't get sick/die).
- Adults from the general population were more likely than underserved adults to say they already got the virus.

Reasons for Not Getting the COVID-19 Vaccination

BRFS Adults



Underserved Adults



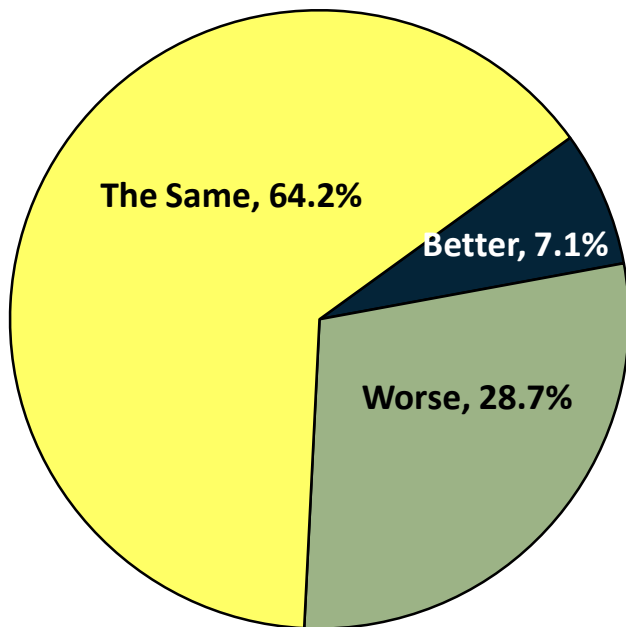


COVID-19 Impact on Life

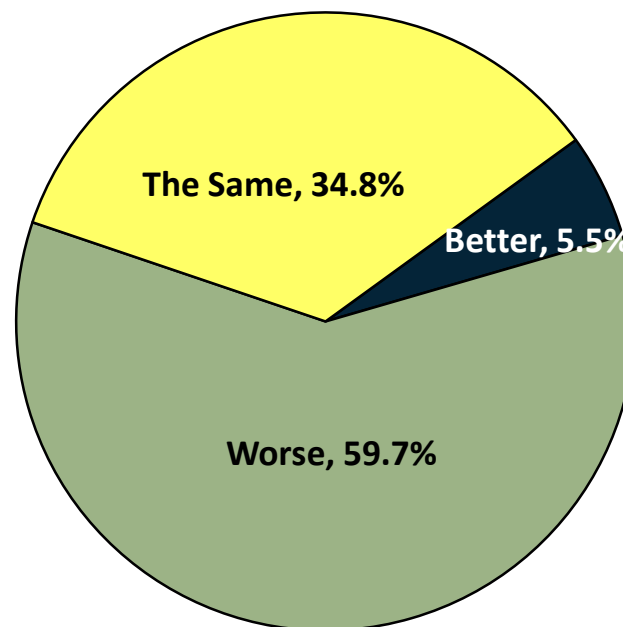
- Underserved adults (59.7%) are much more likely to say the COVID-19 pandemic made their lives worse than adults from the general population (28.7%).

Life Impacted by COVID-19

BRFS Adults



Underserved Adults

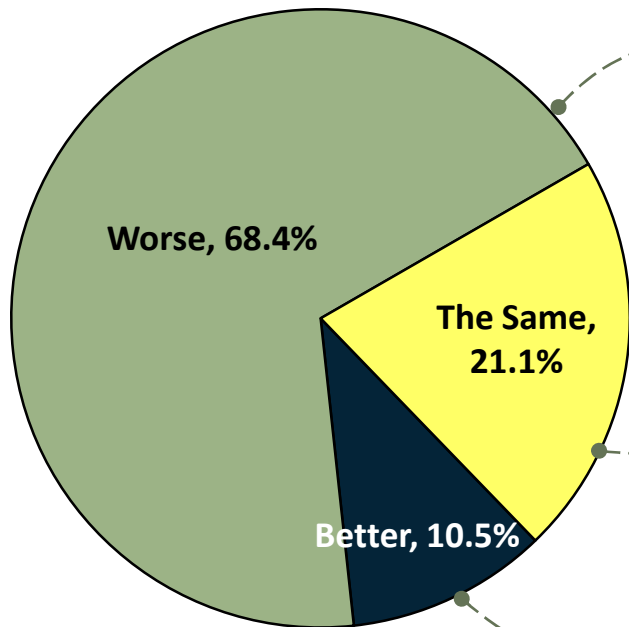




COVID-19 Impact on Life (Continued) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Two-thirds (68.4%) of Key Informants believe that the life of the average St. Clair County resident became worse during the COVID pandemic.
 - ❖ Those who say lives became worse after the onset of the COVID-19 pandemic note the deaths from the virus, the reluctance, or inability to, pursue treatment for conditions that eventually worsened over time, increased stress, anxiety, and depression, and the fueling of distrust in not only the government but in the health care system overall

Life Now Compared to Pre-COVID (Key Informants)



Reasons for Rating

A lot of them were so **scared to go out they have not seen their doctor in a long time** so they are **overdue for treatment making them much sicker** when they do show up. **Some have not seen other people like they used to and we are seeing cognitive decline. The kids are way behind in school** and I do not feel the districts are using resources to make sure they are caught up both academically and mentally. **The price of everything has gone up.**

Increased death rate. Depression. Lack of exercise and activities.

People have **no trust in the healthcare system or government.**

Fear of fear of fear, coupled with remote work, **isolation, lack of exercise** and other outlets. We are creating an agoraphobic population.

I think **most people are dealing with some level of COVID anxiety or stress.**

People overall have ignored recommendations and carried on as always. There are **some who are financially and health wise negatively impacted.**

Life has changed but not considerably worse or better.

Many positive changes people do not recognize. Acceptance. Gratitude. Respect. Don't know about patience.

Source: KIOS (COVID) – Q15: In general, how did the life of the average St. Clair County resident change once the COVID-19 pandemic began? Would you say the life of the average St. Clair County resident became better, worse, or remained the same? (n=19): KIOS (COVID) – Q15a: Why do you say that? Please be as detailed as possible. (n=19)

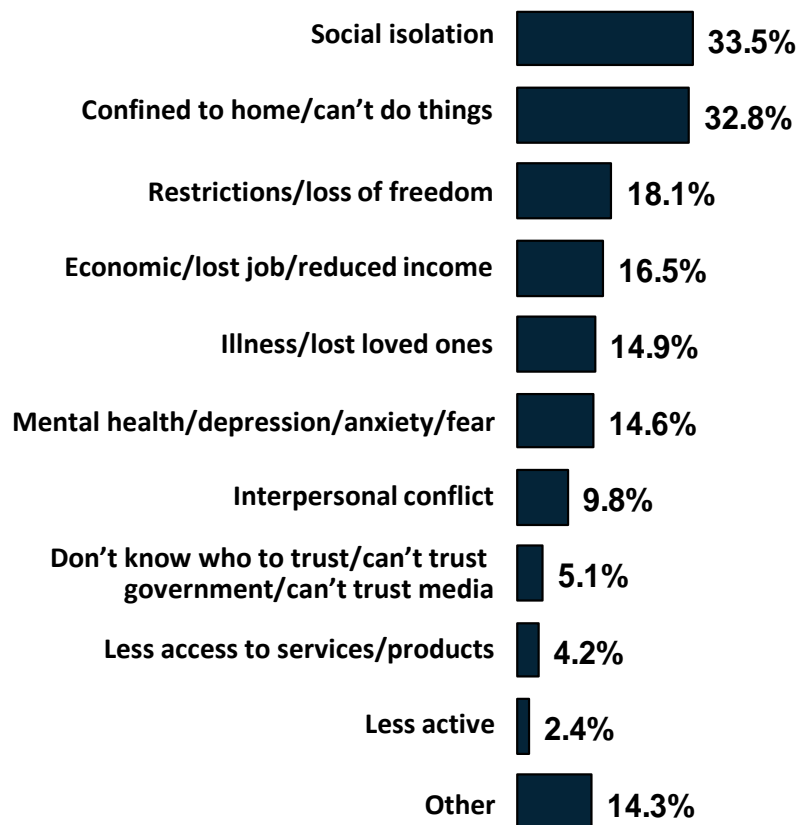


Negative Impact of COVID-19 on Area Resident Lives

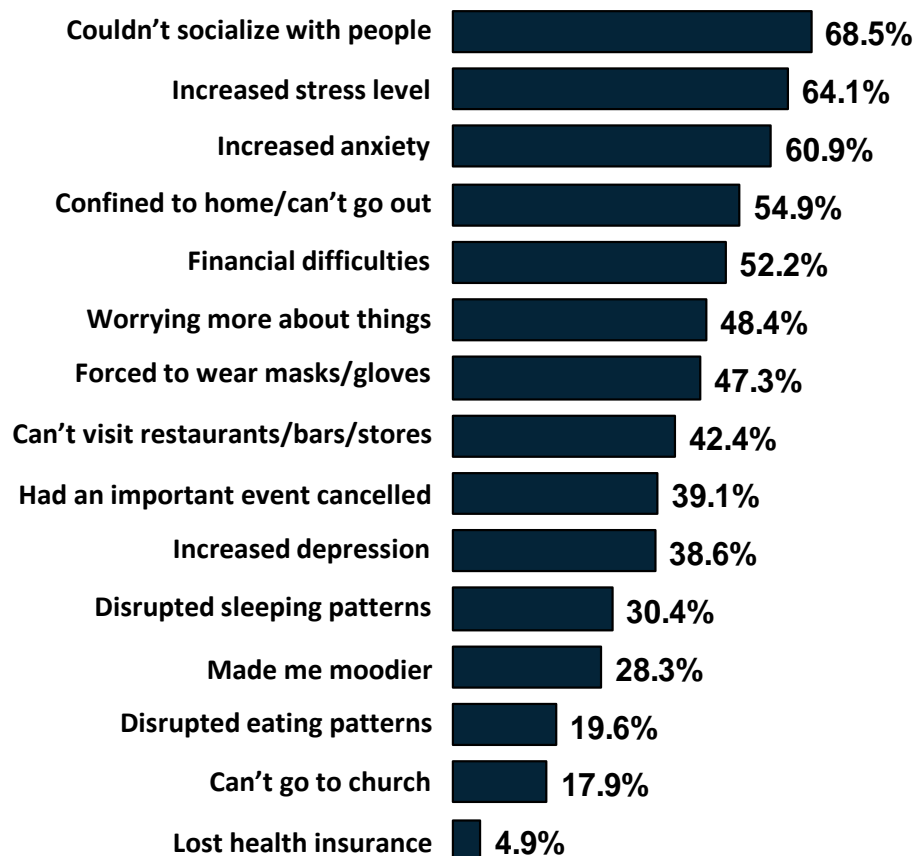
- Area adults also provided myriad reasons for how their lives were made worse by COVID but the top reason is the inability to socialize with people, especially family and friends, like they could pre-COVID; this contributed to a feeling of isolation.
 - ❖ Underserved adults are more likely than BRFs adults to mention increased anxiety and stress, whereas BRFs adults are more likely to mention the economic impact of COVID or restrictions on their freedom

Reasons Lives Made Worse by COVID

BRFS Adults



Underserved Adults



Source: BRFs – Q26.2: (If made life worse) Why do you say that? Please be as detailed as possible. (n=280); URS – Q26: In what ways did the coronavirus (COVID-19) make your life worse? (n=184)

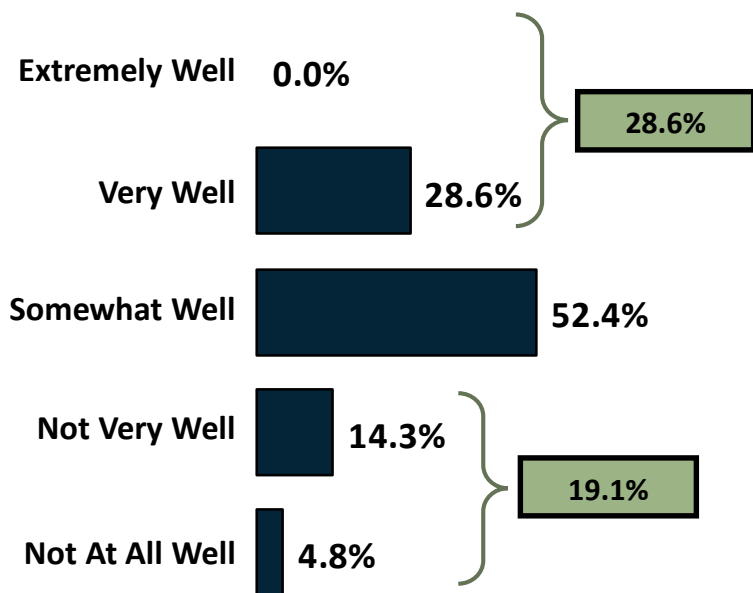


Preparedness of Local Health Professionals

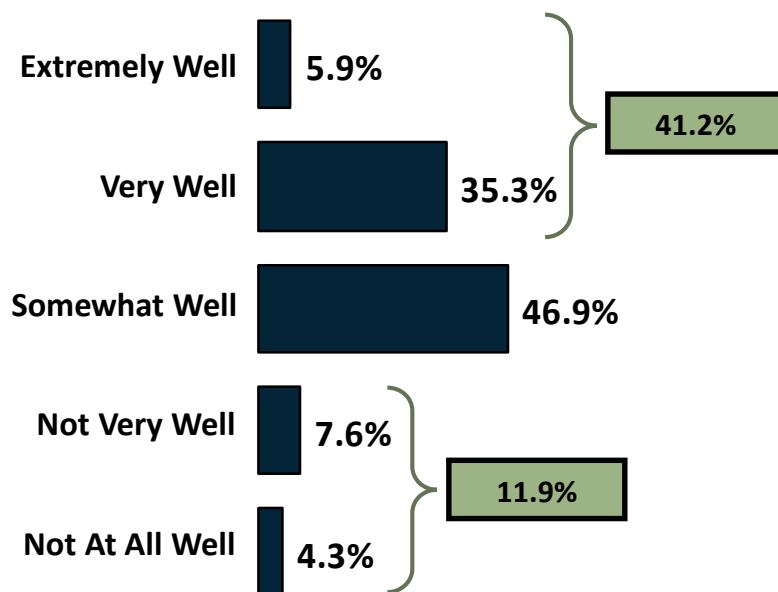
- Compared to underserved residents, Key Informants hold a slightly more pessimistic view about the preparedness of local health professionals in dealing with future communicable disease outbreaks; 28.6% of Key Informants say local health professionals are very or extremely well prepared compared to 41.2% of underserved residents.
- Key Stakeholders hold the most optimistic view, where four of the five (80.0%) report they believe local health professionals are “very well” prepared to handle a future pandemic.

How Well Prepared Local Health Care Professionals Are to Deal With Future Communicable Disease Outbreaks

Key Informants



Underserved Residents





COVID Preparedness (Key Stakeholders and Key Informants) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Key leaders who consider local health professionals to be very prepared for communicable disease outbreaks say the foundation was in place to assist people to learn and adapt as necessary, communication was consistent, out front, and on topic, and the collaboration of area professionals and organizations, led by SCCHD, was key to preparing them even more to address the issues at hand.
- Aside from the virus itself, one of the greatest challenges has been a misinformed vocal minority.

We've been working through the COVID crisis and **if there was an area in which we were "weak" we've had the chance to strengthen it.** – *Key Informant*

I think just that once the vaccines came in, they were distributed as quickly as possible. **They adapted to the changing rules constantly,** and I think they were **just able to roll with it.** – *Key Stakeholder*

Lessons learned from this pandemic. The **health care providers are not the problem.** The **very vocal minority endorse erroneous information.** – *Key Informant*

The county is **learning from this experience and will be better prepared** to deal with it and any future similar crises. – *Key Informant*

People are tired of being told what to do or how to live their life. I believe the **healthcare professionals know what needs to happen during an emergency but communicating that to our county and having them comply are two separate issues.** There has been a **general distrust of authority that has come from COVID** and is probably here to stay. – *Key Informant*

I think **we've prepared very well.** I think our health care providers were **given adequate training** and calls and information by our county health department to deal with any of those things. So if anybody wanted that **information,** that **was there, so if people didn't get that information that's their choice.** I think the county was providing the preparedness and emergency support for any kind of county providers here. – *Key Stakeholder*

I think our **local health department has done a phenomenal job handling the pandemic.** There were **some key leaders in our healthcare community at both hospitals and at the health department who have maintained excellent communication with providers, keeping us up on protocols for testing and potential treatments,** and now with **getting vaccines in our offices.** – *Key Informant*

They do as well as they can. **So many directives come from the state.** – *Key Informant*

Experience is a great educator. – *Key Informant*

They **have experience handling a pandemic now.** – *Key Informant*



What Was Done Well (Key Stakeholders and Key Informants) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Strategies and actions that worked well during the COVID pandemic included: (1) consistent and timely communication, (2) the coordination and collaboration of numerous health and human service organizations coming together working on the same goal, (3) accessibility to medical equipment and PPE, and (4) reliance on science, health, and healthcare expertise to guide decision-making.

Speed, communication from SCCHD, **accessibility to medical equipment, PPE, swabs, turn around time**, community information, **bulletins**. – *Key Informant*

I think the **leadership of our emergency operations center** and our **health department** was **outstanding**. They were on top of **working with organizations and businesses throughout the county from day one** and I felt **safe knowing that they were watching over all of us**. They **did an outstanding job** and **continue to**. – *Key Stakeholder*

Health Department working with stakeholders. Vaccination clinics, accurate information being disseminated. – *Key Informant*

I think **the communication was well done**. The **weekly calls, keeping updated with all the issues** what we are going to face, the preparation for those things, to **providing PPEs**, providing **adequate medicine**, the **supplies**, all those things. The **Health Department** was **working so well with all the other providers** in the community to do that kind of thing, so they did provide a lot of resources for us. – *Key Stakeholder*

I thought the **communication** especially **using social media to keep us updated** was **well done** by the **Health Department**. – *Key Informant*

I think the **health department went above and beyond**, and I cannot say enough about the **leadership** and team of ladies who have gotten us through this. I also **commend our local urgent cares for the huge burden of testing that they took on** along with the **hospitals** and a **few of our local pharmacies**. It **allowed us to focus our resources in my Pediatric office appropriately** to continue well child care and immunizations while **minimizing potentially contagious persons in our office**, so that we can safely provide care. I think **most primary care offices did a good job of keeping their doors open** to patients while **keeping patients safe** with masking policies, telehealth, curbside testing, etc. There has been **ample opportunity for vaccination**. **Childcare providers also did an amazing job** at continuing to provide safe healthcare and avoiding complete shutdown. – *Key Informant*

I think **our EOC did well**. The **communication, especially in the beginning** when we had all the first responder issues and then the essential worker issues. **Rolling out the vaccine**, even though people thought that was a disaster. I think **for the resources we had, I think we did pretty darn good**. I think we got most of our essential workers done without a whole lot of disasters or headaches. To me, that **higher-level leadership collaboration went well**. – *Key Stakeholder*



Lack of Preparedness (Key Stakeholders and Key Informants) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Very few Key Stakeholders or Key Informants believe local health professionals weren't at least somewhat prepared for the COVID pandemic, but those who do cite the following barriers: (1) government and media interference, (2) inconsistent strategies across the county, state, and nation, (3) lack of preparedness in terms of supplies and staff that were needed, and (4) lack of compliance with PPE standards, even among health care professionals.

There **needs to be a National Plan that comes from the top**. If every county and state has a different plan there can be no success. The **Internet is also a problem**; most people get their news and important information from Facebook or Instagram, where there is **too much misinformation**. – *Key Informant*

Many [people in health care] **have not embraced even the basic PPE standards. They're not even using masks**, they're not doing anything. So, **they're going to get burnt every time we have an issue**. I don't know how many, I only have anecdotal data, but **I know at least a half a dozen**. I don't know how many offices we have. – *Key Stakeholder*

Because so far **we have mismanaged COVID and we're still not learning from our mistakes**. – *Key Informant*

Staff shortages and limited supplies. – *Key Informant*

Limited resources. – *Key Informant*

I think **health care providers are very well educated** to deal with infectious disease **but are too controlled by the government, media and insurance**. – *Key Informant*



What Could Have Been Done Better (Key Stakeholders and Key Informants) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Key Stakeholders and Key Informants say that improvements could be made in the following areas: (1) ensuring that all schools in the area are consistent with protocol for handling COVID, (2) rolling out PPE, equipment, and testing sooner, and to a greater extent, (3) finding ways to increase resident buy-in to the science, while removing the politics, and (4) ensuring that communication is consistent at all levels (national, state, local).

So the thing is that there are **certain times we didn't have some supplies and things like that**, but I **don't know whether anybody could have done better** because there was also a **lot of shortage** for some of those supplies and things like that. – *Key Stakeholder*

It **would be nice if all school districts within a county were on the same page with their recommendations and rules** in regards to handling COVID. – *Key Informant*

Providing evidence based research in layman's terms for people so they can make educated decisions about their health/vaccinations. – *Key Informant*

Greater support for the Health Department. Having attended a few board of commissioners meetings this fall I **was extremely disappointed in the commissioners and the behaviors they allowed of the attendees.** – *Key Informant*

Mobile vaccination van, equipped and staffed would get many more Michiganders immunized. Go to schools, **pharmacies, grocery stores. Take the vaccine to the people.** -- *Key Informant*

The **POPULATION needs to step up and do better.** – *Key Informant*

I don't know locally how we would've done that better, but yeah, **there was a lot of miscommunication.** Phone calls, **we would put out some information and we would get all kinds of feedback, but the same question.** So, clearly **they didn't see it or hear it. That communication piece we have to work on. Social media, we need help with social media.** Everybody needs help with that, right? We just don't have that down. Our **hospitals** did OK, although it **would've been nice to have more cohesive conversations with them.** They would get busy and the [communication] fell by the wayside. So, it **was really hard to assess what was happening in our hospitals** without picking up the phone and talking to the medical director. **Because things happened, and changed, so quickly, we needed better communication** to the right partners at the right times in the right way, so that they understood it. And, not to mention the community, it was just a constant battle. – *Key Stakeholder*

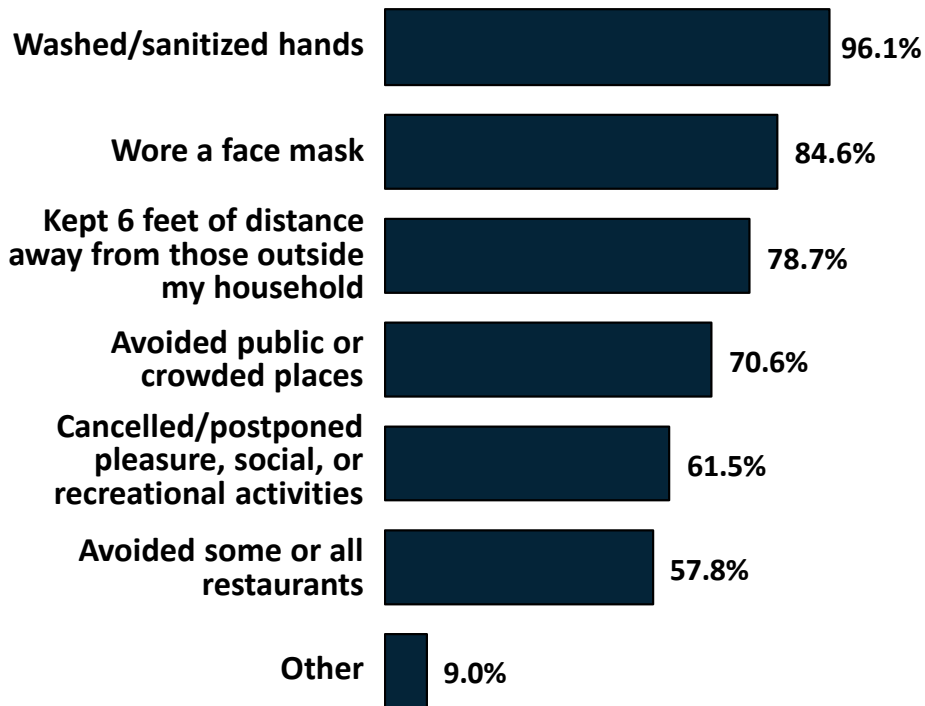
I feel that the **school board could have done a better job at taking direction from health officials, rather than being influenced politically or by public opinion in making decisions for keeping schools open** while mitigating potential exposures. If daycares and nursing homes are operating, schools also can find a way to stay open. I **feel it took a long time for us to get to the point that we are at right now**, where we recommend vaccines and masking and keep people home who are potentially contagious. – *Key Informant*



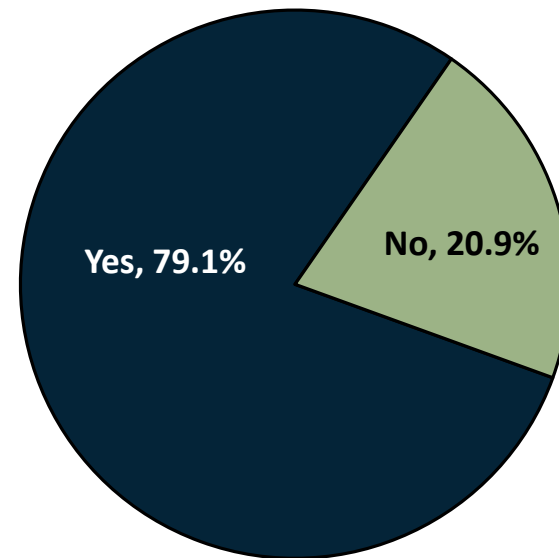
Measures Taken in Response to COVID-19

- In response to COVID-19, the vast majority of St. Clair County adults wash and sanitize their hands, wear masks, keep six feet away from people outside their household, and/or avoid public or crowded places.
- Eight in ten (79.1%) believe the measures they take to combat COVID-19 make a difference.

Measures Taken in Response to COVID-19



Did Measures Taken Make a Difference?





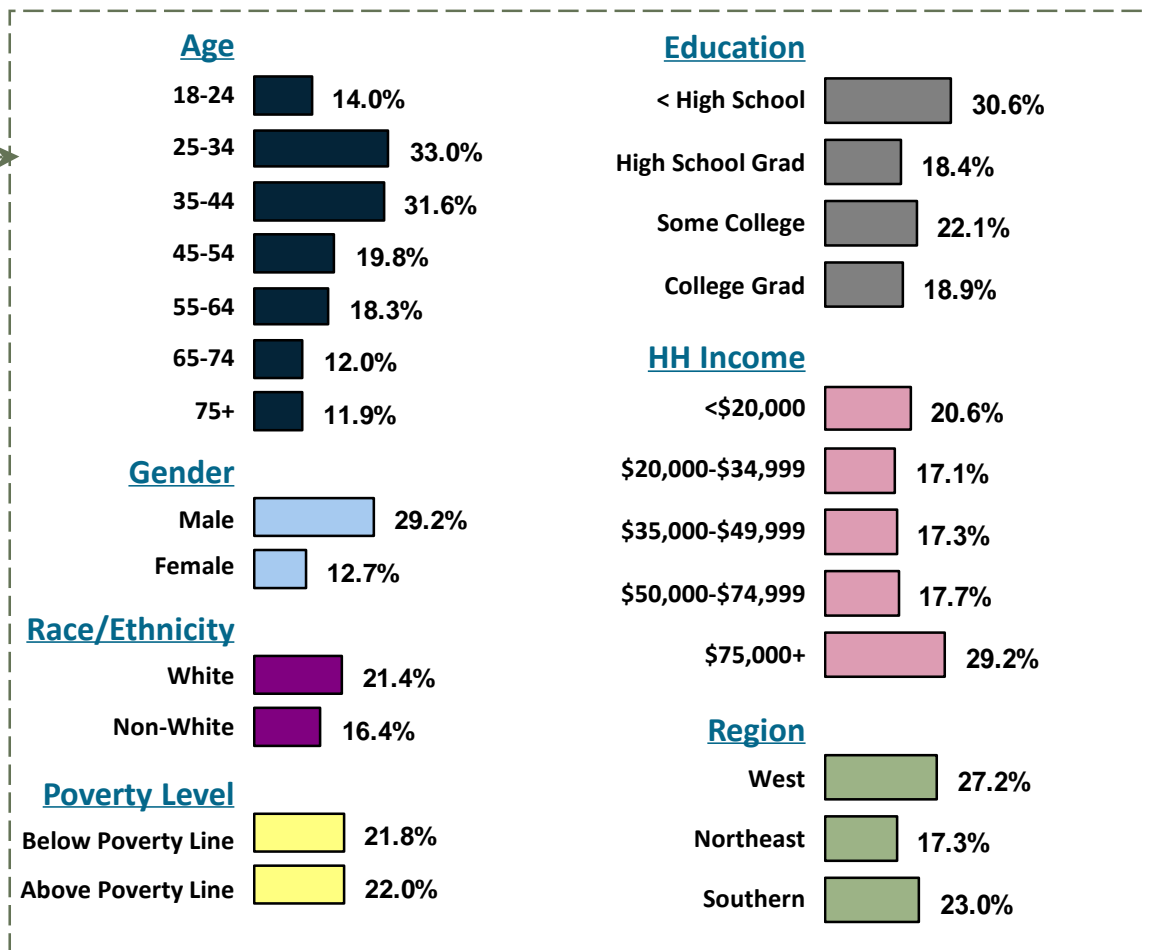
Perceived Impact of COVID Measures Taken

- St. Clair County adults who are skeptical that the measures they have taken in response to COVID have actually made a difference tend to be between the ages of 25-44, have less than a high school education, and/or have incomes of \$75,000 or more.
- Men are far more skeptical than women.

Believe Measures Taken in Response to COVID Did Not Make a Difference* (BRFS Total Sample)

20.9%

Measures Did Not Make a Difference by Demographics



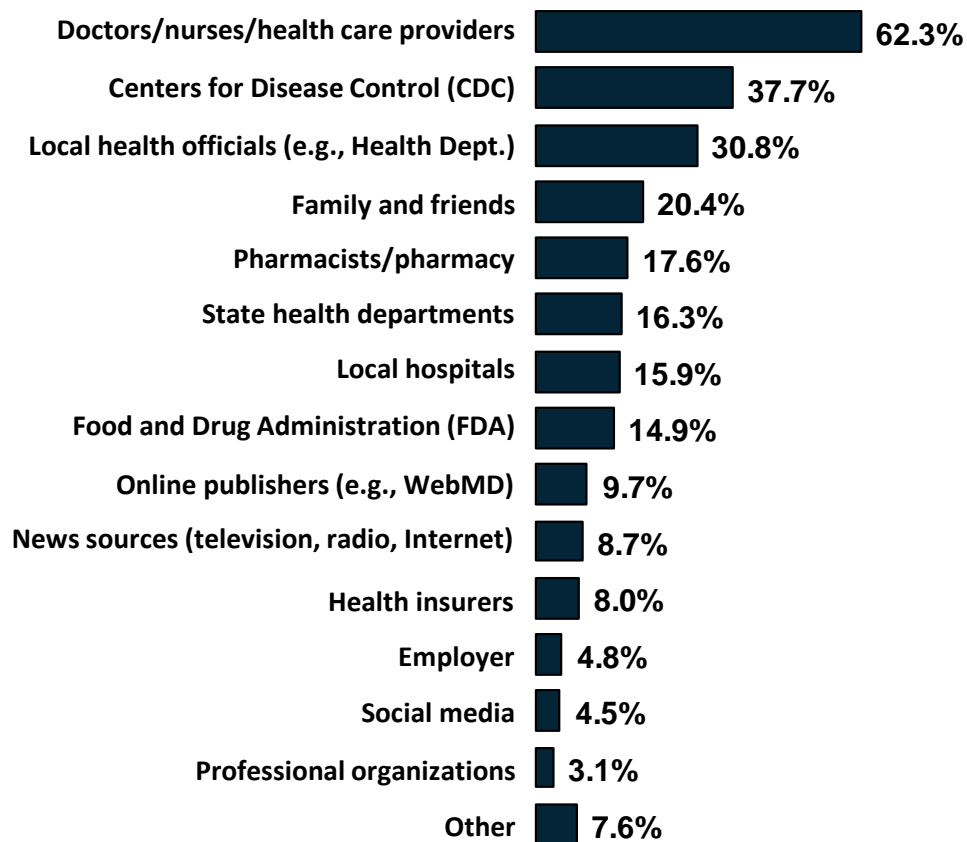
*Among all adults, the proportion who reported they believe the measures they took in response to the coronavirus (COVID-19) did not make a difference.



Trust in Health Information

- Underserved adults report their most trusted sources for health information are doctors, nurses, or health care providers, followed by the CDC and the local health department.
- Conversely, social media is not considered a trusted source for health information.

Most Trusted Sources of Health Information (Among Underserved Adults)



Social Indicators



Demographics of St. Clair County

- St. Clair County is predominantly an urban area, where 90.8% of its residents are White and half (49.2%) of the population is age 45 or older. The median household income is \$59,837, lower than the nation (\$65,712).

St. Clair County Demographic Characteristics					
	N	%		N	%
Total Population	159,128	100.0	Household Income		
Gender			Less than \$10,000	3122	4.9%
Male	79,408	49.9%	\$10,000 to \$14,999	2853	4.5%
Female	79,720	50.1%	\$15,000 to \$24,999	4950	7.8%
Age			\$25,000 to \$34,999	7463	11.7%
Under 5	7,782	4.9%	\$35,000 to \$49,999	8167	12.8%
5 to 14	18,081	11.4%	\$50,000 to \$74,999	11631	18.2%
15 to 24	19,361	12.2%	\$75,000 to \$99,999	8268	13.0%
25 to 34	18,212	11.4%	\$100,000 to \$149,999	10637	16.7%
35 to 44	17,156	10.8%	\$150,000 to \$199,999	4163	6.5%
45 to 54	22,078	13.9%	\$200,000 or more	2552	4.0%
55 to 64	25,466	16.0%	Urban/Rural Population		
65 to 74	18,514	11.4%	Urban	97,705	61.4%
75 to 84	8,864	5.6%	Rural	61,423	38.6%
85 and over	3,614	2.3%			
Race/Ethnicity					
White/Caucasian	144,559	90.8%			
Black/African American	4,534	2.8%			
Hispanic/Latino	5,580	3.5%			
American Indian/Alaskan Native	246	0.2%			
Asian	962	0.6%			
Native Hawaiian/Other Pacific Islander	133	0.1%			
Some Other Race	232	0.1%			

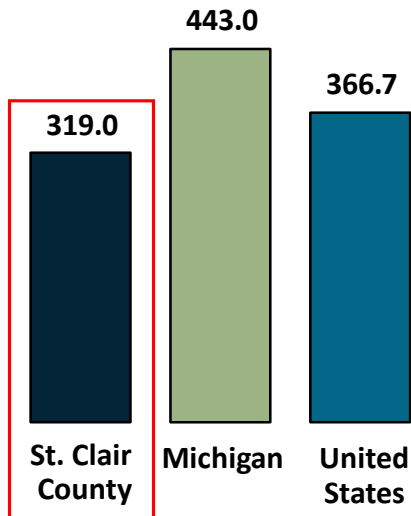
Source: U.S. Census Bureau, American Community Survey, 2019, 1 year estimates. Urban/Rural data from U.S. Census Bureau, Decennial Census, 2011-2015.



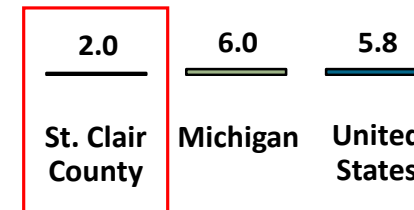
Crime Rates

- St. Clair County residents can take comfort in the fact there are far fewer violent crimes and homicides compared to the state or the nation.
- On the other hand, rates of confirmed abuse/neglect cases in St. Clair County are notably higher than the rates in Michigan or the U.S.

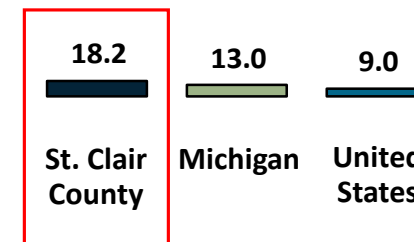
Violent Crime Rate
Per 100,000 Population



Homicide Rate
Per 100,000 Population



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

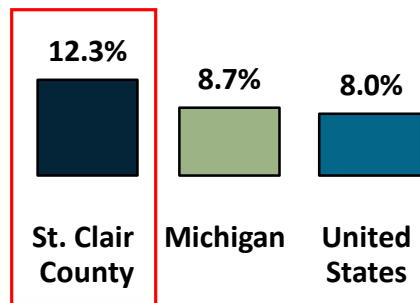




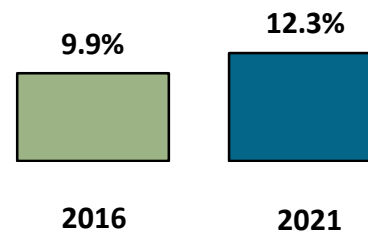
Unemployment (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- The pre-COVID unemployment rate in St. Clair County was lower than it was in 2021, but one in ten were unemployed in 2016.
- However, once the COVID pandemic began, unemployment was once again considered to be a societal issue and to have a negative impact on the health of area residents.
 - ❖ Those most negatively impacted by the unemployment fallout from COVID were the most vulnerable or underserved residents in the community

Population Aged 16+ Unemployed and Looking for Work



Unemployment Rate for St. Clair County Residents Since the Last CHNA



We're **losing businesses and such because of COVID**, and I'll be **interested to see long-term what kind of economic impact** that has for our community because the places that were open were places like grocery stores and fast food and stuff like that, and those are obviously the lower income jobs, and most of those people—a lot of them don't live in the county because they can't afford to live there. So, they're driving from their communities. **I'll just be interested to see how much it impacts people that had to close their businesses.** – *Key Stakeholder*

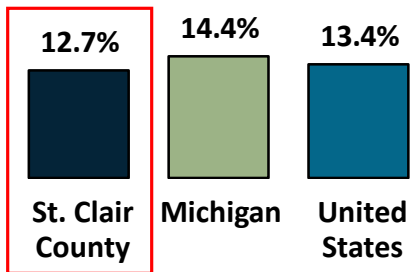
Every person has been impacted differently by COVID. **Some people have been able to work remotely and or maintain employment. People who rely on public transport lost their jobs.** Some had **no Internet access** (should be part of infrastructure). **Some service jobs did not get unemployment.** – *Key Informant*



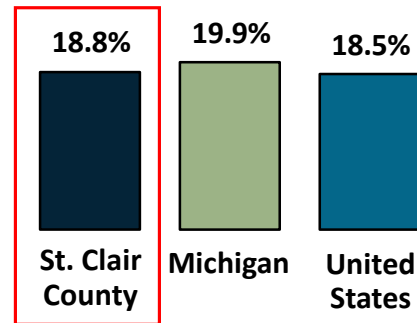
Poverty

- Roughly one in eight (12.7%) St. Clair County residents lives in poverty, a rate slightly lower than state or national rates.
- A higher proportion of St. Clair County children live in poverty and this rate is on par with the national rate.

Percentage of People in Poverty



Percentage of Children (<Age 18) in Poverty





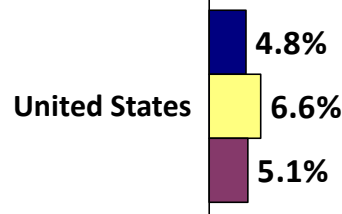
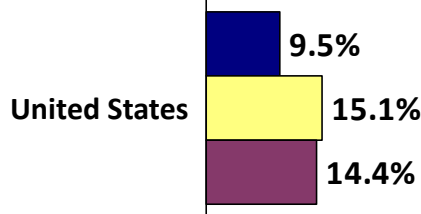
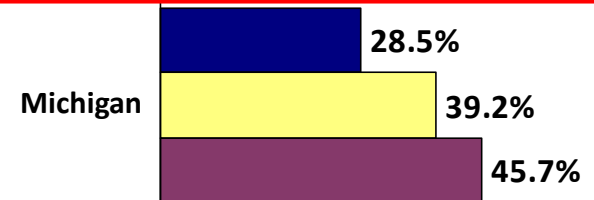
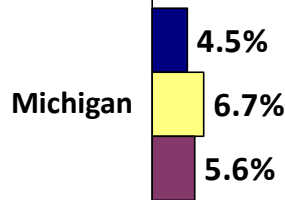
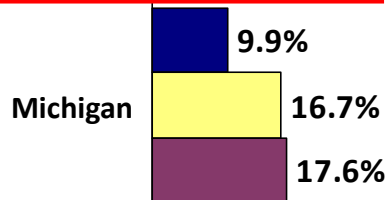
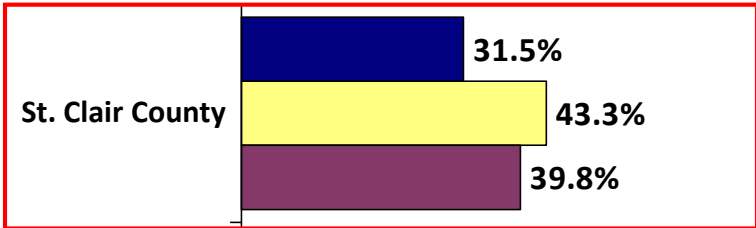
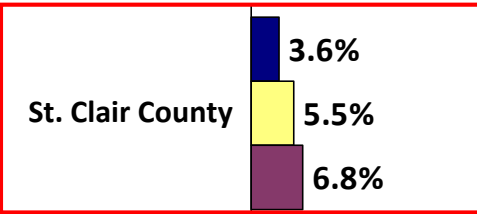
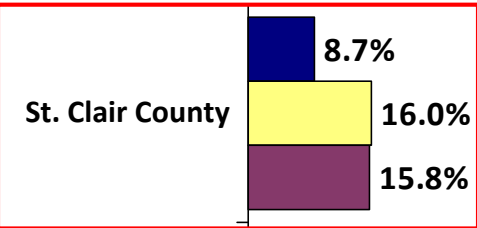
Families in Poverty

- The proportion of St. Clair County families living in poverty is slightly lower than in the state or the nation.
 - ❖ Yet one in six St. Clair County families with children (16.0%) lives in poverty
- Married couples are far less likely to be living in poverty than single female households.
 - ❖ Roughly three in ten (31.5%) single female households in St. Clair County live in poverty, but this proportion rises to almost four in ten (39.8%) for those with children under the age of five years

All Families
(% Below Poverty)

Married Couple Families
(% Below Poverty)

Single Female Families
(% Below Poverty)

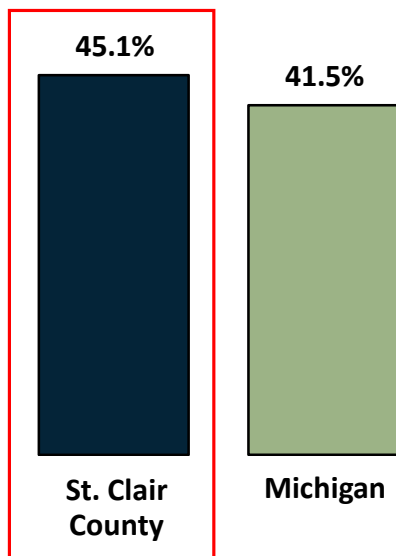




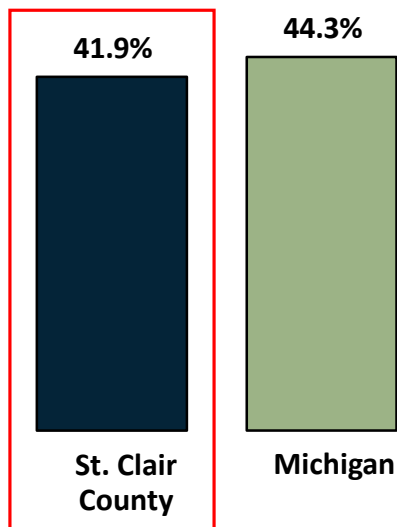
Children in Poverty

- The proportions of Medicaid paid births in St. Clair County is greater than the proportion in Michigan.
- The proportion of local children receiving WIC or being eligible for free or reduced school lunches are slightly lower than the proportions in Michigan.
- Obviously, there is room for improvement since between 40%-50% of all children in St. Clair County require assistance just to meet basic needs.

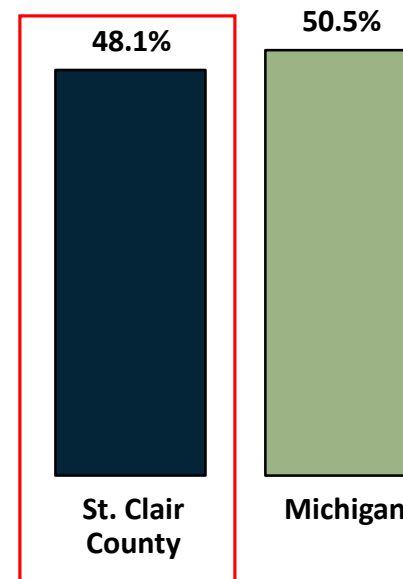
Medicaid Paid Births



Children Ages 1-4 Receiving WIC



Percentage of Students Eligible for Free/Reduced-Price School Lunches





Education

- Among both men and women, fewer St. Clair County residents complete Bachelor's degrees or graduate degrees.
- The graduation rate among those who begin 9th grade is slightly lower for St. Clair County youth compared to youth in Michigan or the U.S.

Educational Level (Among Adults Age 25+)						
	Men			Women		
	St. Clair County	Michigan	U.S.	St. Clair County	Michigan	U.S.
No Schooling Completed	0.8%	1.1%	1.5%	0.6%	1.0%	1.5%
Did Not Graduate High School	9.3%	8.7%	11.2%	7.7%	7.6%	9.9%
High School Graduate, GED, or Alternative	35.5%	29.8%	27.9%	32.7%	28.0%	26.0%
Some College, No Degree	26.7%	23.4%	20.2%	24.9%	23.3%	20.6%
Associate's Degree	10.4%	8.1%	7.6%	14.2%	10.7%	9.3%
Bachelor's Degree	11.4%	17.5%	19.4%	12.2%	17.9%	20.1%
Master's Degree	4.4%	7.7%	8.0%	6.3%	9.1%	9.6%
Professional School Degree	1.1%	2.2%	2.5%	1.1%	1.4%	1.8%
Doctorate Degree	0.4%	1.5%	1.7%	0.9%	0.9%	1.2%

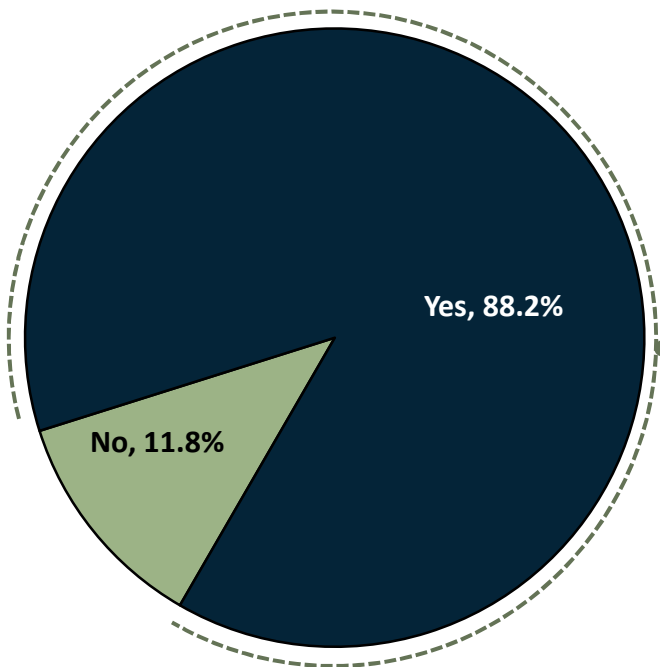
Freshman Graduation Rate
St. Clair County – 81.0%
Michigan – 82.0%
United States – 83%



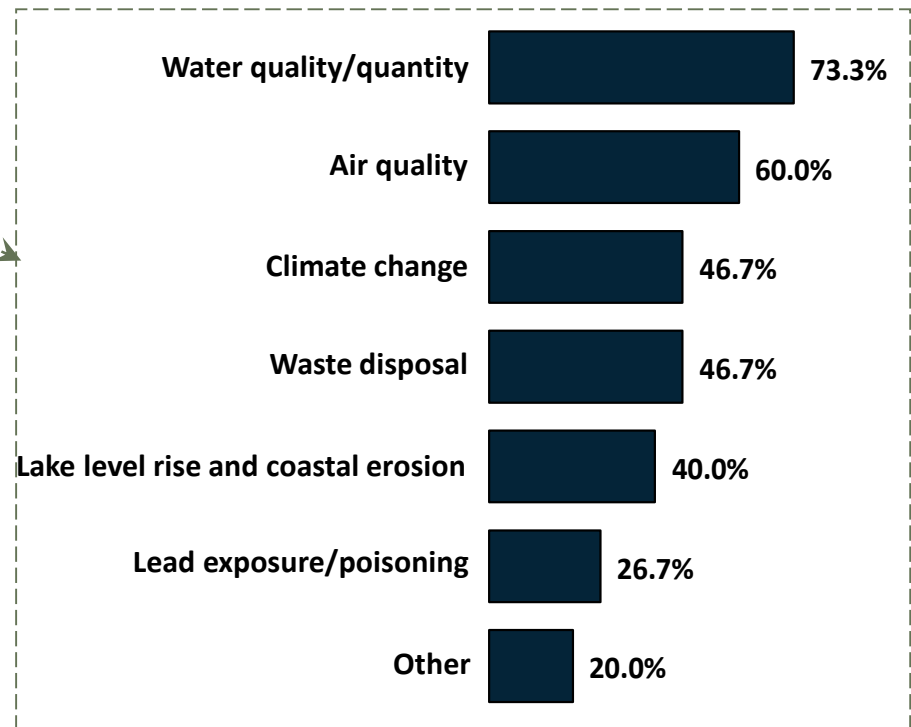
Environmental Factors

- The vast majority (88.2%) of Key Informants surveyed indicate they are concerned about environmental factors that could impact the health of area residents in the next few years.
- Of those who are concerned, seven in ten (73.3%) cite water quality/quantity as the top environmental concern, followed by air quality, climate change, and waste disposal.

Concerned About Environmental Factors That Could Impact the Health of Area Residents



Environmental Factors That Could Impact the Health of Area Residents





Adverse Childhood Experiences (All 11 Items)

- Four in ten (40.8%) St. Clair County adults report living with parents who insulted them or put them down and one in five (19.5%) say they were physically hurt by a parent.
- Roughly one in four adults report living with household challenges such as mental illness and/or separation or divorce, while one-third (33.4%) report living with someone who was a problem drinker.

ACE Questions	Percent of Adults With Each ACE in St. Clair County
How often did a parent or adult in your home ever swear at you, insult you, or put you down? (n=969)	40.8%
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say... (n=975)	19.5%
How often did anyone at least five years older than you or an adult, ever touch you sexually? (n=962)	14.0%
How often did anyone at least five years older than you or an adult, try to make you touch them sexually? (n=970)	10.5%
How often did anyone at least five years older than you or an adult, force you to have sex? (n=973)	4.8%
Did you live with anyone who was a problem drinker or alcoholic? (n=981)	33.4%
Were your parents separated or divorced? (n=977)	26.7%
Did you live with anyone who was depressed, mentally ill, or suicidal? (n=977)	25.9%
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? (n=961)	19.6%
Did you live with anyone who used illegal street drugs or abused prescription medication? (n=981)	16.0%
Did you live with anyone who served time, or was sentenced to serve time, in prison, jail, or other correctional facility? (n=983)	12.3%

ABUSE

HOUSEHOLD CHALLENGES



Adverse Childhood Experiences (Continued)

- St. Clair County adults experienced more adverse childhood events compared to adults across Michigan or the U.S.*
- Growing up, St. Clair County adults were far more likely to have lived with someone who had mental illness or substance use disorder compared to adults across Michigan or the U.S.
- Area adults were also more likely to have experienced sexual abuse growing up than adults across the state or the nation.

ACE Questions	Percent of People With Each ACE		
	St. Clair County	Michigan	United States
How often did a parent or adult in your home ever swear at you, insult you, or put you down? (n=1,208)	40.8%	35.3%	34.4%
Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say... (n=1,215)	19.5%	17.2%	17.9%
How often did anyone at least five years older than you or an adult, ever touch you sexually, try to make you touch them sexually, or force you to have sex? (n=1,205)	14.3%	10.7%	11.6%
Were your parents separated or divorced? (n=1,223)	26.7%	26.6%	27.6%
Did you live with anyone who was a problem drinker or alcoholic, or who used illegal street drugs or abused prescription medication? (n=1,223)	37.8%	27.2%	27.6%
Did you live with anyone who was depressed, mentally ill, or suicidal? (n=1,230)	25.9%	15.9%	16.5%
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? (n=1,214)	19.6%	16.3%	17.5%
Did you live with anyone who served time, or was sentenced to serve time, in prison, jail, or other correctional facility? (n=1,227)	12.3%	7.8%	7.9%

ABUSE

HOUSEHOLD CHALLENGES

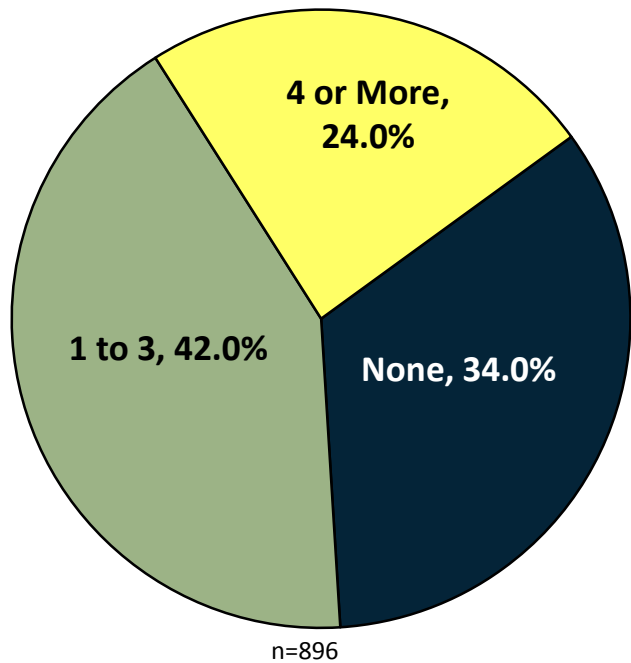
*NOTE: the ACEs data collected in St. Clair County occurred in 2021 during the coronavirus (COVID-19) pandemic, whereas the ACEs data collected for Michigan and the U.S. occurred in 2014 and 2015, in non-pandemic years. This might help explain some of the disparities in the measures between the groups.



Adverse Childhood Experiences (Continued)

- Two-thirds (66.0%) of St. Clair County adults have experienced at least one adverse childhood event, and 24.0% have experienced four or more.
- There is a direct and linear relationship between the number of ACEs one experiences and negative outcomes later in life.
- Particularly noticeable is the **impact ACEs have on adult mental health.**

Number of Adverse Childhood Events



	Number of ACEs		
	None	1-3	4 or More
Health status fair/poor	13.3%	16.6%	25.7%
Poor physical health	9.2%	11.8%	25.1%
Poor mental health	7.5%	12.5%	30.5%
Activity limitation	3.6%	5.4%	21.1%
Have asthma	11.1%	11.9%	21.1%
Suffer from chronic pain	30.0%	32.5%	50.4%
Marijuana use (past 30 days)	12.1%	19.6%	33.9%
Current smoker	9.6%	20.7%	27.2%
Heavy drinker	6.2%	7.1%	11.2%
Binge drinker	18.9%	25.3%	29.5%
Obesity	44.0%	36.5%	48.6%
Mild to severe mental illness (Kessler 6)	14.5%	29.0%	50.1%
Suicidal thoughts	3.7%	2.9%	15.3%
Suicide attempts	0.0%	0.2%	4.7%
Social support (rarely/never)	6.4%	7.5%	19.4%



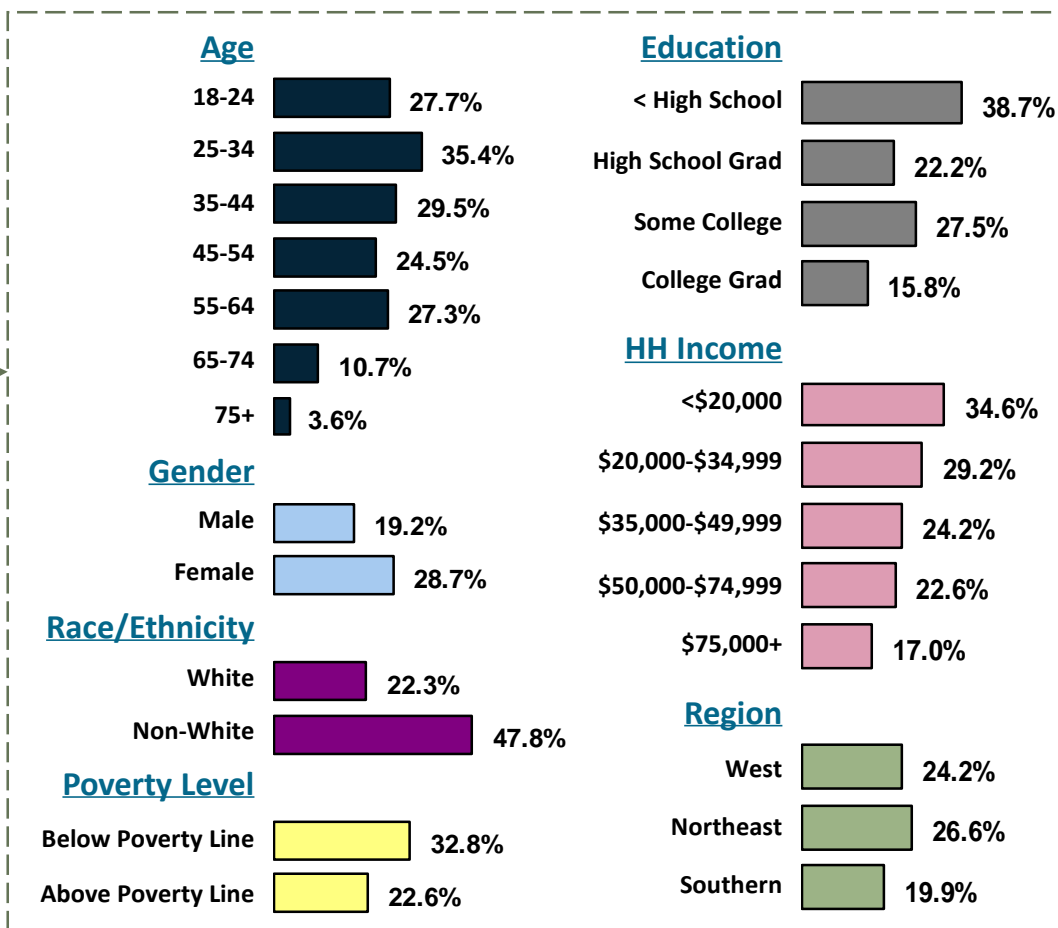
Prevalence of 4+ ACEs

- Adults reporting four or more adverse childhood experiences tend to be under age 65, have less than a high school degree, and/or have incomes below \$35,000.
- Women and non-White adults are more likely to report four or more ACEs than men and White adults, respectively.

4 or More Adverse Childhood Experiences* (Total Sample)

24.0%

4 or More ACEs by Demographics



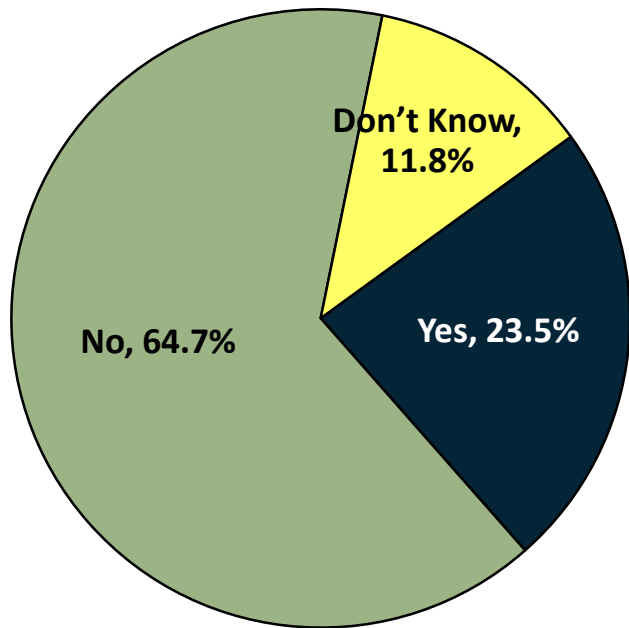
*Among all adults, the proportion who reported ever experiencing four or more of the eleven adverse childhood experiences by age 18.



Screening for ACEs (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Despite the fact that ACEs are considered important as predictors of adult outcomes, less than one-fourth (23.5%) of Key Informants can confirm that they, or their organization, screen patients/clients for adverse childhood experiences.
- One Key Stakeholder spoke about the growing population of children who appeared to be traumatized – most likely by adverse childhood experiences – and that is not only impacting their current behavior, but will also negatively impact their lives into adulthood.

Currently Screening for ACEs



I think we're going to have a relatively high trauma score. And the only reason I think that is **because people don't leave this town**. We don't attract a lot of people to come here to live, so there's **generational trauma**. And I think **that impacts a lot of the resistance of moving that needle**. I could be wrong, but I do think that maybe trauma is ACEs, especially in our kids. Our schools, before COVID, were setting up this red flag. We talked a lot about it in workgroup of the progressive – **the inability of kids to self-regulate. They come to kindergarten out of control; more and more so**. A lot of these schools have to **put all kinds of resources into having like a room that Jimmy can be in so he doesn't throw things at the teacher through the whole time**. Things that used to be rare are common now and seem to be growing. And so, this conversation that I had with a lot of our early childhood at academic school is that there seems to be a **rising problem with this, this thing, this trauma**. Now, it's not like there's this whole population is having problems, **but the population that is having trouble is growing** and that's **having a huge impact on a lot of the things that are happening**. That was on my radar before COVID. I think **COVID has added trauma across the board to everybody. The people who are doing poorly are doing even more poorly**. – Key Stakeholder

Community Characteristics



Community Strengths (Key Stakeholders) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Key Stakeholders list many community strengths or resources upon which to build programs or initiatives to address health needs or issues but clearly the community foundations and the volunteers forces are most top of mind. Additionally, there is a **strong collaborative spirit among people and organizations** (especially since the onset of the COVID pandemic), **highly philanthropic people and businesses**, a **strong recovery community**, and organizations like **United Way** and **Habitat for Humanity** are enormous assets.

We have some **strong leadership** and certainly a **more cohesive bond since COVID**. We **brought in more of the business community** to consider health. I think there's some good work there. We had **hundreds of volunteers work at our COVID vaccine clinics**. **Social capital is only true for some parts of the community**. I don't know that that's true for everybody. We **have good schools**. I had to work with our superintendents intensely for the last year. **They're really dedicated educators and really focus a lot on the well-being of their students**. So, I've been really impressed with them and how hard they work. We have a **community foundation** that does a **lot of local investment**, a **United Way** has a lot of local investment. I think those two are the two biggest players, but I also think **our recovery community is an asset**. And when I say that I mean not just the services for rehab but **we have this grass roots recovery community organization and they have had a big role to play in stigma reduction and support of people who are coming through the recovery system** and how to fix it. They've **been a real asset**.

We have a **strong volunteer base** but it could always be bigger. I'm a huge proponent of volunteerism and giving back to the community. Our staff do a lot of community work, volunteer work. I think that we have a really **good volunteer base**. We have a **community foundation**. There's **also money that's sometimes available through the EDA, the Economic Development Alliance**. They've given out money to do different things. Our city, the biggest city in the county, which is Port Huron, has gotten a lot of the **ARP fund to do community improvement**, health improvement initiatives, etc.. **There's a lot of that funding right now**. There is **Habitat for Humanity** which has a big rock the block (volunteer-based) initiative thing that's coming up next week.

I think **we need to tap into some of those resources**. For example, we have **health centers, health clubs, etc**. So, **if they could actually provide some of membership, or rates, that are more affordable** for people with families or kids or whatever it is. Come up with a plan which is affordable for people on certain days or certain evenings or something like that. Another thing is **how do we encourage people to utilize more of the parks and recreation, conduct walking clubs or hiking clubs, or weekend yoga classes?** So, **there are always resources**, but I think it is **important for us to tap into those resources**. **United Way** in our community is a huge resource in **supporting the elderly**. I **wonder whether more education needs to be done with health care providers**, so that they **know what resources are available in the community** whenever one of their clients need any help.

I think we have a **good and flexible United Way**. We have a really **flexible community foundation**. We've got some **good base institutions**. We've got an **outstanding YMCA**. I think of **CMH or Community Mental Health**. They're strapped by so many rules and regulations but **they really do try to be a leader in having an impact** not just for folks with mental illness but **connecting to the community as a whole**. I think we **have some good institutions in our community to build on**. The **volunteer force is usually pretty good** but is decimated right now.

The community's strengths could always be stronger but I'm trying to think of something that is a barrier. I think that **collaboration is probably one of our biggest strengths**. There is the **community foundation and they're very supportive**. They sit at the table with that community services coordinating body, and they will **throw money behind projects**.



Resource Limitations (Key Stakeholders) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Conversely, Key Stakeholders report several resource limitations including limited funding, lack of time, and most importantly, a lack of people or personnel on the ground to get the work done. Transportation is also considered to be an enormous barrier for those without a vehicle or someone to drive them around.
- Specific health-related limitations are lack of in-patient mental health options, a persistent problem with providers not accepting Medicaid as insurance, and a lack of collaboration with medical personnel with regard to public health issues.

Well, I **struggle with our doctors**. They're **not team players**, it's really hard to get them. Of course they're busy, I'm not saying I would expect them to show up, but **trying to get them on the same page for public health issues is challenging**. We **don't have mass transportation**, so that's a big issue. So, if you don't have a car in this community, you're kind of like out of luck. We **need good jobs, high paying jobs**, like everywhere.

Doctor's appointments where **Medicaid isn't accepted**. Also **transportation**. There is RIDE if they don't have transportation through DHS. But **DHS has to have drivers and they don't have enough**. That always seems to be a need. Transportation is an issue for a lot of people.

Funding is a need. Another one is a **mental health** need. So, for example, we always have a **limited number of inpatient beds** in this community for adults and there are **no pediatric beds available**. That is one of the other challenges for mental health. When there is a kid who needs an inpatient bed, they **need to travel out of the county to somewhere else when the families cannot afford to be there** for the 100 days, or whatever the time they may need to be there.

Time. And, just **having enough people to do what needs to be done**. Sometimes we don't know if the **money** is available because we don't have time to look. Everybody always says money but I like to put money second [and **people first**].

Even with our Foundations, I think it's still **finances**. And, it's **personnel to be able to get things off the ground**. **Time** is a barrier as well.



What A Healthy Community Looks Like

(Key Stakeholders) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- When asked to describe what a healthy community looks like, Key Stakeholders continue to go beyond common physical metrics (e.g., lifestyle choices, chronic conditions), although these are certainly important. Their responses often focus on the social determinants of health: **affordable housing, affordable healthy food, good schools where kids are being taught good habits, economically vibrant, access to care for all, collaboration, and outdoor spaces where people are active.** This demonstrates a **focus on health from a biopsychosocial lens.**

Well, for me, a healthy community is **one that embraces the data, will acknowledge what needs to be done, based on a critical assessment of objective data, and then work together to fix it.** It really comes down to **community collaboration to target health related outcomes.** Obviously, if we're dying sooner, we should be working towards that not being the case. But I think a **healthy community is also one that's economically vibrant, where those with the least amount of resources still have opportunities** to pull themselves out of the environment they're in, on poverty or addiction or whatever. The **whole issue of health equity is really important to me,** is that **everybody should be able to achieve the same things.** But everybody should **have an opportunity to do better than what they are born into.** And I think that everything rolls into that, **emotional well being, social well being, educational well being.** And those are **all things that flow into health.**

I would say a **healthy community** at the higher level, **is a community that works really collaboratively together to address the needs of the community.** A healthy community should **have sufficient housing, affordable housing for everybody.** There would be a **sufficient amount of good grocery stores with fresh food, easily, readily available.** **Everybody would be vaccinated.** The **mental health component would be addressed** with people who need it and a healthy community **would be receptive and open to the fact that there are people with mental health issues** and it's nothing that should be frowned upon. **People should be encouraged to seek mental health treatment.** Just like you'd encourage somebody to go get checked if they weren't feeling well physically. I think that whole stigma piece there, the healthy community, **there would be no stigma,** it'd be gone.

A healthy community has a **good school system** where **kids are taught good habits, exercise habits, healthy eating habits, behavioral habits** that are taught properly, with **proper health behaviors,** and healthy times to exercise and things like that. Then at the same time, **access to care,** there should be **health care providers available throughout the community** so that we, **people could access care without too much delay.** I would also think that there **needs to be areas or parks and recreational facilities for people to go exercise** or take a walk, or relax, or enjoy the nature. Then I would also think that **access to care in terms of specialty care.** For example, if people in the community have cardiology issues or cardiac issues or something like that, they should be able to **access those services,** but **not going too far,** or 20 or 30 miles away from their home. They **should be able to access within about 10 to 15 miles.**

All people should have access to healthy food and that it's **affordable.** So that means **fresh fruit and vegetables** and they **know what to do with it. Know how to cook it,** or preserve it. I think a healthy community **has access to efficient medical professionals that are affordable.** I think a **healthy community is outside.** They're out doing stuff, **being outside. Having recreation and outdoor spaces,** stuff to do.

Is St. Clair County A Healthy Community?

(Key Stakeholders) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Three of the five Key Stakeholders view St. Clair County as an unhealthy community overall because, although there are pockets of healthy people, there are **segments of the population that struggle with physical and mental health issues, access to care, access to affordable housing, access to affordable healthy food, lifestyle choices, and having access to resources** that would alleviate many of their problems.
- Further, many of the leaders in the community, even those in the health industry, fail to realize how social determinants of health impact individuals' overall health, and how a community that is diverse, equitable, and inclusive would benefit the community overall.

I think that St. Clair County is **fairly healthy**, maybe **middle of the road**, if I was rating it from one to ten. We know we **have problems with affordable housing, the food stuff, and drug use**. I think it's the **highest number of smokers** too. So in a healthy community, people wouldn't smoke cigarettes. People shouldn't probably smoke pot either. And that's legal now so that's another problem.

I think **we are getting there**. I think we have two hospitals in the community that are providers in the community. Some of the **challenges** involve our community members and their **access to specialty care**. For example, if they need a heart transplant, they **have to go travel quite a few miles away** from St. Clair County to downtown Detroit or any of those areas. The other thing is, for example one of our major challenges, if you look at the last health assessment report, you will see that the **prevalence of diabetes, obesity, cancer, and cardiovascular diseases** are **high** in our community. So I don't know we are there yet. When you compare us with either national or state numbers, we are not there yet. So I **wouldn't actually say that we are a healthy community yet**. I think **there needs to be more education, more appropriate care available** in the community so we could get to that point.

I think **there are pockets of health**. But **what makes it unhealthy** is that that's exactly the problem, **there are pockets of health**. And there is either **unwillingness or maybe an inability to see beyond their little pocket**. And I'll give you an example. We **had a DEI** (diversity, equity, inclusion) **meeting** with the United Way board yesterday. And these are **all leaders in the community**. Obviously, United Way does wonderful work with their campaign and with the money they provide to local groups. However, **there was an absolute disconnect from the idea of DEI. We didn't even talk about equity and inclusion, we just started to talk about diversity**. And there was a **speaker** that came in and **they didn't get it**. They were like, we are doing a great job. St. Clair County is a fantastic place to live. And there's **nothing to fix**.

I think the **biggest problem is awareness and willingness to look at how can we improve. Economic development is always an easy low hanging branch**. Everybody wants to improve our manufacturing base, but **people still equate their health with their individual behaviors, and whether or not they receive health care**. As a county, I think we're **very much stuck there**. And **until we correlate these other things with health, I would hesitate to say we're a healthy community**. Because the people who can make things happen and change things, **many of them do not understand the issues involved with social determinants** and are really unwilling to acknowledge that St. Clair County has a problem with that.



Characteristics That Make St. Clair County Healthy

(Key Stakeholders) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Characteristics that make St. Clair County a healthy community are its **collaborative spirit, quality health care, safety net health care programs for the underserved, and access to natural resources and recreational opportunities,**
- For those who grew up in the area, they **genuinely care** about their community so they **volunteer and give back** in ways that contribute to the goal of seeing St. Clair County reach its full potential.

Collaborative spirit	The best thing about St. Clair County is probably that we do try to work collaboratively . We try to tackle community problems as a group and I think that's a really good healthy thing that we do. We have this whole community services coordinating body (CFPB) that has taken on a lot of the issues even through COVID. We launched a website right away at the request of emergency management and put all COVID resources in one easy spot for people . COVID support lines with mental health support line . The Health Department asked us to start this because they were getting tons of calls on their informational line from people who were scared, anxious, or depressed.
Quality health care	We have passionate providers, we have three solid health care systems, hospitals, which may actually be a problem because they compete with each other, instead of working together, so it's a blessing and a curse. But they're all working hard to make sure that there are good health resources in our community, so that's good. We have the People's Clinic that sees uninsured individuals, however, it may not be utilized to the best advantage. That's been around for 20 or 30 years. Not a lot of communities have a medical clinic that actually is for uninsured people. We have a dental clinic for low income uninsured. It's not free, but it's very affordable.
Natural resources and recreational opportunities	I think there are several parks which are easily accessible to people, walking trails, bike trails , those kinds of things are available. And the Great Lakes . We are actually surrounded by many lakes and water , that is also relaxing . People go fishing . Recreational activities are there, affordable housing . Those are some of the good things about the St. Clair County, which actually makes it better .
Caring community	It's a friendly place. For the most part, people are very caring. There's a sense of community and belonging, that I think is really important for well being. Many people that live here, had been born and raised here and are committed to making this a better place. Whether their actions are aligned with what I think or not, these people love the community and put a lot of energy, time and resources into what they give back. So that's a cool thing. People love it here, those who live here.



Characteristics That Make St. Clair County Unhealthy

(Key Stakeholders) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Conversely, characteristics that make St. Clair County an unhealthy community are a **lack of access to affordable and healthy food** coupled with **too many unhealthy options**, poor **lifestyle choices** that lead to **obesity and diabetes, substance abuse**, and a **lack of education or training for children** at young ages to **learn how make positive lifestyle choices throughout the life course**.

<p>Lack of access to healthy food</p>	<p>We have areas of the county that are considered food deserts where there's not adequate access to quality fresh vegetables. I think that is a serious concern. We have a lot of fast food restaurants. Our fast-food ratio is very high as is our number of establishments with liquor licenses. And we have a lot of bars.</p> <p>There's definitely a lack of affordable healthy food. Instead, let's have it easily, readily available, and affordable for people, so taking the market out [of the neighborhood] and putting General Dollar in its place. So, there's a lack of easily accessible, good fresh food.</p>
<p>Education/training</p>	<p>The behavioral experience, or the training, physical and exercise, the importance of exercise and healthy behaviors. How are kids being trained at schools? Especially when going through their growing ages. They need to be assessed because I wonder if there is a missing link there? Because I think there are some drastic changes happening in the age groups which are coming out of schools. There needs to be some foundational kind of inspections that need to be made in order to incorporate healthy behaviors.</p>
<p>Obesity/Lifestyle</p>	<p>If you see from our last health needs assessment, we know obesity and diabetes are issues and they are tied to cardiology. I think it is probably the lack of exercise and activities and bad eating habits which actually make it worse. So, I think those need to be addressed either by more fresh food or fresh vegetable gardens, encouraging people to support people in doing exercises. Those are some of the things I think we should do as any community would.</p>
<p>Substance abuse</p>	<p>I'd say the drug thing. I'm one of those people who say our problem is that we're at the end of 194 and the bridge to Canada. It's a nice spot for people to end up dealing drugs and whatnot. And so, I do think we have a great drug task force and they're doing good things and I think that we should keep making sure we find their millage or increase their millage because they're doing everything they can.</p>



Collaboration and Coordination (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- For the most part, Key Stakeholders agree that local area organizations and agencies collaborate and coordinate well in order to increase accessibility to programs and services for area residents, and this has improved over the last several years.
- This impressive collaboration was highlighted during the COVID-19 pandemic where numerous agencies and organizations worked together and many people made themselves especially accessible.
- That said, there is certainly room for improvement, especially among the three area hospitals.

When we do [collaborate], we do a good job. **That's different from do we do it enough. I think we're trying**, so yes, there's **some positive motion** on that [over the past five years]. I know the **Health Department works well with a lot of organizations**, thank God. I do know that the Health Department works well with a lot of different organizations.

I think they collaborate but I don't know whether they are always successful in coordinating all the services. But I think there is a lot of discussions and collaboration compared to other counties to make sure that there is not an overlap of services and things like that. So, I think they are successful to a certain extent, I wouldn't say 100%, but I think there is success. I think we collaborate, we have discussions, we have connections with the CEOs and things like that. I think more could be done. Organizations like EDA bring people together to talk about economic issues and things like that. There are other organizers we bring in to talk about the community needs and community health. The Health Department are the ones who did an excellent job in bringing together all the health care providers in dealing with COVID issues. I think they did a better job than so many other organizations or county health departments by coordinating the efforts to deal with COVID last year, so kudos to them for doing a great job.

I think **our non-profits and our service agencies do it well, there's always room for improvement**. But honestly, they do it well. **We've got several collaborating service coordinating bodies that do it nice. Our hospitals however do not. Our hospitals do not work together at all. Even during the pandemic I had to reach out to each individual hospital every time regarding an issue to find out what each one of them was doing.** I think collaboration has improved over the past five years, some of that's because of COVID. I mean our ELC was open for 14 months, right? So, we were meeting pretty regularly with everybody, so I think that added a notch to things.

I'd say very well. I'd say yes it's improved over the last five years. We **have a really strong community services coordinating body, which most of the nonprofits, hospitals, government, they're all involved**. So if there's an issue, that group pretty much jumps on it and works to address it. [The three hospitals] don't work as well together as they used to because now they're not really local hospitals anymore. They're all owned by corporations. So that has changed things. During the pandemic we worked very closely with the Health Department and the Visiting Nurse Association to get seniors vaccinated and it was a big effort, but we all worked together and did it.



Collaboration and Coordination (Continued) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- As far as opportunities for improvement, Key Stakeholders think that area organizations and agencies should continue to collaborate with even greater focus on addressing problems and finding solutions outside of a pandemic, especially with regard to mental health and focusing on the underserved subpopulations.
- It would also help agencies coordinate services if there was a centralized information system that contained patient/client information and all of the services they have received.

I think everyone's kind of always had a dream of a **centralized referral process** that we knew **who was working with an individual, what services**, but I think there's just **so many barriers to that working the way we all envision** it. But I think that would be the only thing that would make it better at this point.

I think that's a big one. The **hospitals**. I think **we need better coordination with our underserved populations**. We **need to connect**. I struggled to get a vaccine clinic on our south side. We also **still seem to lack a good connection with our rural communities**, with our **minority communities**, with our **south side community**. And we **haven't done a whole lot of work here in the diversity and equity arena either**. I think there's a need to kind of start pushing that envelope a little bit.

I think we **need to figure out what these high priority things are** and just need to **bring some of these key folks in** and we **need to just try to start figuring out a better plan for how we're going to resolve some of this**. Understanding that it didn't break overnight and will **take a long time to fix**. Trying to see if we can just **pick one thing and knock it out of the ballpark**.

Community mental health, that's a **major thing what we could collaborate on**. To see where the needs are and how we could provide those services. **Identify these as our major challenges like we do with obesity, diabetes, or cancer**, for example. I think there could be collaboratives or **initiatives**, the **county Health Department could actually provide the leadership**. We may not even need to be at every location, but is there locations where we could provide these services all over the county so that way every person won't need to drive more than seven or 10 miles to get to care.

During the pandemic it was everybody's number one priority to be at those meetings and to be focused and present and listening and figuring out ways to help and offer solutions. **Now that the pandemic has subsided a little bit, we still have our community service coordinating body, but there's some people missing, key members missing for some of the meetings**. I guess since we were in a crisis, people responded. I just think **we need to continue to prioritize that collaboration and work together**. And we really do a good job of it because we've had **one of the longest running community service coordinating bodies (for about 30 years)**. It's grown in members and tons of different community organizations, including private, law enforcement, schools, hospitals, etc.

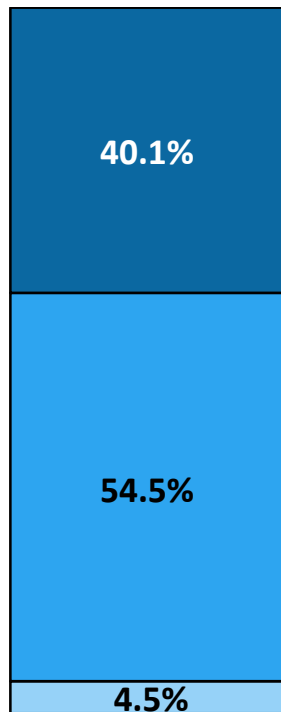


Social Determinants of Health (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- According to Key Informants, opportunity exists for more inclusion of social determinants of health when developing treatment or care plans. Over half (54.5%) say that social determinants of health are considered only sometimes and another 4.5% say they are considered rarely, when developing treatment/care plans for area residents.
- Key Stakeholders are mixed but agree that there is a lot of room for improvement for health and human service professionals to consider the social determinants of health when developing treatment plans.

Frequency that Social Determinants of Health are Considered When Developing Treatment Plans

(Key Informants)



Key Stakeholder Feedback

It seems like **every time we talk about health improvement we talk about access to health care**. It's very hard for a lot of the organizations to move away from that. It's one of the reasons I'm really glad we're going to talk a little bit about ACEs and trauma. But I imagine you **know the whole health equity issue, they don't get it**. So, **unless you understand a basic concept, you know social determinants can be kind of challenging**. So, I think we have some work to do on that still. It's getting better and people understand access, via like transportation. But they see it as access to the health care provider. Not the fact that **the person doesn't want to go see the provider because culturally they're not connected or because the front desk is kind of rude to them**, and all the many **myriad reasons that people don't seek preventative and early health care**.

People don't want to acknowledge that we have a very large population of low-income people because we have a very large number of low-income-paying jobs and those are what **directly impacts our community members, and impacts generations of children** that are being raised in **conditions that are not optimal for good health**. If we **don't have good, quality childcare**, then kids have to stay with an elderly grandmother who can't get around very much because mom can't afford childcare. Then the kids are parked in front of the television and we just have a big problem.

For a lot of us, we talk about it all the time in our meetings that I'm in. And so **when they talk about privatizing the public health system, that scares me the most**, because I **don't think they're going to look at all the different social determinants of health**. They're going to give you the treatment for whatever your outpatient session dictates, and then you're good to go. Well, that's not going to work for many people that we provide services to. **You have to look at their whole situation and help them navigate**.

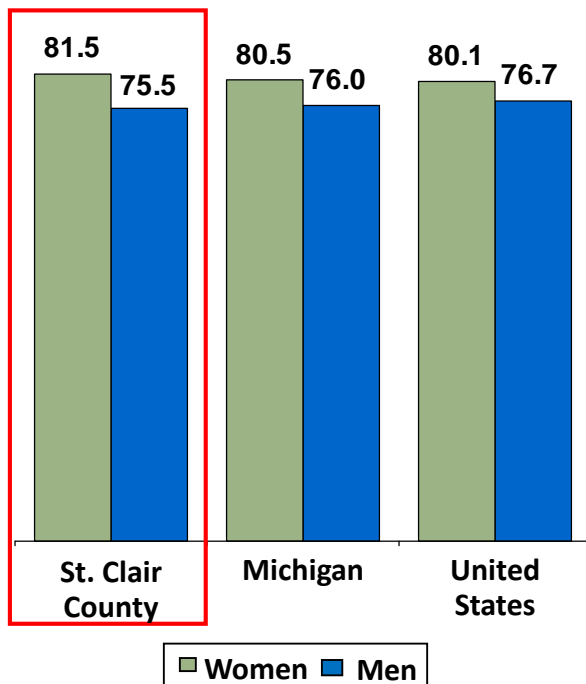
Health Status Indicators



Life Expectancy and Years of Potential Life Lost

- Women in St. Clair County have longer life expectancies (when adjusted for age) compared to women across Michigan or the U.S.
- Conversely, St. Clair County men have shorter life expectancies than men across Michigan or the U.S.
- With regard to rates for years of potential life lost, St. Clair County is worse on 8 of the top 10 conditions listed, compared to the state.
- Compared to Michigan adults, St. Clair County adults are more likely to have years of potential life lost due to malignant neoplasms, accidents, heart disease, and suicide, but less likely to have years of potential life lost due to COVID or diabetes.

**Life Expectancy
(Average Age)**



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

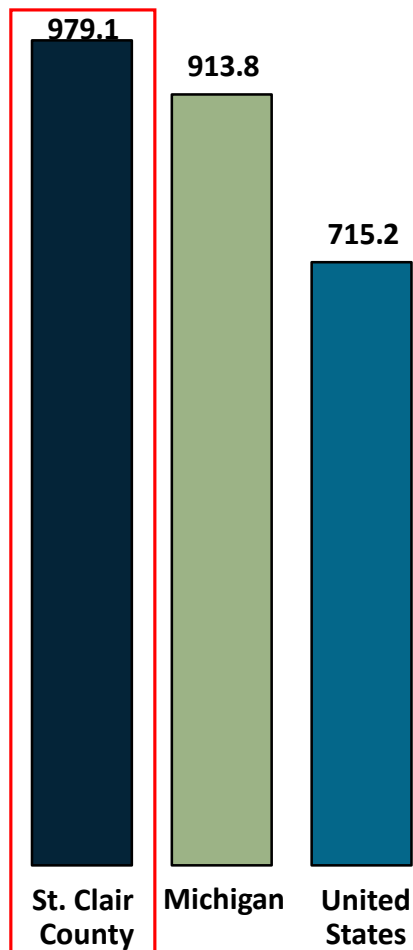
	St. Clair County		Michigan	
	RANK	Rate	RANK	Rate
Malignant Neoplasms (All)	1	1790.8	1	1495.9
Accidents	2	1562.3	3	1438.3
Diseases of the Heart	3	1521.3	2	1443.0
Intentional Self-Harm (Suicide)	4	689.0	5	430.0
COVID-19	5	474.1	4	567.9
Chronic Lower Respiratory Disease	6	392.3	10	267.6
Chronic Liver Disease and Cirrhosis	7	320.6	8	281.8
Diabetes Mellitus	8	238.8	9	272.2
Cerebrovascular diseases	9	214.9	11	210.2
Influenza and Pneumonia	10	133.0	13	124.5



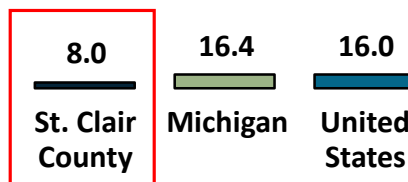
Mortality Rates

- St. Clair County's age adjusted mortality and infant mortality rates are higher than the state or the national rates.
- On the other hand, St. Clair County's child mortality rate is much lower than the state or national rates.

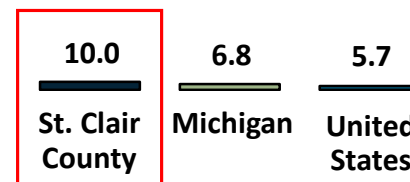
**Age Adjusted Mortality Rate
Per 100,000 Population**



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



**Infant Mortality Rate
Per 1,000 Live Births**





Top 10 Leading Causes Of Death

- **Heart disease and cancer** are the leading causes of death in St. Clair County, Michigan, and the U.S.
 - ❖ St. Clair County’s rate for each is higher than the state or the nation
- **Unintentional injuries, chronic lower respiratory diseases, and diabetes as causes of death are more prevalent in St. Clair County compared to the state and the nation.**
 - ❖ On the other hand, St. Clair County’s rate for death due to COVID-19 is much lower than the state or the national rates

Age Adjusted, Rates Per 100,000

	St. Clair County		Michigan		United States	
	RANK	Rate	RANK	Rate	RANK	Rate
Heart Disease	1	236.7	1	206.0	1	167.0
Cancer	2	184.1	2	158.8	2	143.7
Coronavirus (COVID-19)	3	69.0	3	86.5	3	91.5
Unintentional Injuries	4	61.4	4	56.2	3	54.0
Chronic Lower Respiratory Diseases	5	57.7	6	42.4	6	36.2
Stroke	6	44.1	5	44.8	5	38.6
Diabetes Mellitus	7	39.9	8	26.3	8	24.6
Alzheimer’s Disease	8	34.4	7	37.0	7	32.3
Pneumonia/Influenza	9	11.2	9	14.4	9	13.0
Kidney Disease	10	**	10	14.8	10	12.7
All Other Causes		233.8		226.6		190.8



Top 10 Leading Causes Of Preventable Hospitalizations

- Preventable hospitalizations are 28.6% of all hospitalizations in St. Clair County, a rate higher than the state's rate. **Diabetes** is the leading cause of preventable hospitalizations in both St. Clair County and the state. **Congestive heart failure** and **COPD** are the next two leading causes of preventable hospitalization in St. Clair County and Michigan, **but the proportion for congestive heart failure is higher in St. Clair County** compared to the state. Hospitalization for bacterial pneumonia is more common throughout Michigan compared to St. Clair County.

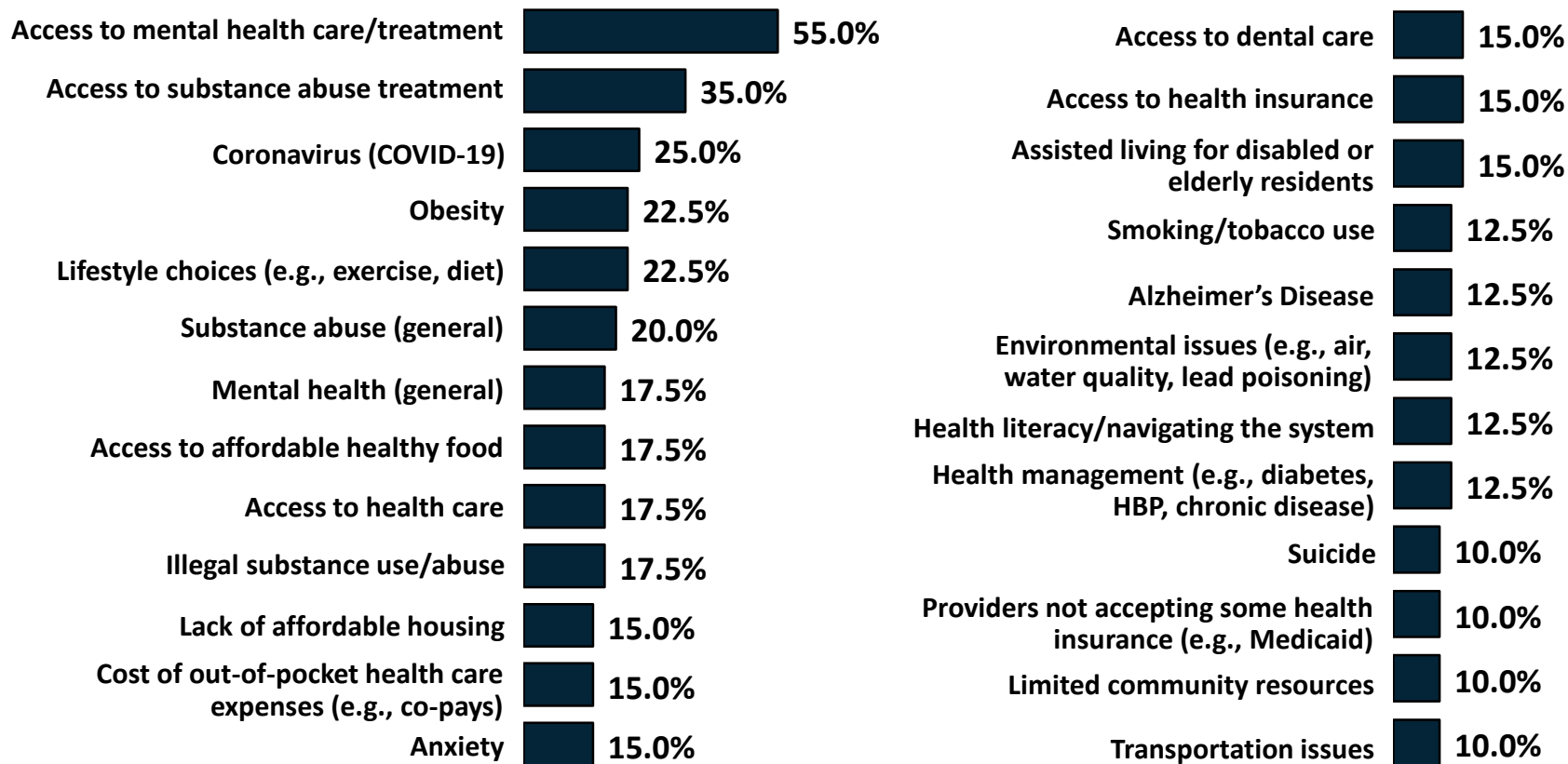
	St. Clair County		Michigan	
	RANK	% of All Preventable Hospitalizations	RANK	% of All Preventable Hospitalizations
Diabetes	1	15.9%	1	17.6%
Congestive Heart Failure	2	9.7%	2	7.7%
Chronic Obstructive Pulmonary Disease	3	5.9%	3	6.7%
Bacterial Pneumonia	4	5.1%	4	6.6%
Grand Mal and Other Epileptic Conditions	5	3.2%	6	3.3%
Cellulitis	6	2.7%	5	3.5%
Dehydration	7	2.0%	7	2.1%
Asthma	8	2.0%	8	1.3%
Gastroenteritis	9	1.1%	9	1.1%
Kidney/Urinary Infections	10	0.6%	10	0.8%
All Other Ambulatory Care Sensitive Conditions		51.9%		49.3%
Preventable Hospitalizations as a % of All Hospitalizations		28.6%		23.7%



Most Important Health Problems in the Community Today (Key Informants)

- Key Informants cite a number of pressing health issues or concerns in St. Clair County. Most often cited are **access to mental health treatment** and **access to substance abuse treatment**, followed by **COVID, obesity, lifestyle choices**, and **substance abuse** in general.
- Issues deemed less pressing or concerning (and consequently are not listed below) include child/elder abuse or neglect, heart disease, respiratory diseases, COPD, HIV, teen pregnancy, STDs, or prescription drug abuse.

Most Pressing Health Issues or Concerns in St. Clair County

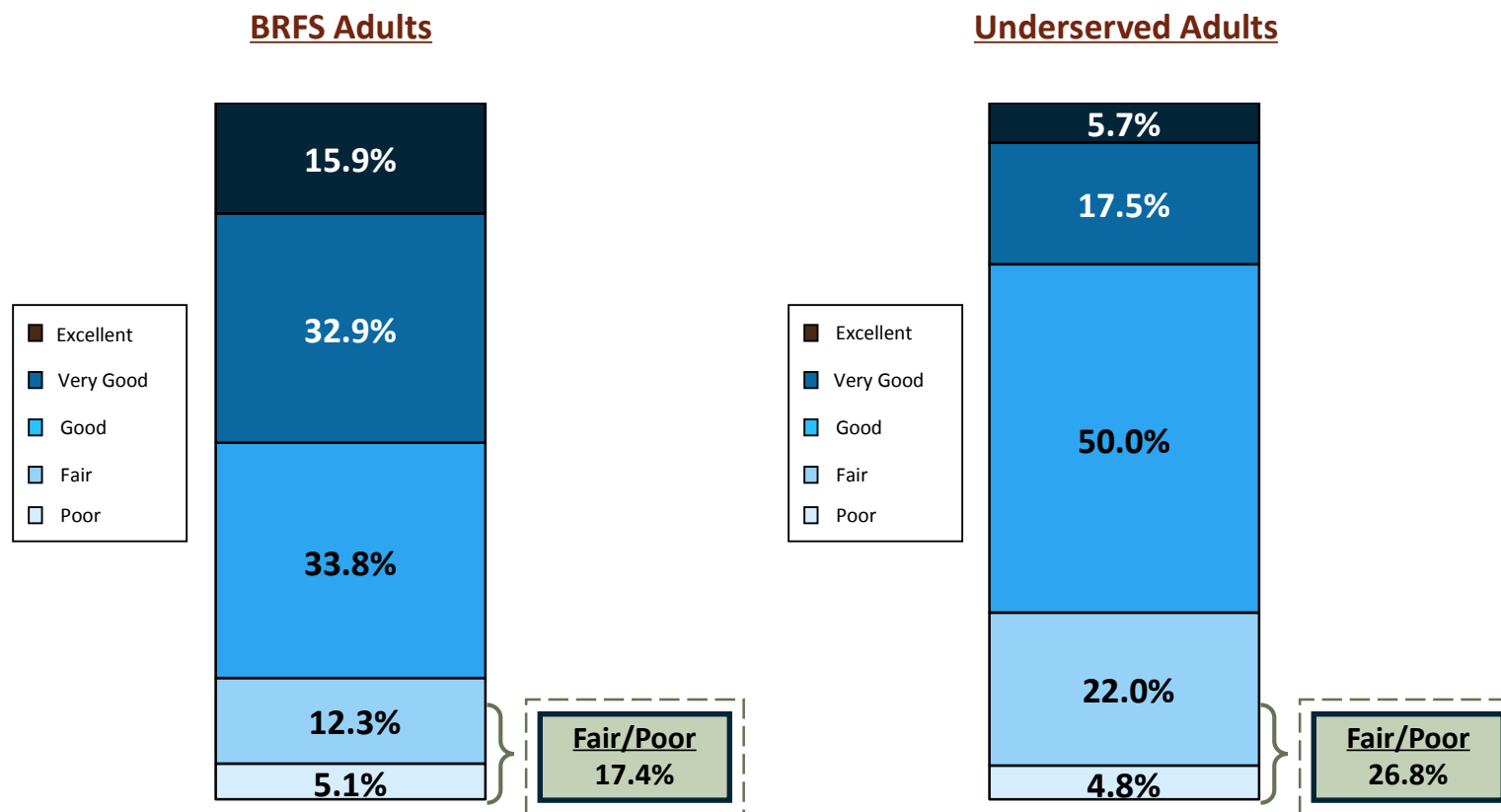




General Health Status

- Although almost half of St. Clair County adults report very good or excellent health, 17.4% report their health to be fair or poor.
- Conversely, more than one-fourth (26.8%) of area underserved adults report fair or poor health and 23.2% report very good or excellent health.

Perception of General Health





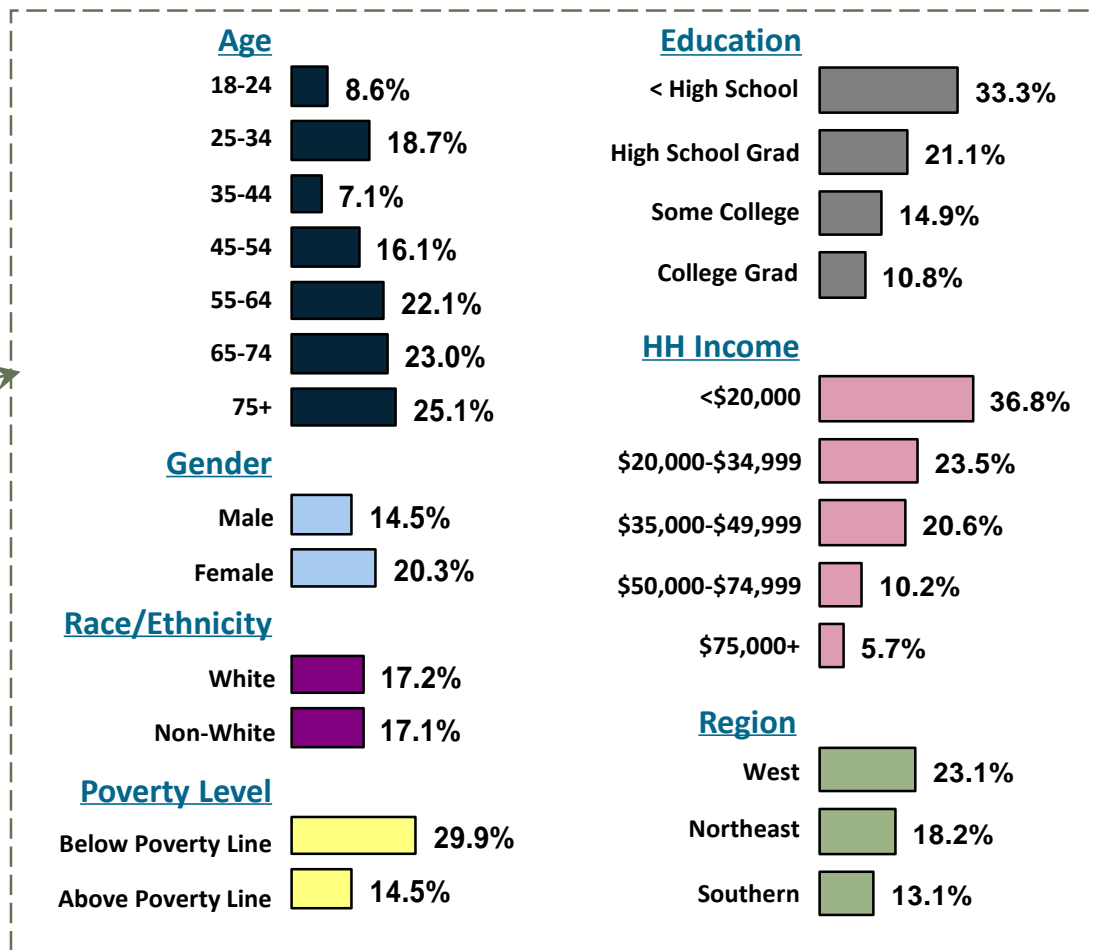
General Health Status (Continued)

- The proportion of adults who perceive their health as fair or poor is inversely related to level of education and household income.
- Women are more likely than men to report fair or poor health and adults living in the western part of the county are more likely to report their health as fair or poor compared to adults living elsewhere in the county.

**Perception of General Health
as Fair or Poor
(BRFS)**

17.4%

General Health Fair or Poor by Demographics



Q1.1: Would you say that in general your health is... (n=1,000)



Quality of Life – Physical Health Status

- Nearly one in seven (13.9%) St. Clair County adults report poor physical health.
 - ❖ The prevalence of poor physical health is inversely related to education and income
 - ❖ The highest prevalence of poor physical health is found in adults who have less than a high school education and/or have annual incomes below \$20,000

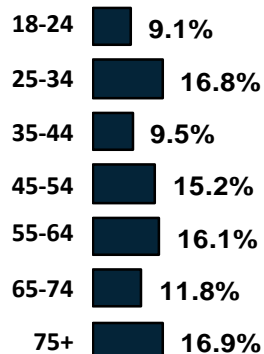
Number of Days Physical Health Was Not Good in Past 30 Days



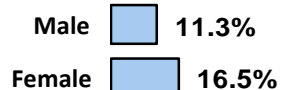
Mean Days (Including Zero) = 4.3
 Mean Days (Without Zero) = 12.4

Poor Physical Health* by Demographics

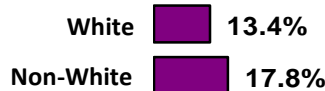
Age



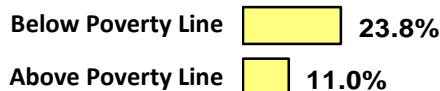
Gender



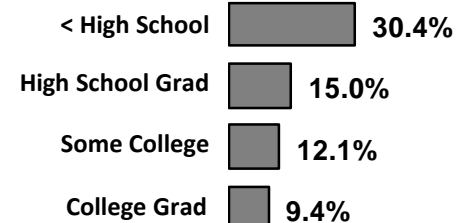
Race/Ethnicity



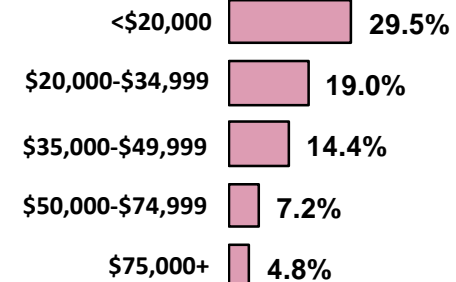
Poverty Level



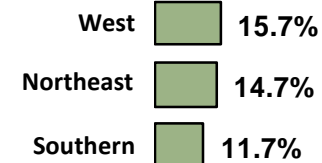
Education



HH Income



Region



*14 or more days of poor physical health, which includes physical illness and injury, during the past 30 days.

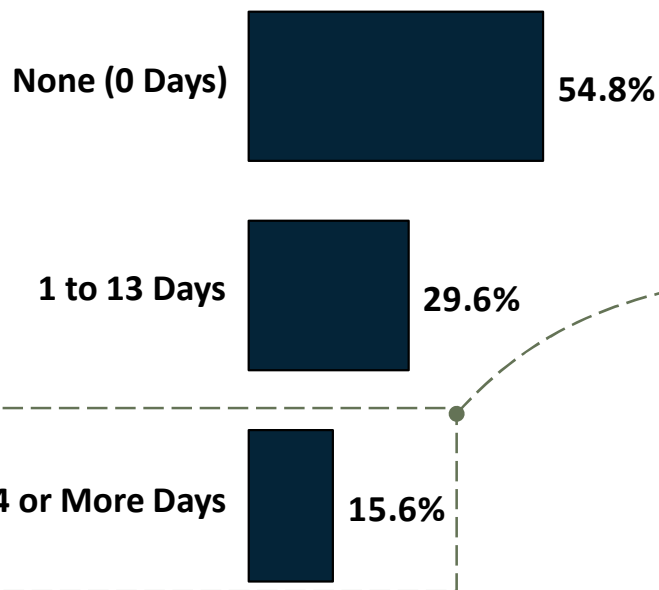
Q1.2: Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (n=957)



Quality of Life – Mental Health Status

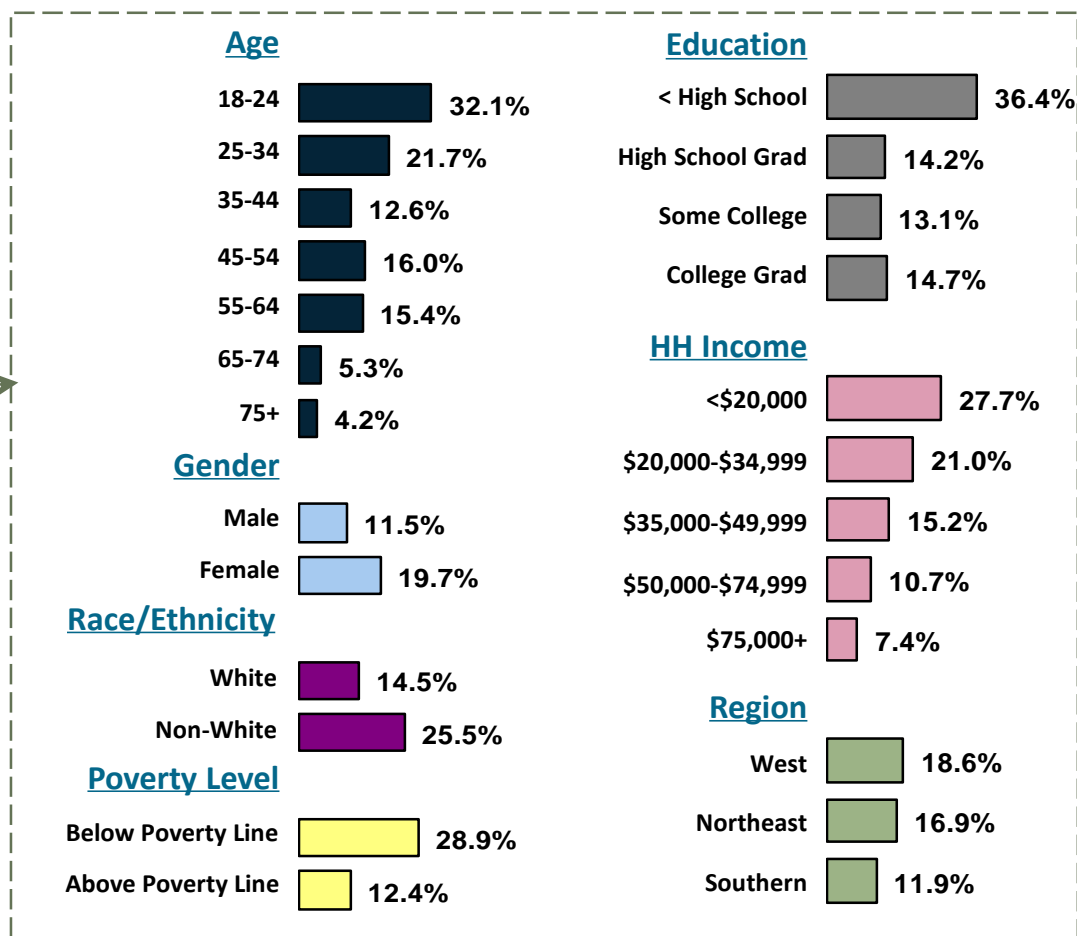
- Roughly one in six (15.6%) area adults report poor mental health.
 - ❖ The prevalence of poor mental health is inversely related to age and income
 - ❖ Women and non-White adults are more likely to report poor mental health than men or White adults, respectively

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



Mean Days (Including Zero) = 4.9
 Mean Days (Without Zero) = 10.8

Poor Mental Health* by Demographics



*14 or more days of poor mental health, which includes stress, depression, and problems with emotions, during the past 30 days.

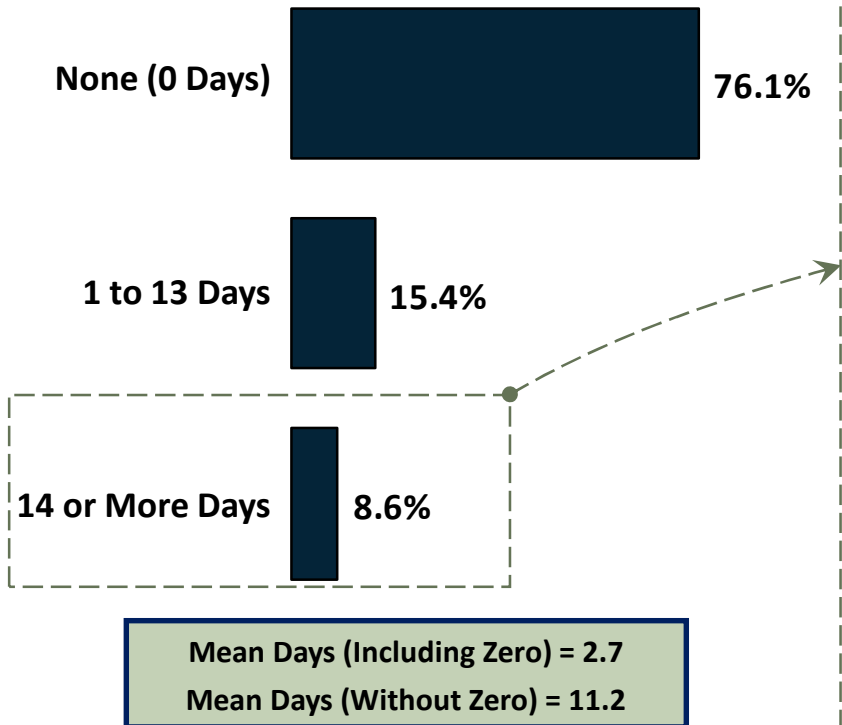
Q1.3: Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (n=961)



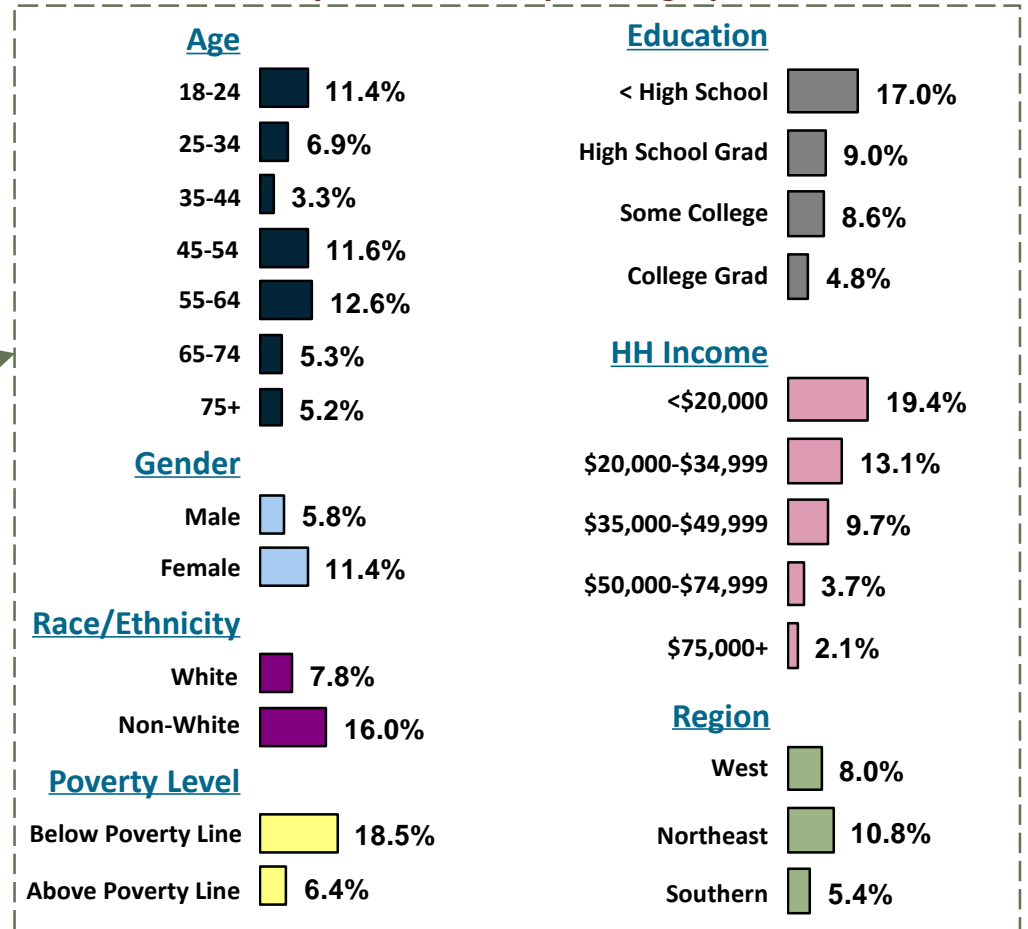
Activity Limitation

- In the past 30 days, poor physical or mental health prevented 8.6% of area adults from doing their usual activities (e.g., self-care, work, recreation).
 - ❖ The largest proportions of adults who report activity limitation are found among adults with the lowest incomes and among those with less than a high school education.

Activity Limitation During Past 30 Days



Activity Limitation* by Demographics



*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.



Psychological Distress

- Seven in ten (70.9%) St. Clair County adults are considered to be mentally healthy according to their feedback on the Kessler 6 Psychological Distress Questionnaire.*
 - ❖ Conversely, almost one in four (23.2%) experience mild to moderate psychological distress and 5.9% are severely distressed

	<i>During the Past 30 Days, About How Often Did You....</i>					
<i>Frequency of Feeling</i>	Feel Nervous (n=996)	Feel Hopeless (n=998)	Feel Restless or Fidgety (n=992)	Feel So Depressed That Nothing Could Cheer You Up (n=998)	Feel That Everything Is An Effort (n=989)	Feel Worthless (n=996)
None of the time	35.0%	70.7%	41.0%	76.4%	49.8%	81.0%
A Little	33.7%	17.3%	23.0%	11.5%	17.8%	8.5%
Some of the time	19.9%	7.7%	22.2%	9.2%	21.1%	8.8%
Most of the time	7.2%	3.6%	6.4%	2.1%	5.8%	0.7%
All of the time	4.1%	0.7%	7.4%	0.7%	5.4%	1.1%

Mentally Healthy (Well) = 70.9%
Mild to Moderate Psychological Distress = 23.2%
Severe Psychological Distress = 5.9%

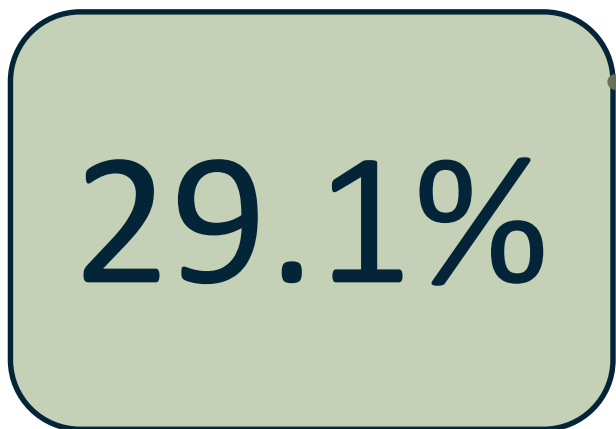
*Calculated from responses to Q. 22.1- 22.6, where none of the time = 1, a little = 2, some of the time = 3, most of the time = 4, and all of the time = 5. Responses were summed across all six questions with total scores representing the above categories: mentally well (6-11), mild to moderate psychological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



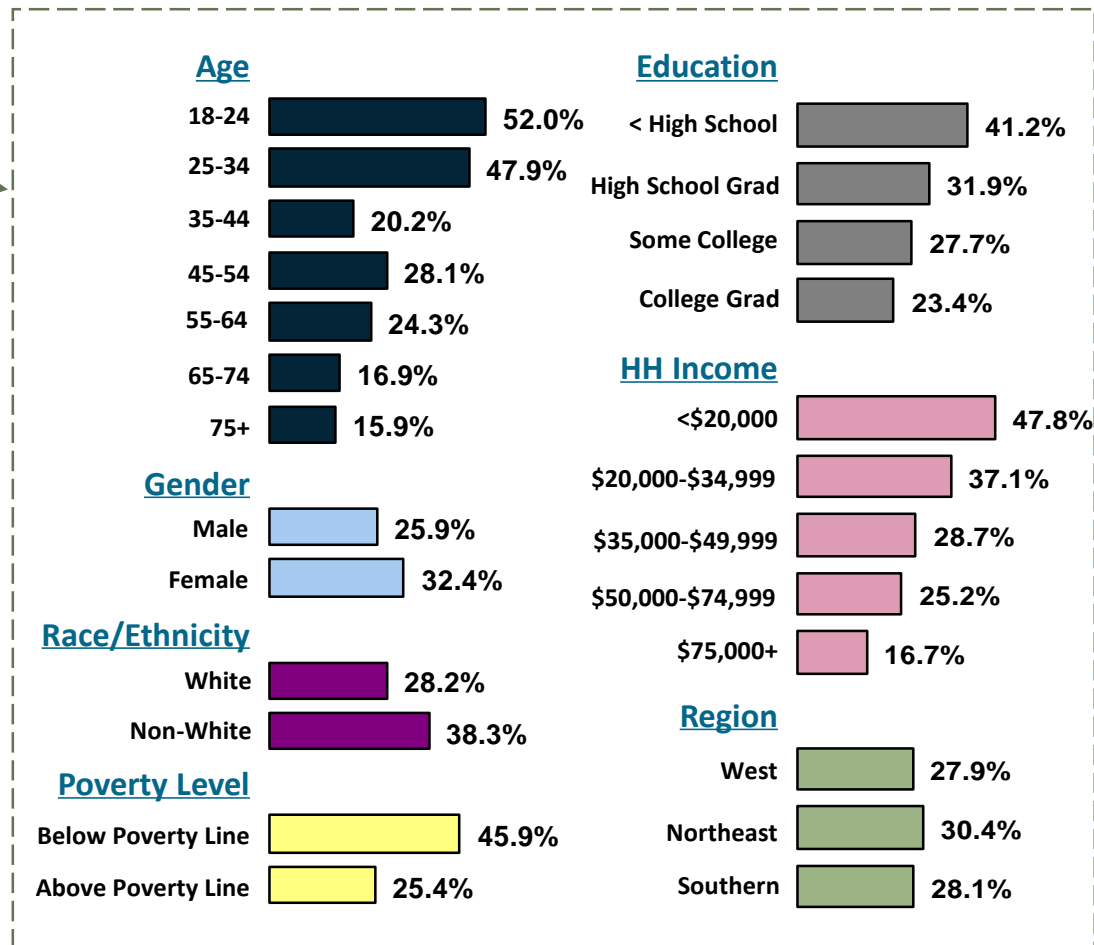
Psychological Distress (Continued)

- Among St. Clair County adults, the groups most likely to report mild to severe psychological distress include **those who are younger (< age 35)**, are non-White, and live below the poverty line.
- The prevalence of psychological distress is inversely related to education and income.

Mild to Severe Psychological Distress* (Total Sample)



Mild to Severe Psychological Distress by Demographics



*Calculated from responses to Q. 22.1- 22.6 where respondents scored 12 or more across the six items on the Kessler 6 scale. (n=204)

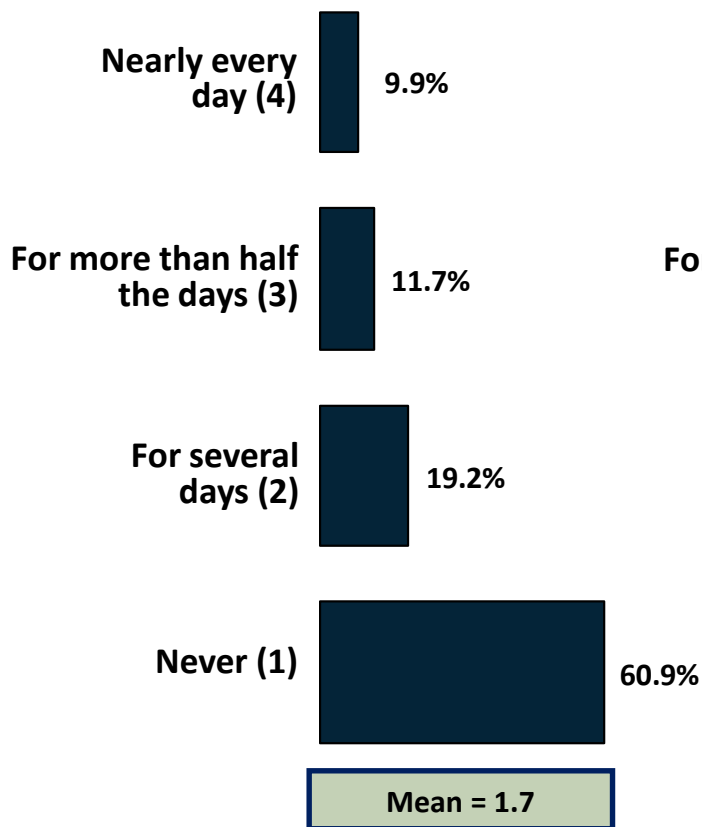


Depressive Symptoms (Underserved Residents)

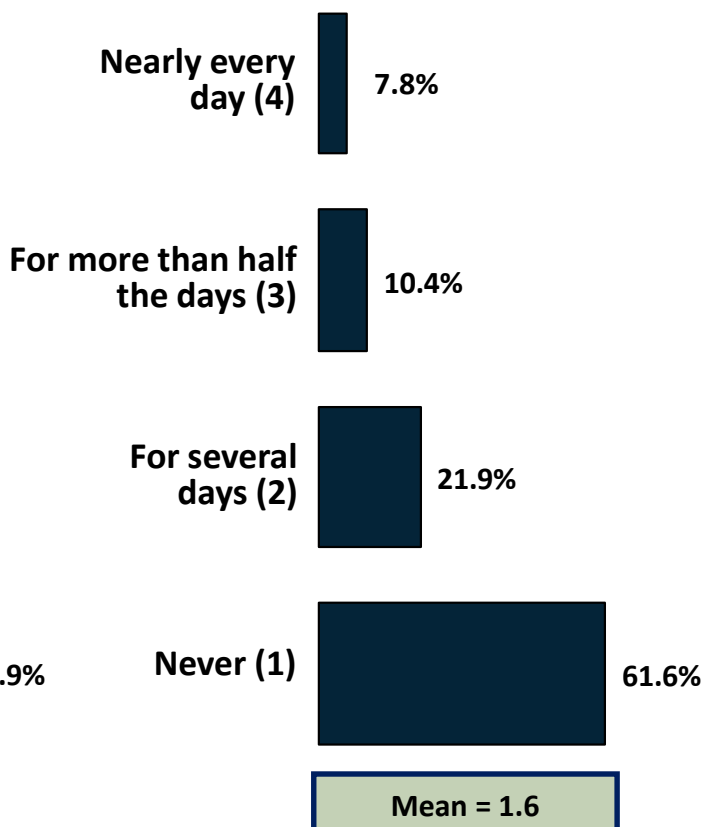
- For at least half the days over the past two weeks, roughly one in five underserved adults were bothered by having little interest or pleasure in doing things and/or bothered by feeling down, depressed, or hopeless.
 - ❖ More than half (56.1%) of underserved adults never experienced either of these feelings over than past two weeks, but 3.3% experience both feelings nearly every day

In the Past Two Weeks, How Often Were You....?

Bothered By Having Little Interest/Pleasure in Doing Things



Bothered by Feeling Down, Depressed, or Hopeless



Total	
8	3.3%
7	3.3%
6	7.8%
5	6.3%
4	14.5%
3	8.6%
2	56.1%

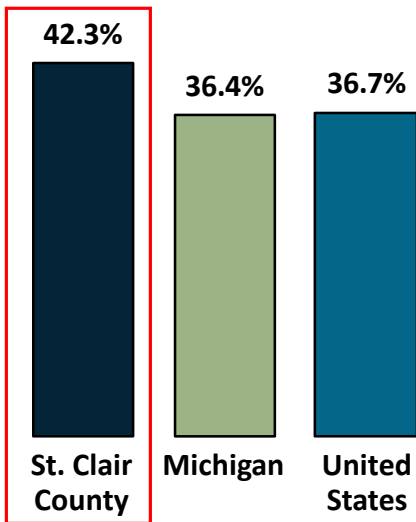
Mean = 3.3



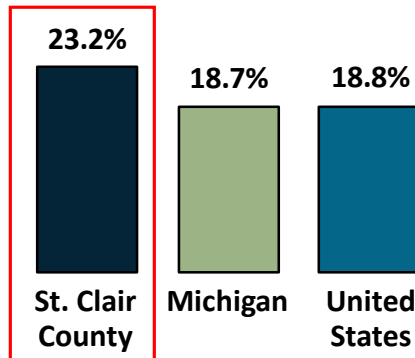
Depression and Suicide Among Area Teens

- **Four in ten (42.3%) St. Clair County teens report having depression** in the past year, a rate higher than both the state and national rates.
- The proportions of area **teens who report that they considered attempting suicide, or actually attempted suicide, are higher than teens across the state or the nation.**
 - ❖ The rate of local teens reporting they considered attempting suicide in the past year is significantly higher than the state or national rates, with almost one in four (23.2%) reporting they had considered such action

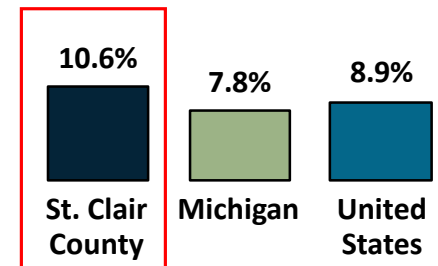
Reporting Depression*
in Past 12 Months



Seriously Considered Attempting Suicide
in Past 12 Months



Attempted Suicide 1 or More Times
Past 12 Months



*Felt so sad and hopeless almost every day for two weeks or more.



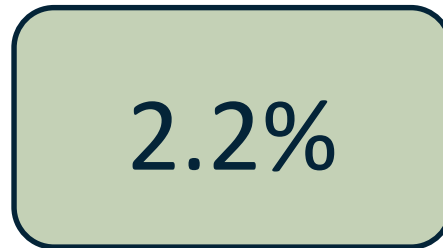
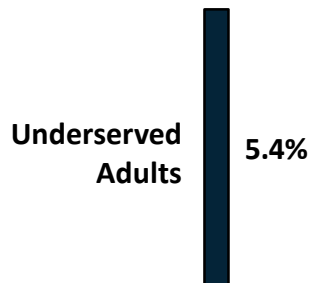
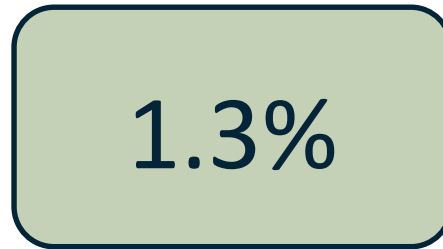
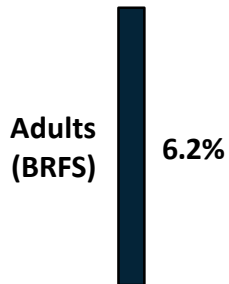
Suicide (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- One in sixteen (6.2%) area adults from the general population have thought about taking their own life in the past year, while 5.4% of underserved adults have thought about suicide in the past year.
- Area professionals witness an increase in suicides, especially post-pandemic, and a continued dearth of resources to prevent such tragedies.

Thought of Taking Own Life in Past 12 Months

Attempted Suicide in Past 12 Months (All Adults)

Verbatim Comments on Suicide



The **number of suicides since the pandemic in this county and neighboring counties is staggering.** We should **focus on inclusion and diversity** of ideas, **not mandates and division.** **Provide more resources,** especially now, **for suicide prevention and promote them more.** Promote people reaching out to others to **provide support mentally, emotionally,** or as otherwise able. – *Key Informant*

We are seeing **high numbers of SUD, suicides,** obesity, and noncompliance due to political climate, and I have been **overwhelmed with patients seeking mental health assistance** without much success. This is not necessarily a county issue as much as it is a global issue and healthcare is currently in shambles. – *Key Informant*

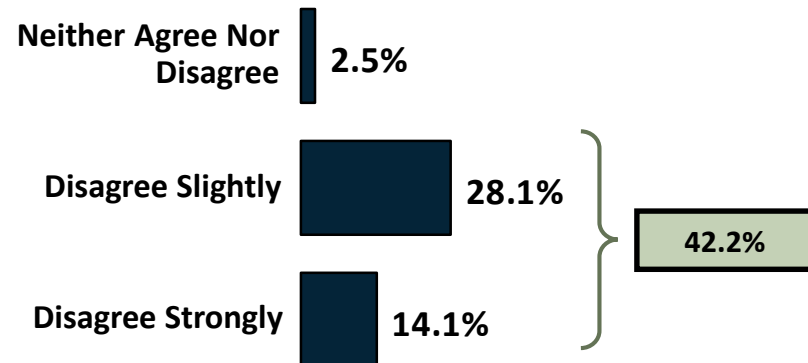
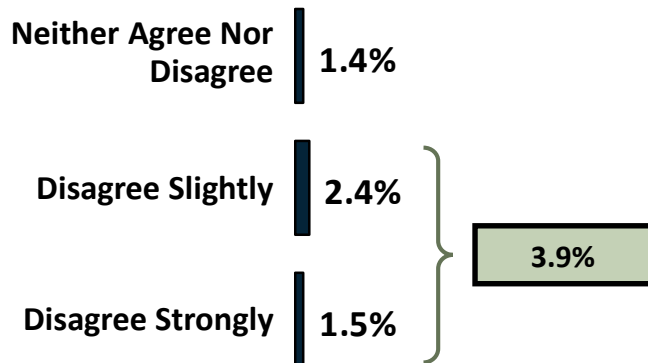
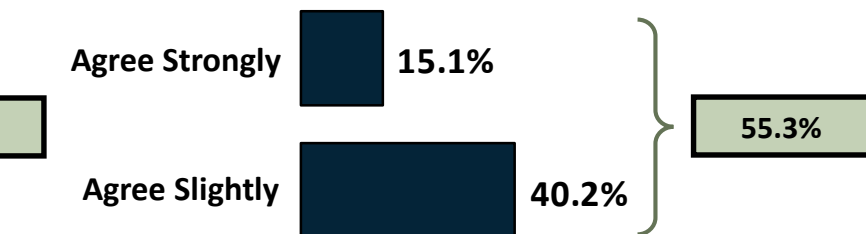
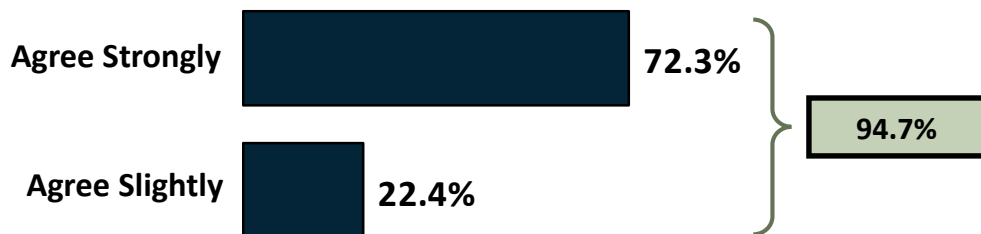
Perceptions of Mental Health Treatment and Mental Illness

➤ Even though almost all (94.7%) St. Clair County adults believe treatment can help people with mental illness lead normal lives, slightly more than half (55.3%) view people as generally caring and sympathetic to people with mental illness, and this drops to 43.5% for those with mild to moderate psychological distress.

❖ This continued stigma could be the reason more people don't seek treatment even though they could benefit from it

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

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



Agree by Psychological Distress Category

- Well (95.4%)
- Mild to Moderate (95.6%)
- Severe (87.1%)

Agree by Psychological Distress Category

- Well (60.1%)
- Mild to Moderate (43.5%)
- Severe (44.7%)

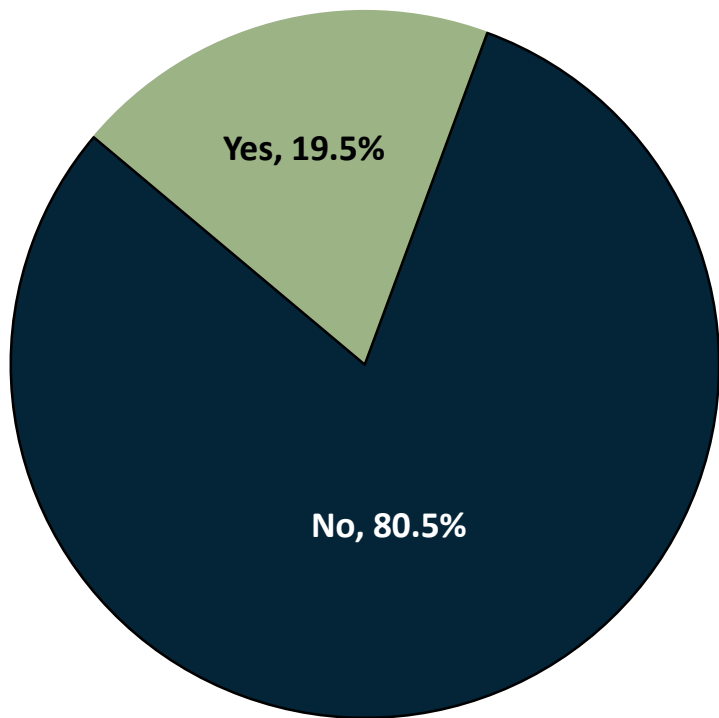
Source: BRFSS – Q22.8: What is your level of agreement with the following statement? “Treatment can help people with mental illness lead normal lives.” Do you – agree slightly or strongly, or disagree slightly or strongly? (n=968); BRFSS – Q22.9: What is your level of agreement with the following statement? “People are generally caring and sympathetic to people with mental illness.” Do you – agree slightly or strongly, or disagree slightly or strongly? (n=954)



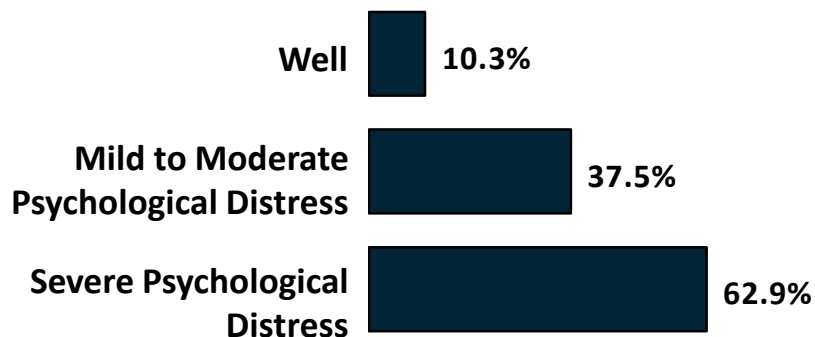
Medication and Treatment for Psychological Distress

- Of all St. Clair County adults, 19.5% currently take medication or receive treatment for a mental health condition or emotional problem.
 - ❖ However, many of those who could benefit most from medication or treatment are not receiving either: slightly more than one-third (37.5%) of those classified as having “mild to moderate psychological distress” and 62.9% of those classified as having “severe psychological distress” currently take medication or receive treatment for their mental health issues.
 - ❖ Further, only 53.7% of those who report “poor mental health” currently take medication or receive treatment.

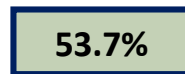
Taking Medication or Receiving Treatment for Mental Health Condition or Emotional Problem



Percent Taking Medication/Receiving Treatment by Psychological Distress Category



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

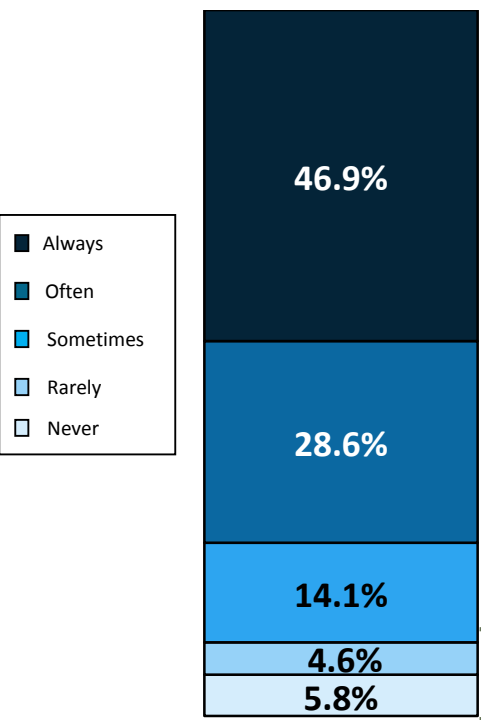




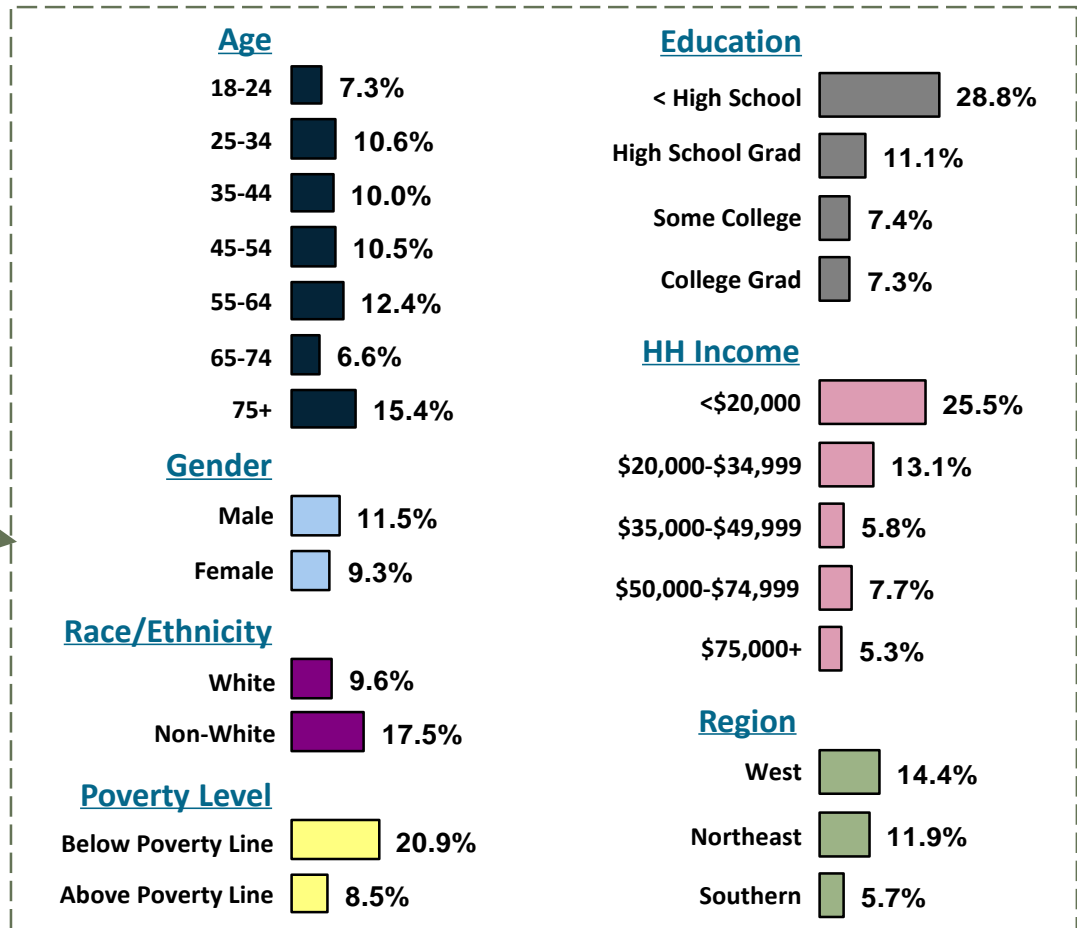
Social and Emotional Support

- Three-fourths (75.5%) of St. Clair County adults receive the social and emotional support they need often or all the time, while 10.4% rarely or never receive it.
 - ❖ Adults most likely to lack needed social and emotional support have less than a high school education and/or have the lowest incomes
 - ❖ Non-White adults are more likely to lack needed social or emotional support compared to White adults

Frequency of Needed Social and Emotional Support (Total Sample)



Rarely/Never Get Needed Support by Demographics





Social and Emotional Support (Continued)

- Receiving needed social and emotional support clearly has an impact on outcomes; adults who report receiving needed social and emotional support “rarely” or “never” are far more likely to experience negative outcomes compared to adults who receive social and emotional support more often.

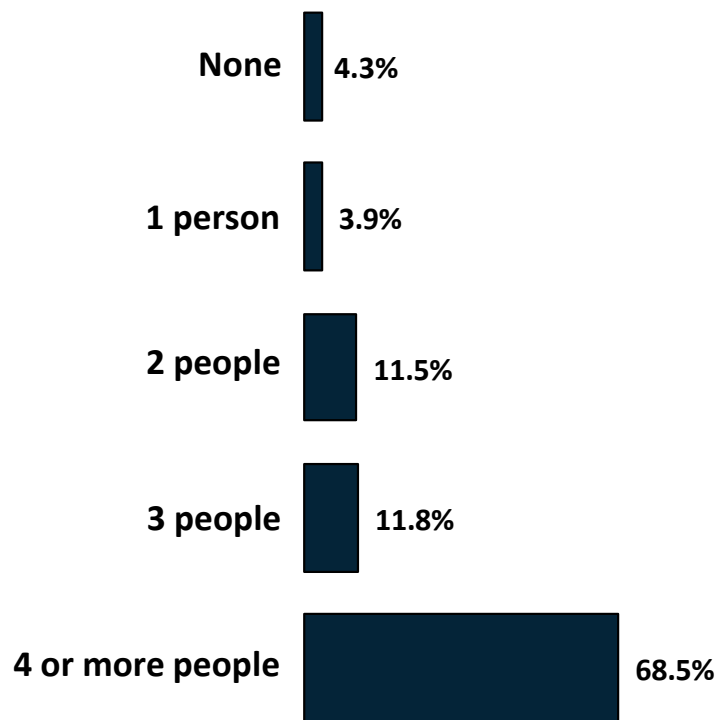
	Frequency of Receiving Needed Social and Emotional Support	
	Always/Often/Sometimes	Rarely/Never
Health status fair/poor	14.1%	44.3%
Poor physical health	10.6%	43.0%
Poor mental health	11.9%	48.8%
Activity limitation	5.8%	33.3%
Have asthma	9.9%	41.8%
Suffer from chronic pain	33.9%	62.3%
Marijuana use	18.9%	35.7%
Current smoker	16.7%	30.2%
Dissatisfaction with life	3.4%	37.9%
Mild to severe mental illness (Kessler 6)	26.3%	58.9%
Suicidal thoughts	4.0%	26.4%
Suicide attempts	0.6%	7.7%
4+ ACEs	21.7%	47.1%



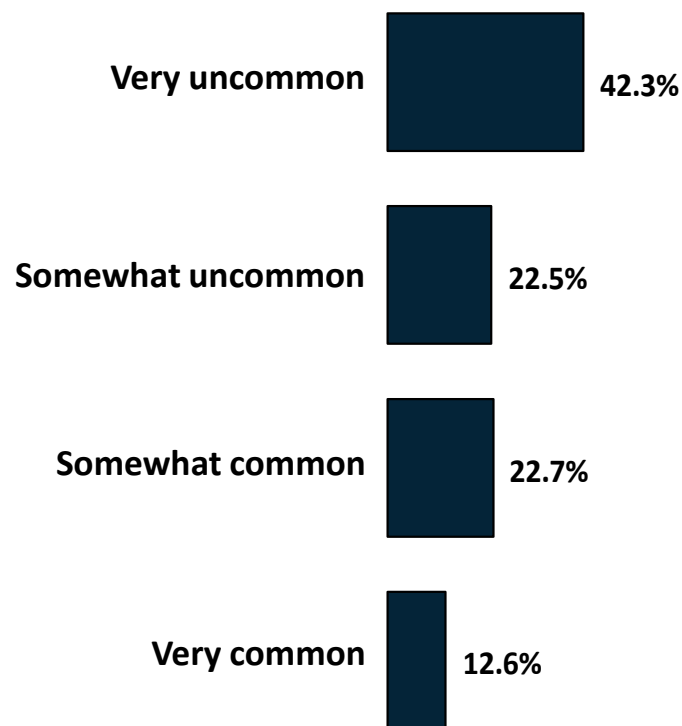
Social and Emotional Support (Continued)

- Two-thirds (68.5%) of St. Clair County adults report they can rely on four or more people if they needed practical help such as picking up groceries, talking about problems, or providing care.
- Further, they rely on this core group: almost two-thirds (64.8%) say it would be uncommon for them to reach outside this circle of people to receive practical help or social and emotional support.

Number of People Can Count on for Practical Help



Commonness of Reaching Outside Circle of Family and Friends to Receive Help or Support



Source: BRFSS – Q21.2: How many people could you count on to come help you if you called for practical help, like someone to pick up groceries, talk to about a problem, or provide you or a household member with care? (n=993); BRFSS – Q21.3: Think about people you rely on for help and support. How common is it for you to reach outside this circle of people to give or receive practical help or social and emotional support? (n=971)

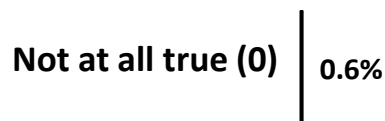
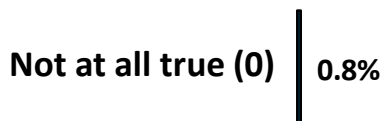
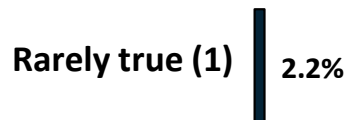
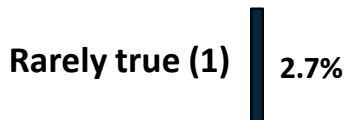
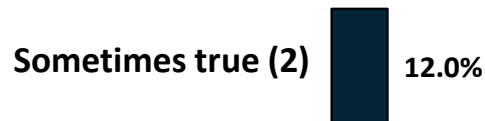
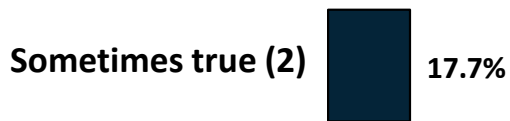
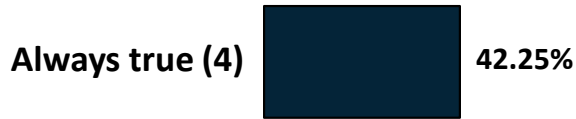


Resiliency

- The two item Connor-Davidson Resiliency Scale (CD-RISC-2) was used to measure ability to “adapt” and to “bounce-back.”
- The vast majority of area adults see themselves as able to adapt when change occurs, and able to bounce back after illness, injury, or other hardships.

“You Are Able To Adapt When Change Occurs”

“You Tend To Bounce Back After Illness, Injury Or Other Hardships”



Mean = 3.2

Mean = 3.3

Total Resiliency	
8	30.4%
7	22.4%
6	26.9%
5	11.5%
4	5.9%
3	1.7%
2	0.8%
1	0.2%
0	0.1%

Mean = 6.5



Resiliency (Continued)

- Resiliency is a useful tool for studying people who have endured adverse experiences in life.
- When focusing on St. Clair County adults who report 4+ ACEs, it is clear that being resilient allows some people to avoid negative outcomes in adult life.
- The table to the right shows several negative outcomes and compares the resiliency scores of people who experienced the negative outcome with people who did not experience the negative outcome.
- Those who did not experience the negative outcome in adulthood had significantly higher resiliency scores – meaning they were more resilient and were better able to adapt and bounce back – than those who did experience the negative outcome in adulthood.
- In sum, adults who possess the resilient qualities of being able to adapt and bounce back are less likely to experience negative outcomes later in life despite enduring adverse experiences in childhood.

	Mean Resiliency Scores of Respondents with 4+ ACEs		
	No	Yes	p-value*
Health status fair/poor	6.61	5.33	.000
Poor physical health	6.66	5.42	.000
Poor mental health	6.45	5.93	.000
Activity limitation	6.50	5.55	.000
Marijuana use	6.40	6.05	.001
Obesity	6.50	6.13	.000
Mild to severe mental illness (Kessler 6)	6.71	5.87	.000
Suicidal thoughts	6.45	5.41	.000

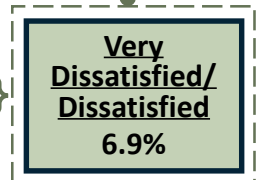
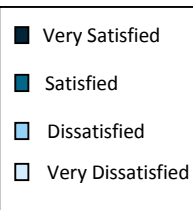
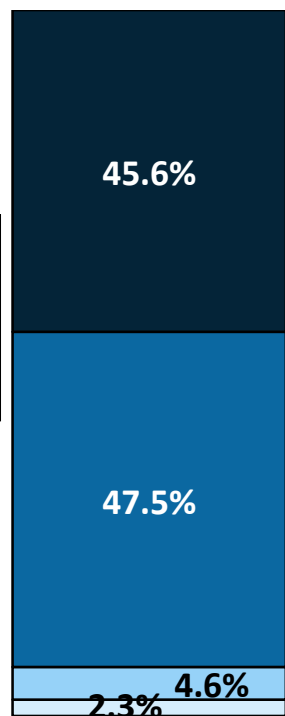
*Among respondents who reported 4+ ACEs, independent sample t-tests were used to compare the resiliency between those who experienced a negative outcome in adulthood with those who did not. P values lower than .05 are considered to be statistically significant.



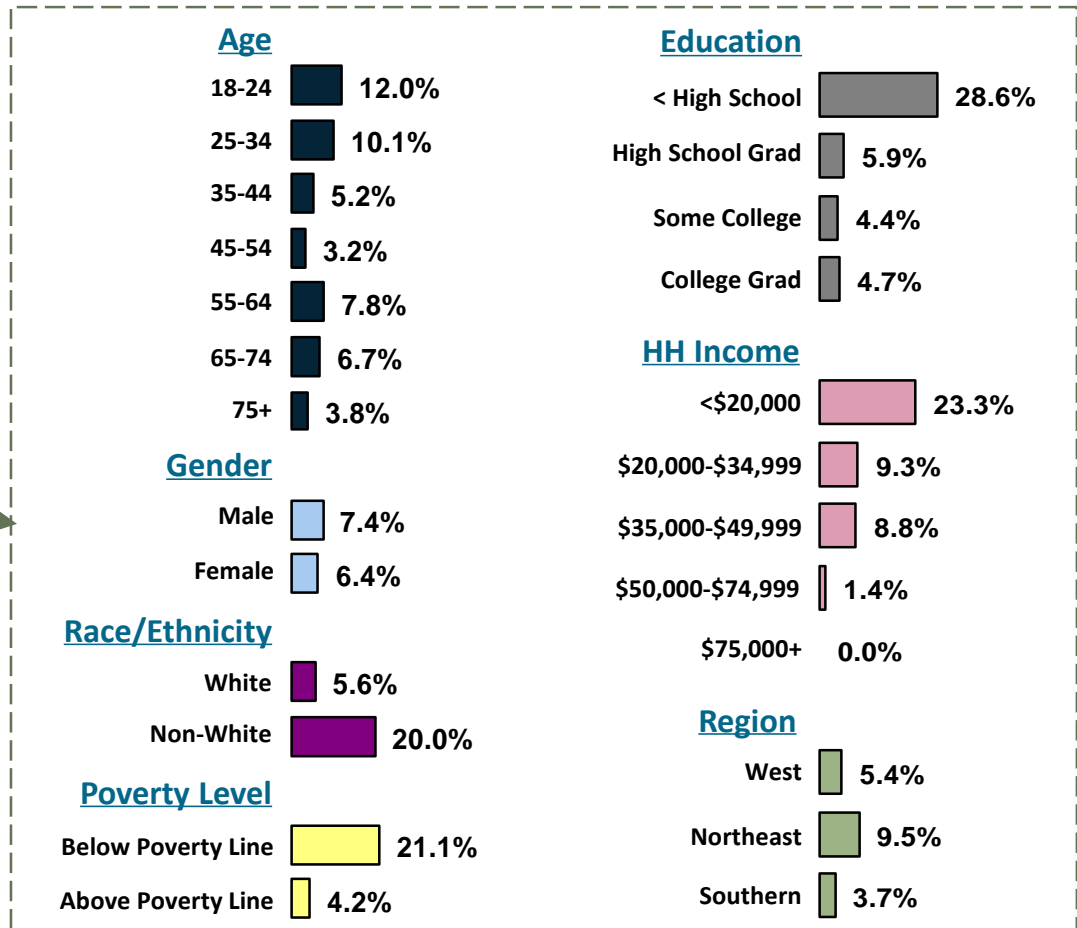
Satisfaction with Life

- Almost all (93.1%) St. Clair County adults report being generally satisfied with their life.
 - ❖ Adults least satisfied with their lives come from groups who are younger than 35, are non-White, have less than a high school diploma, and have annual incomes below \$20,000
 - ❖ Adults living in the northeastern portion of the county tend to be less satisfied than adults living in the western or southern portions.

Level of Satisfaction with Life (Total Sample)



Very Dissatisfied/Dissatisfied with Life by Demographics

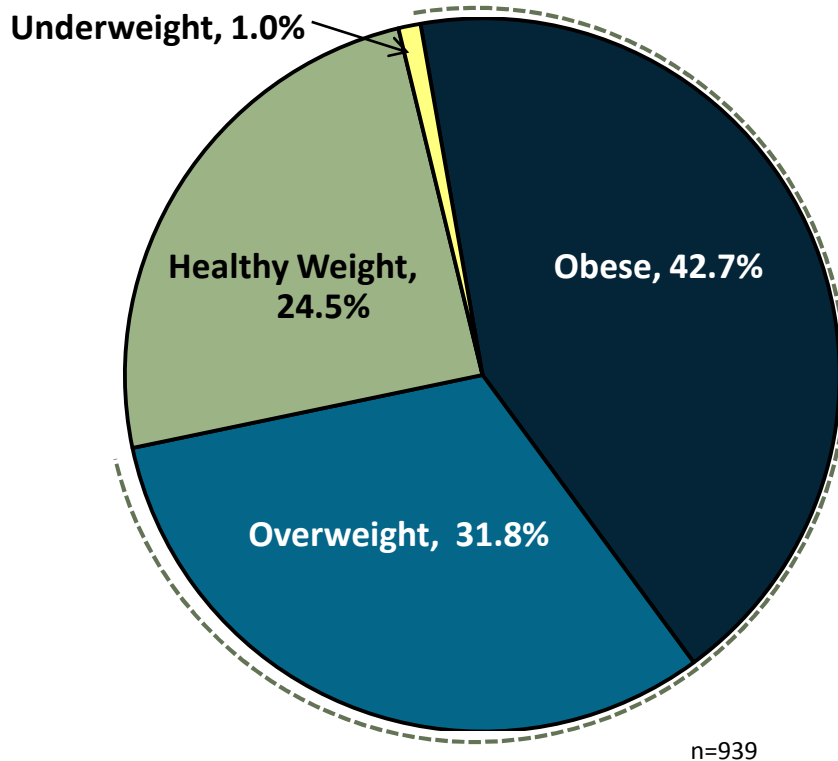




Weight Status Among Adults and Youth

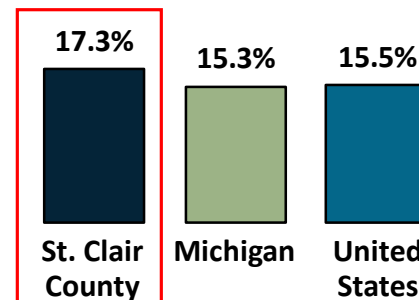
- **Three-fourths (74.5%) of St. Clair County adults are considered to be either overweight or obese** per their BMI; this is up from 64.2% in 2017 and almost all of the increase is seen in the obese group.
- In addition to **four in ten (42.7%) of area adults being obese**, **one in six high school students are as well.**

Weight Status Among Area Adults



**Obese or Overweight
74.5%**

Obese Youth
(Among High School Aged Youth)



Obese = among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.
 Overweight = among all adults, the proportion of respondents whose BMI was greater than or equal to 25.0, but less than 30.0.
 Healthy weight = among all adults, the proportion of respondents whose BMI was greater than or equal to 18.5 but less than 25.0.
 Underweight = among all adults, the proportion of respondents whose BMI was less than 18.5



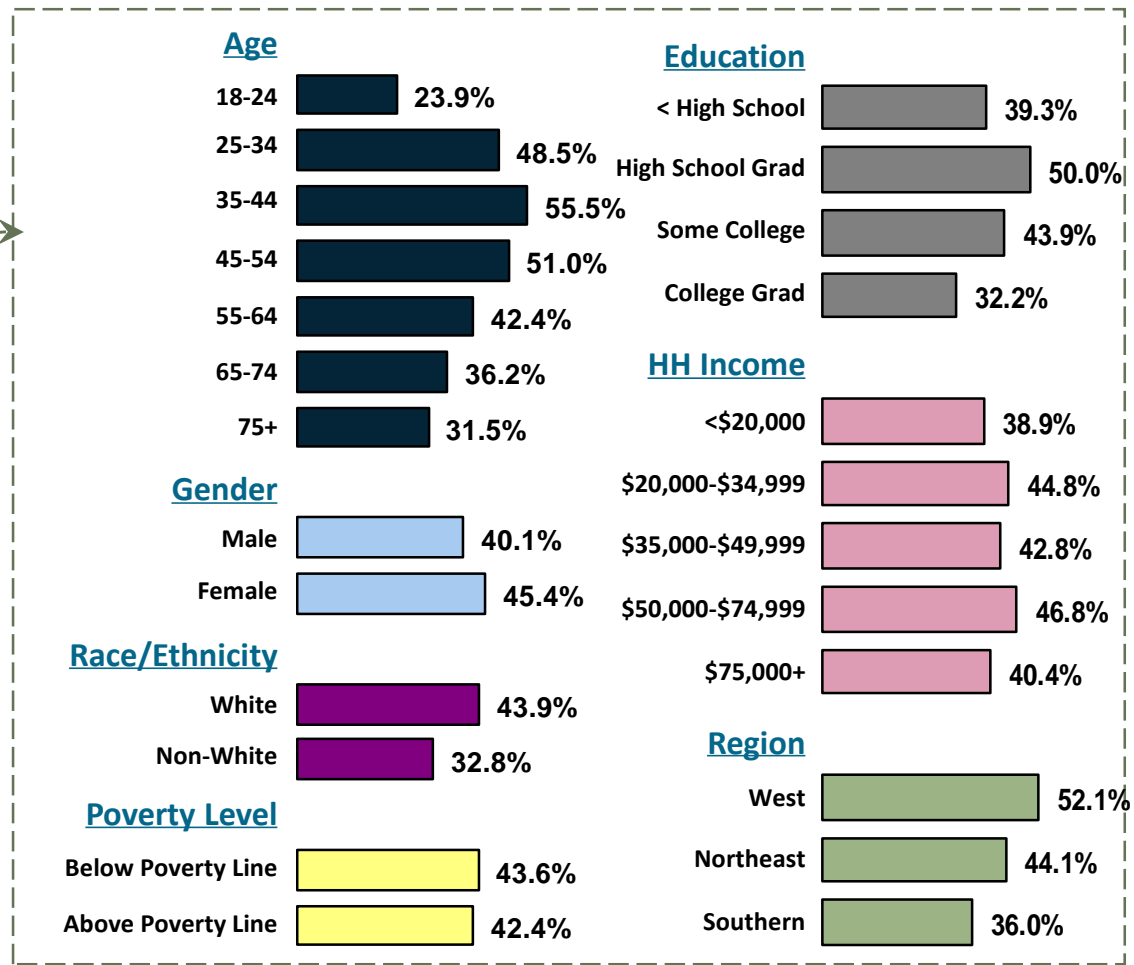
Obesity

- Regardless of demographics, the prevalence of obesity is at least moderately high.
- Area adults between the ages of 25-64 are more likely to be obese than adults younger or older.
- White adults are more likely to be obese than non-White adults.

Obese* (Total Sample)

42.7%

Obese by Demographics



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



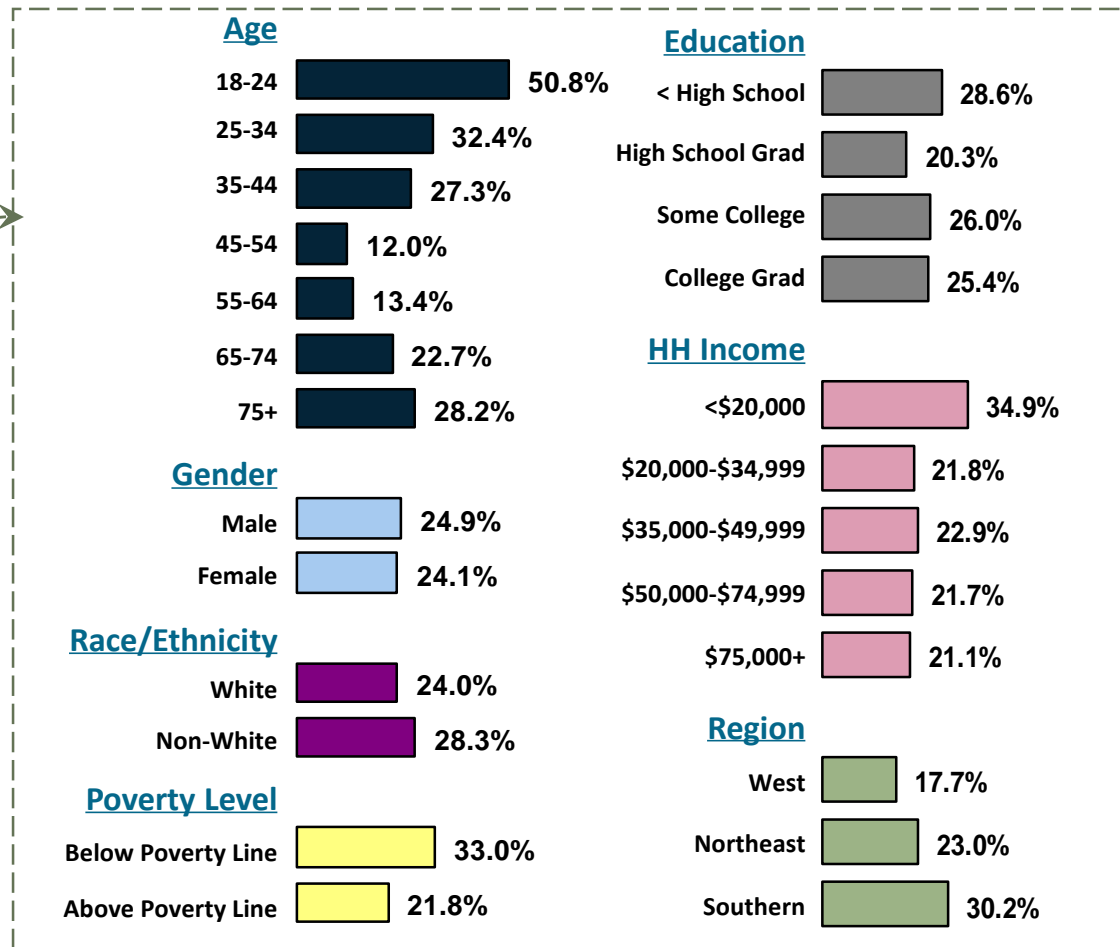
Healthy Weight

- Conversely, area adults most likely to be at a healthy weight are between the ages of 18-24 and/or have annual incomes under \$20,000.
- Adults living in the southern region are more likely to be at a healthy weight compared to adults living in the west or northeast regions.

Healthy Weight* (Total Sample)

24.5%

Healthy Weight by Demographics



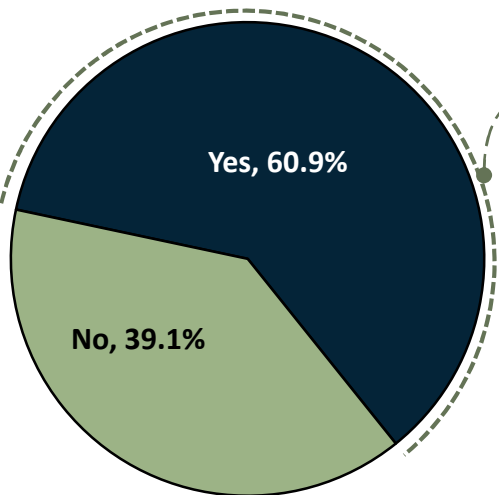
*Among all adults, the proportion of respondents whose BMI was greater than or equal to 18.5 but less than 25.0.



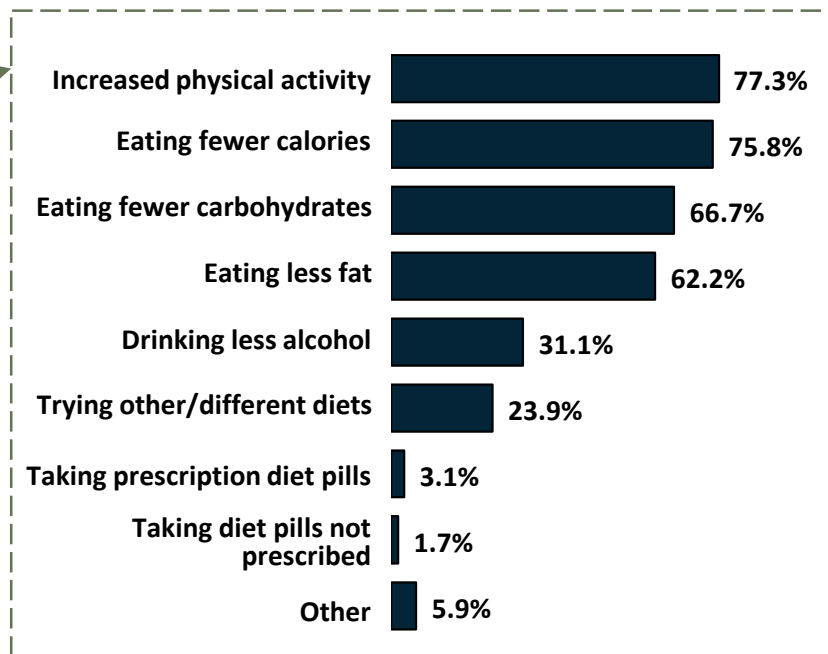
Weight Control

- Six in ten (60.9%) area adults are currently trying to lose or maintain their current weight.
 - ❖ Of these, three-fourths are trying do this through increased exercise and/or consuming fewer calories
 - ❖ Additional common steps are consuming fewer carbohydrates and less fat
- Area adults believe that the community lacks programs and services that can assist them in managing their weight; 36.2% say current programs are not good at helping them lose weight.

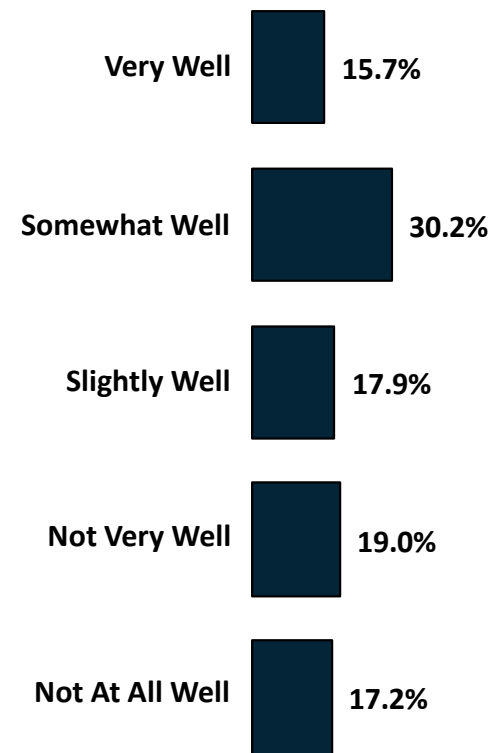
Currently Trying to Lose or Maintain Weight



Measures Taken to Try and Lose or Maintain Weight



Degree to Which Area Programs/ Services Help People Manage Their Weight



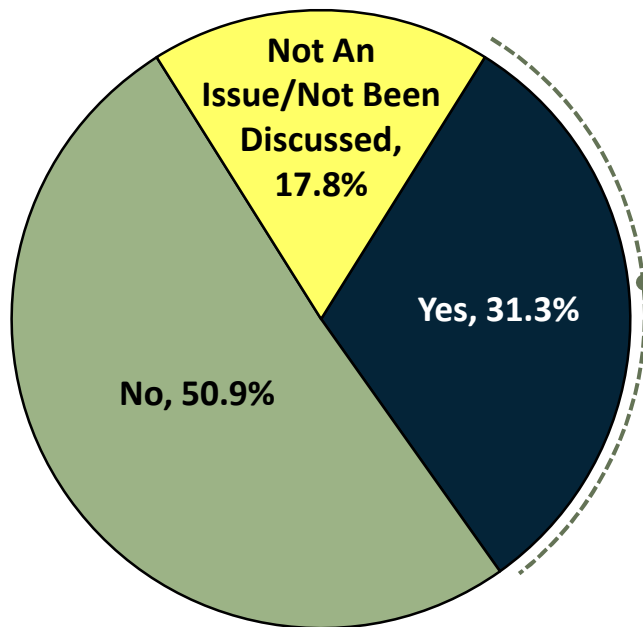
Source: BRFSS – Q14.1: Are you currently trying to lose weight or keep from gaining more weight? (n=988); BRFSS – Q14.2: Which of the following things are you doing to try and lose weight or keep from gaining more weight? Are you....? (n=597); BRFSS – Q14.5: How well do you feel the existing programs, services, and resources in the community help people manage their weight? Would you say... ? (n=708)



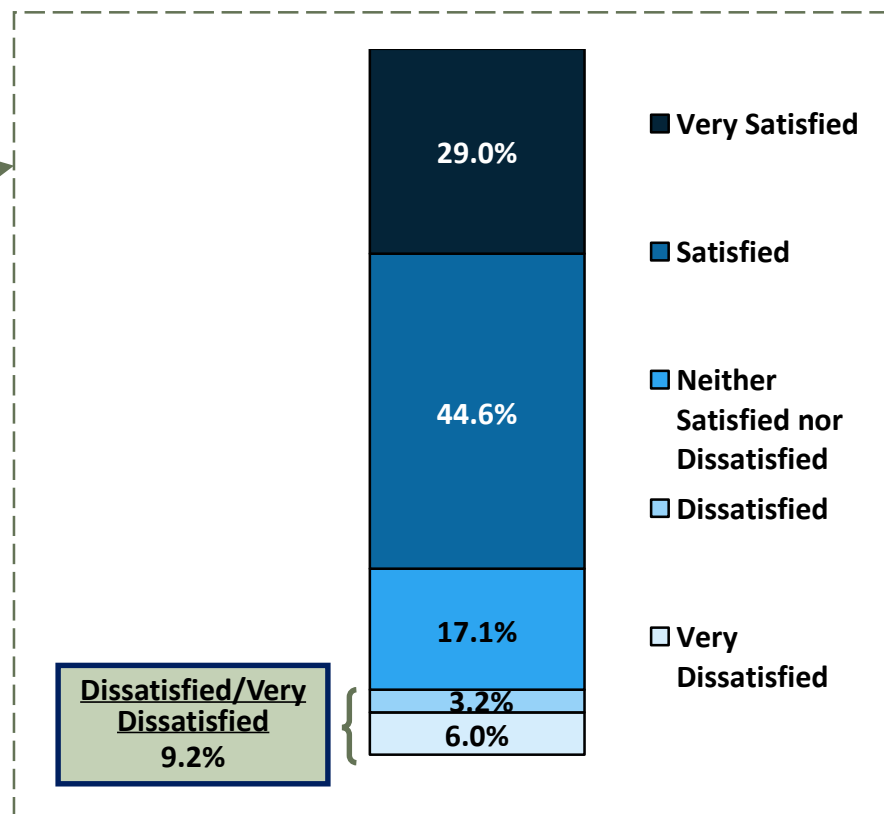
Weight Control (Continued)

- Three in ten adults have received advice from a healthcare professional regarding their weight.
 - ❖ Of these, 73.6% are satisfied with that advice

Received Advice Regarding Weight from Health Professional



Satisfaction with Advice Regarding Weight

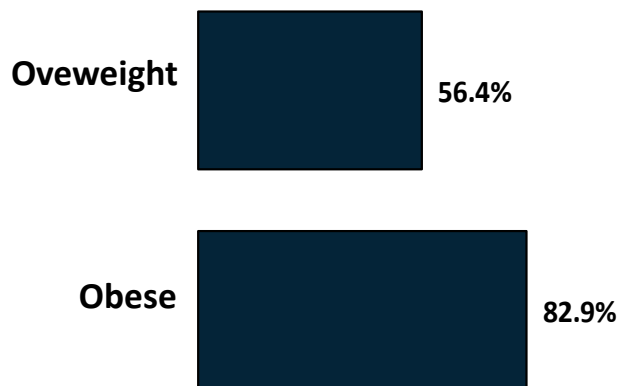




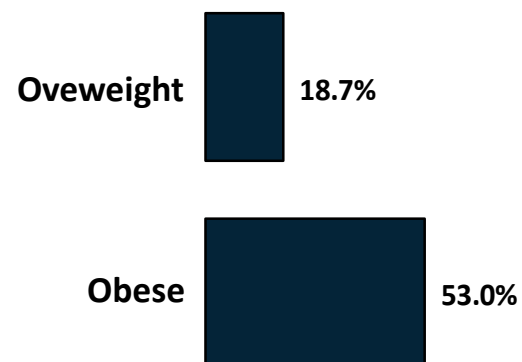
Weight Control (Continued)

- Since three-fourths of adults in St. Clair County are either overweight or obese, it is encouraging to see that the majority of overweight and obese adults report trying to lose weight.
- On the other hand, many of these adults are not receiving needed advice from health care professionals regarding their weight; only 18.7% of overweight and 53.0% of obese adults have received advice from a health care professional regarding their weight.

Trying to Lose/Maintain Weight by BMI Category “Overweight” or “Obese”



Received Advice Regarding Weight from Health Professional by BMI Category “Overweight” or “Obese”



Health Care Access



Overall State Of Health Care Access for Underserved Groups (Key Stakeholders) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- According to Key Stakeholders, the overall state of health care access in St. Clair County can be characterized as a case of those who **have** vs. those who **have not**. Those with insurance and the ability to afford out-of-pocket expenses such as co-pays and deductibles have access to almost any kind of service imaginable. Those without insurance, or with insurance but unable to afford co-pays/deductibles, have trouble accessing needed services.
- There are two underserved groups on which the community should focus: (1) the ALICE population that earns just enough income to be disqualified from Medicaid insurance but earn too little to provide them with quality employer sponsored insurance, and (2) people living in poverty who may avoid seeking care for a variety of reasons (e.g., trust, complexity, lack of awareness).

If you look at the community in general, it's about **6.3% of people without health insurance** under the age of 65, so that's **about 10,000 people** in the community. So, I think **those are the people we need to target**, see how we can provide access to those 10,000 people in the community, because most of the other people have access. It's a matter of them **being able to go to the doctor on a regular basis, access care when they need it**. I think it's also **people who are over the income levels** [to qualify for Medicaid], the **ALICE population**. It's important because **if they are not healthy, that could actually trickle down to their families**. The economic burden, if they have complicated issues, **a lot of those issues could be preventable**.

Minorities, people in poverty, people with unstable housing, people with lower education [all struggle with access]. The minority population is low, something 4%, but **the proportion of people with low education and living in poverty is much higher**. You're **only as strong as your weakest link**. If those individuals can't work, come to work and quit, are raising children, sending their children to school, **they impact all of us**. We do have an issue with St. Clair County, a significant problem with workforce, problems with getting people to come to work.

I think **the working poor**. It would be an **ALICE population**. **Those that aren't eligible for Medicaid** and stuff like that. They're working right now. **Jobs are a dime a dozen** and we even have a lot of full-time positions available, **but the wages are still very low** in our community **and the benefits aren't always the best**.

I would guess the **lower economic groups**. I think it goes back to an **education** piece, and **knowing what preventative care looks like** and how important it is. It's both a barrier to access and a **lack of awareness of existing services**.

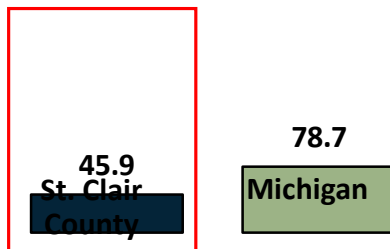


Primary Care Providers (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- There are far fewer primary care physicians (PCP) per capita in St. Clair County compared to the state.
- Among Key Stakeholders, the perspective on whether or not there is adequate primary care is mixed.
 - ❖ However, there is primary care available, even some that is free, so it may be underutilized
- The importance of addressing this issue cannot be overstated since lack of preventive or maintenance care can lead to other serious health problems.

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

**Key Stakeholder Comments on the State of Primary
Care Physicians**



I think primary care is fair, but again, I would say there **might be some underserved areas like some of these smaller pockets**, some of the **rural areas**. So I think it might be interesting to look at overall St. Clair County and identify where those primary care needs are, because **most of the primary care is concentrated in the major cities** like Port Huron, Saint Clair or Fort Gratiot – *Key Stakeholder*

We **have a mixed bag of primary care**. We have some that we kind of know are the **ones that will write you a doctor's note or give you medication just the first time you walk in the door**. We have a big divide where Republican doctors, for example, during the pandemic, **have not been supportive of vaccines in our county**. Yes. Nobody wants to talk about it, but I do. I'm shouting it loud. I mean, **we have some really good ones, and then we have some not as good in terms of quality**. – *Key Stakeholder*

Primary care is probably in a decent spot. I think **there's availability**. I don't know if **everyone takes advantage of it**. I'm not sure what the access issues are, other than **some offices require money up front**. But like I said, **we have primary care available at no charge, and it's not being adequately utilized**. So primary care, I **think primary care is here**, I don't know what we have to do. – *Key Stakeholder*

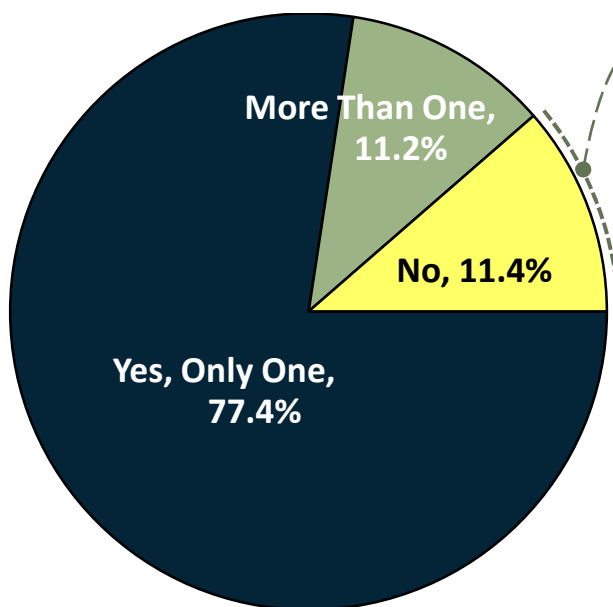
*Physicians defined as general or family practice, internal medicine, pediatrics, obstetrics or gynecology



Personal Health Care Provider

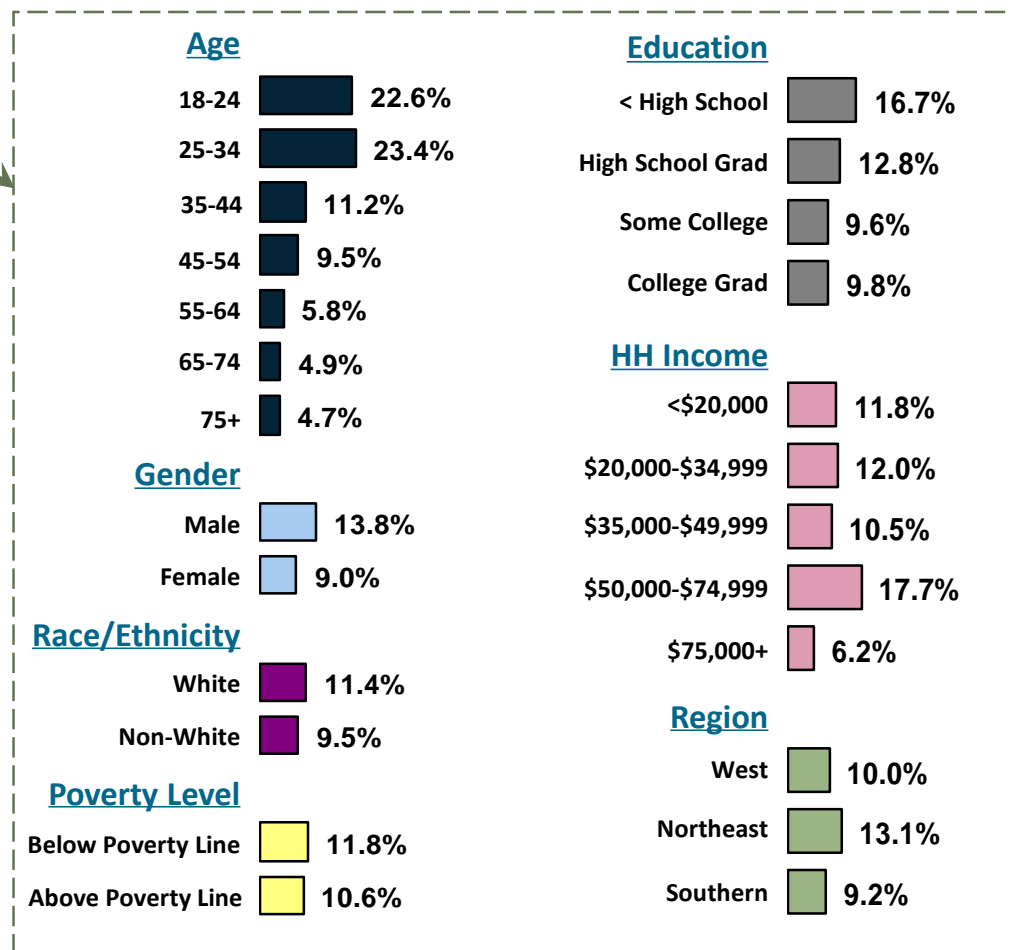
- Nearly nine in ten adults (88.6%) have a personal health care provider, or medical home.
 - ❖ Those who don't tend to be represented by groups that are younger (< age 35), male, and have less than a college education

Currently Have Personal Doctor/Health Care Provider



88.6% have a medical home

No Provider by Demographics

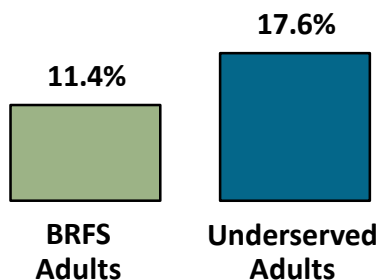




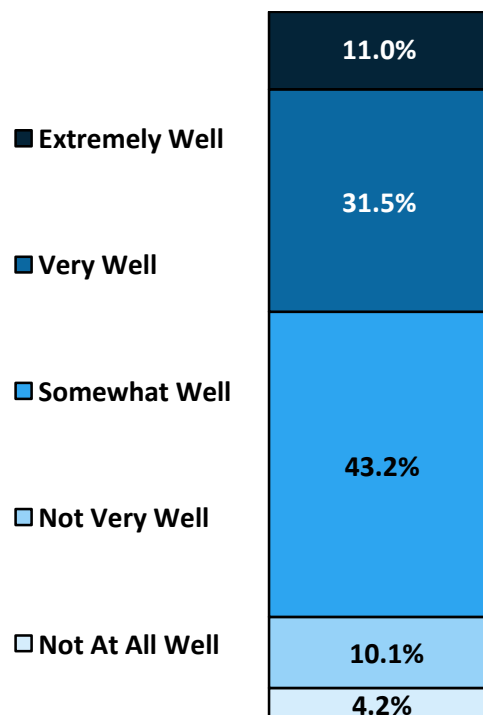
Personal Health Care Provider (Continued)

- The proportion of BRFS adults who have no personal health care provider (11.4%) is lower than the proportion for underserved adults (17.6%).
- The vast majority (85.7%) of underserved adults believe health care providers communicate with each other about their health care at least somewhat well, although only 11.0% say “extremely” well, so there is definitely room for improvement.

Have No Personal Health Care Provider



How Well Do Health Care Providers Communicate With Each Other? (Underserved Adults)

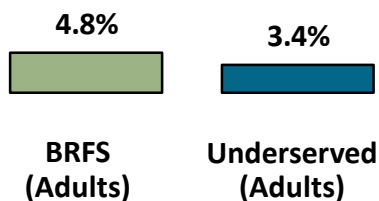




Health Care Coverage

- Almost one in twenty (4.8%) area adults under age 65 have no health care coverage, a rate much better than in 2016 (11.3%).
- The most widespread primary source of health coverage for BRFS adults is a plan purchased through an employer or union.
 - ❖ This differs markedly from **underserved** adults, who are **far more likely to have Medicaid or Medicare** than other coverage
 - ❖ Nearly **half of children aged 0-18 are covered by Medicaid**

No Health Coverage (Among Adults 18-64)



Primary Source of Health Coverage (All Adults)

	St. Clair County	
	Adults (BRFS)	Adults (Underserved)*
A plan purchased through an employer or union	48.4%	18.9%
Medicare	23.5%	19.6%
A plan that you or another family member buys on your own	8.2%	5.3%
Medicaid or other state program	12.9%	63.0%
Tricare, VA, or military	2.5%	3.4%
Medicare supplement	NA	3.1%
None	4.6%	3.1%

Children Age 0-18 Covered

With Insurance = 96.9%
With **Medicaid** = 48.8%



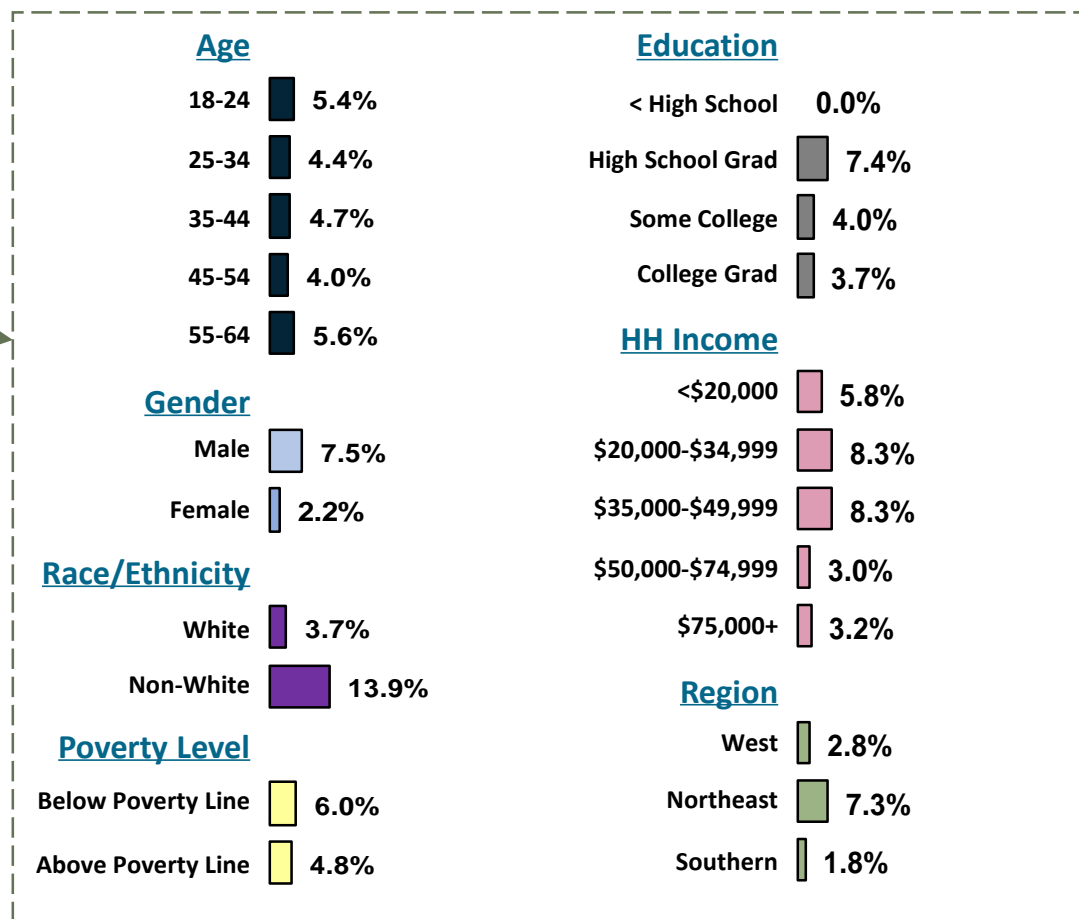
Lack of Health Care Coverage

- The proportion of men who have no health care coverage is higher than it is for women, and it is higher for non-White adults compared to White adults.
- Having no health care coverage is also more likely among adults with the incomes less than \$50,000 compared to those with higher incomes.

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

4.8%

No Health Care Coverage by Demographics



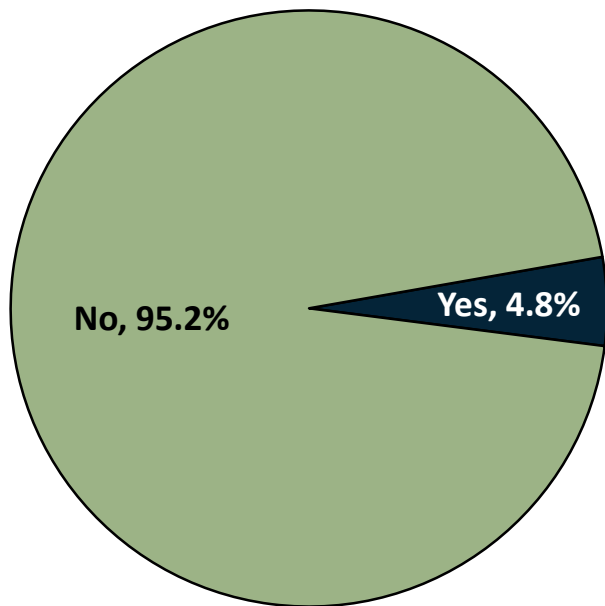
*Among adults aged 18-64, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare.



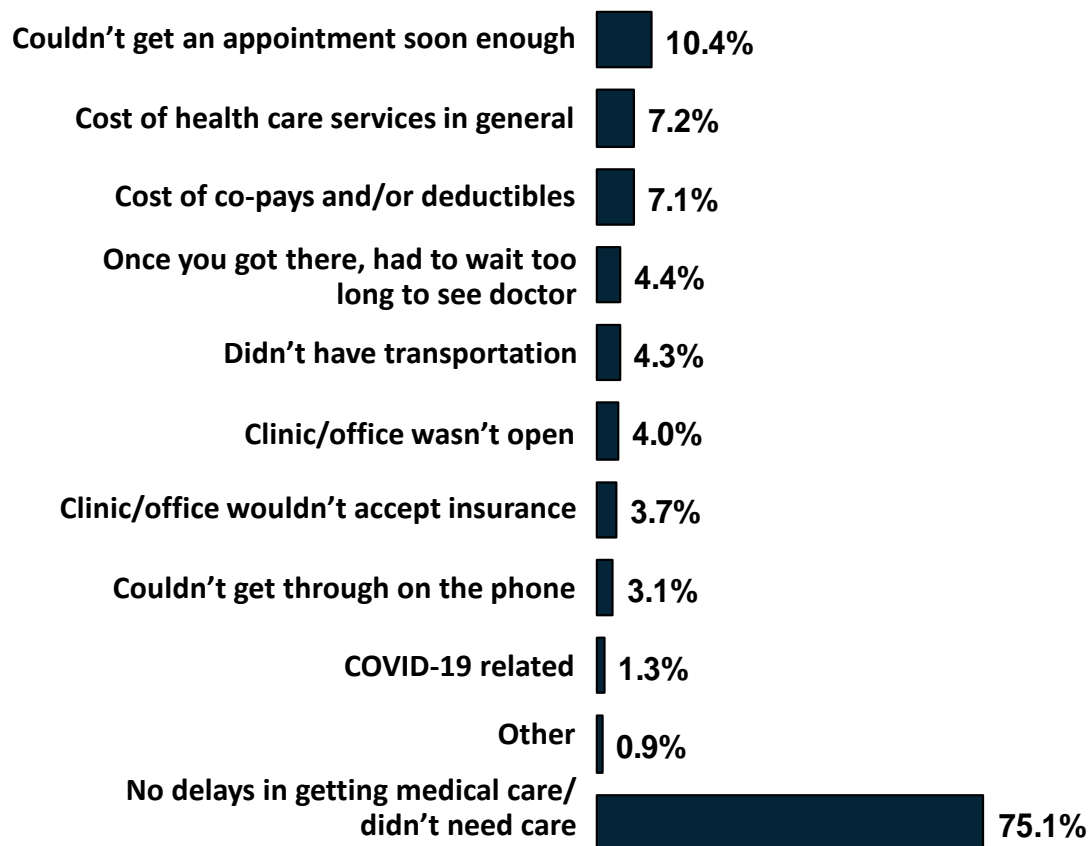
Problems Receiving Health Care

- Among all St. Clair adults, 4.8% have forgone needed health care in the past year due to cost.
 - ❖ Myriad reasons are given for delaying care but cost is clearly one of the most common
 - ❖ However, the top reason cited – couldn't get an appointment soon enough – could be related to COVID-19

Could Not Receive Needed Medical Care in Past 12 Months Due to Cost



Reasons for Delays in Getting Needed Medical Care

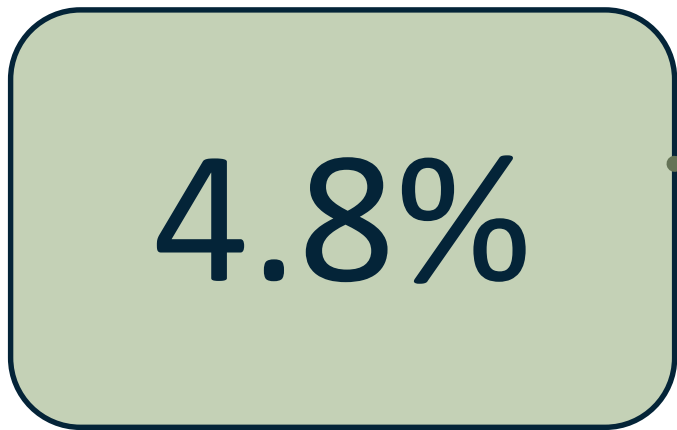




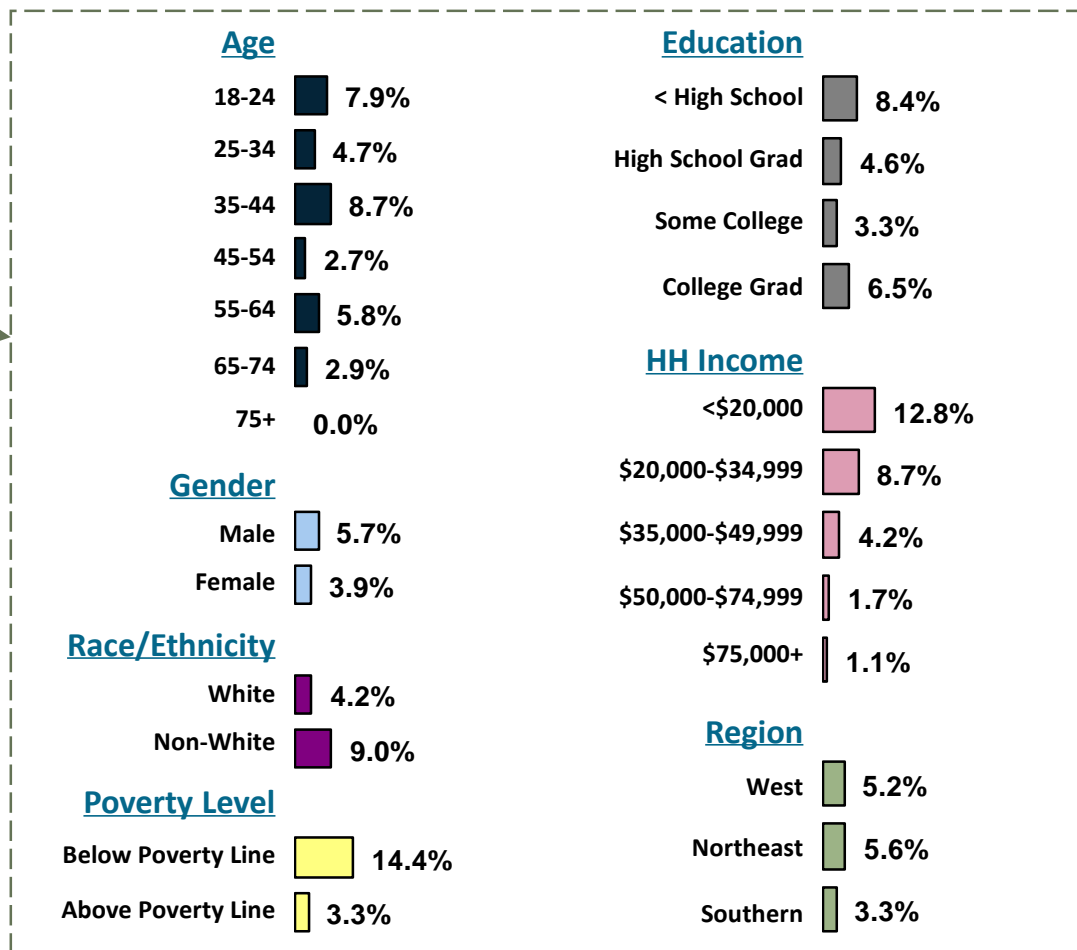
Problems Receiving Health Care (Continued)

- The cost barrier prevents certain subpopulations from seeking needed care more than others. For example, costs are more likely to be a barrier for younger adults (18-44), non-White adults, those with less than a high school degree, and those with incomes below \$35,000.

No Health Care Access During Past 12 Months Due to Cost* (Total Sample)



No Health Care Access Due to Cost by Demographics



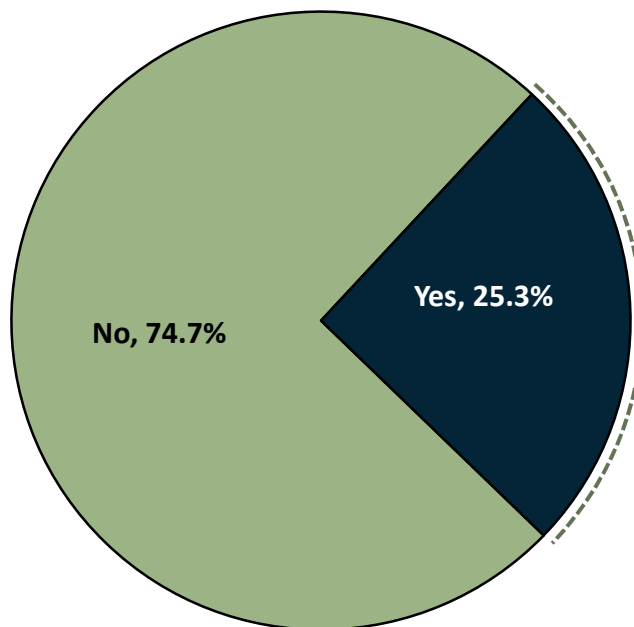
*Among all adults, the proportion who reported that in the past 12 months, they could not see a doctor when they needed to due to the cost.



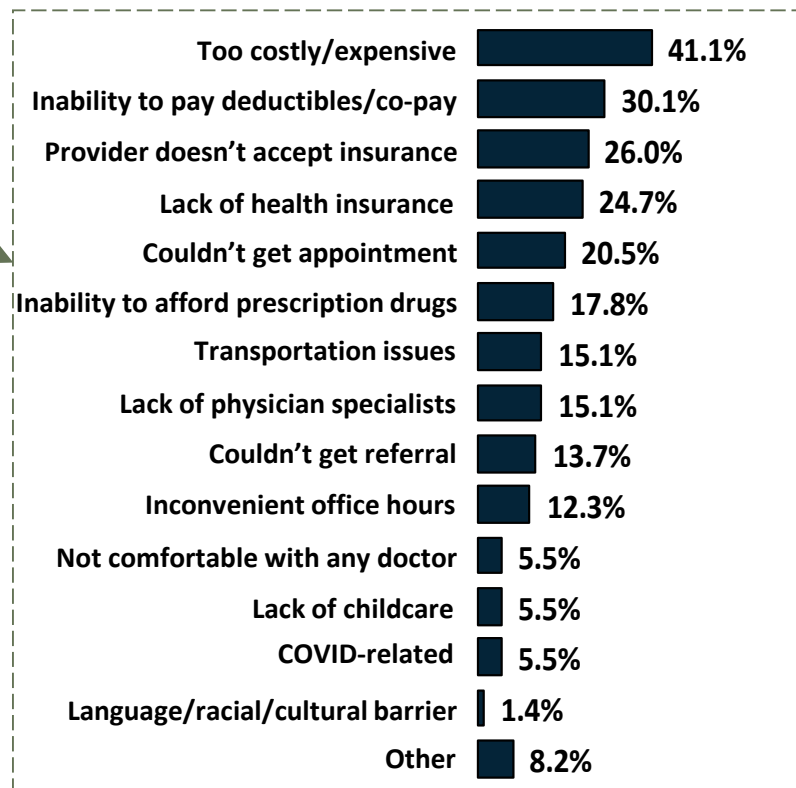
Problems Receiving Health Care (Underserved Adults)

- One in four (25.3%) underserved adults have had trouble meeting their own health care needs in the past two years.
- For those who had trouble meeting their health care needs, the greatest barriers were **costs**, an **inability to afford out-of-pocket costs** such as deductibles, co-pays, and prescription drugs for those who have insurance, **providers not accepting some or all insurance plans**, and **lack of health insurance**.

Had Trouble Meeting Health Care Needs in Past 2 Years



Reasons Had Trouble Meeting Health Care Needs in Past 2 Years



Source: URS – Q7: In the past two years, was there a time when you had trouble meeting your health care needs? (n=316); URS – Q8: (If yes) What are some of the reasons you had trouble meeting the health care needs of you and your family? (n=79)

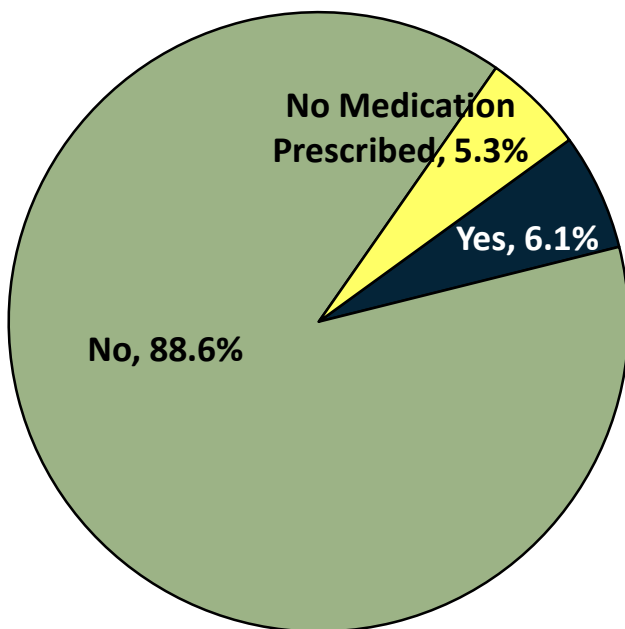


Problems Affording Medication

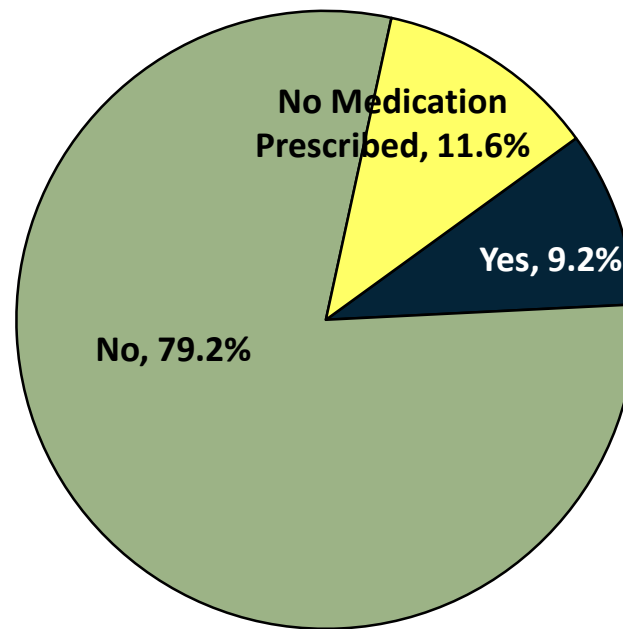
- One in sixteen (6.1%) area adults report having to forgo taking medication as prescribed due to cost and the proportion is higher for those who are underserved (9.2%).

Did Not Take Medication as Prescribed Due to Costs in Past 12 Months

BRFS Adults



Underserved Adults

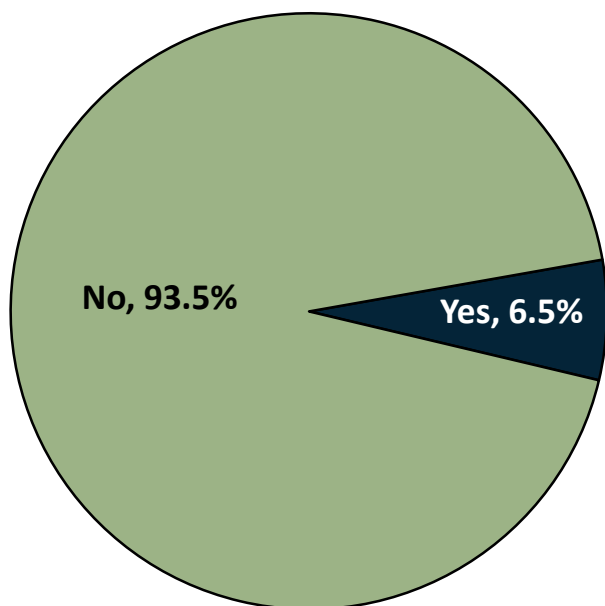




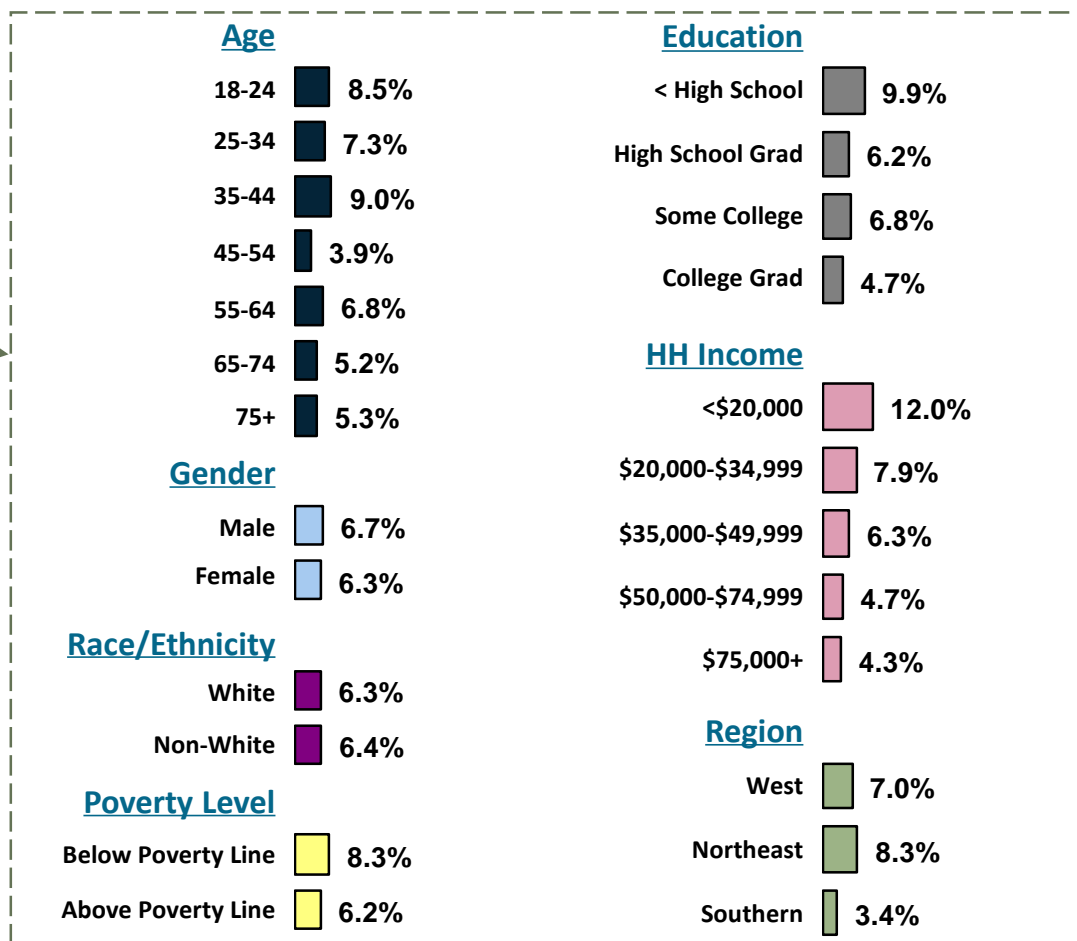
Problems Affording Medication (Continued)

- Among all St. Clair County adults who take some form of medication, 6.5% did not take their medication as prescribed due to cost.
 - ❖ Prescription costs tend to impact adults under age 45 more than those who are older and/or those with the lowest levels of education and income

In Past 12 Months, Did Not Take Medication As Prescribed Due to Cost (Among Those Who Took Medication)



Did Not Take Medication Due to Cost by Demographics



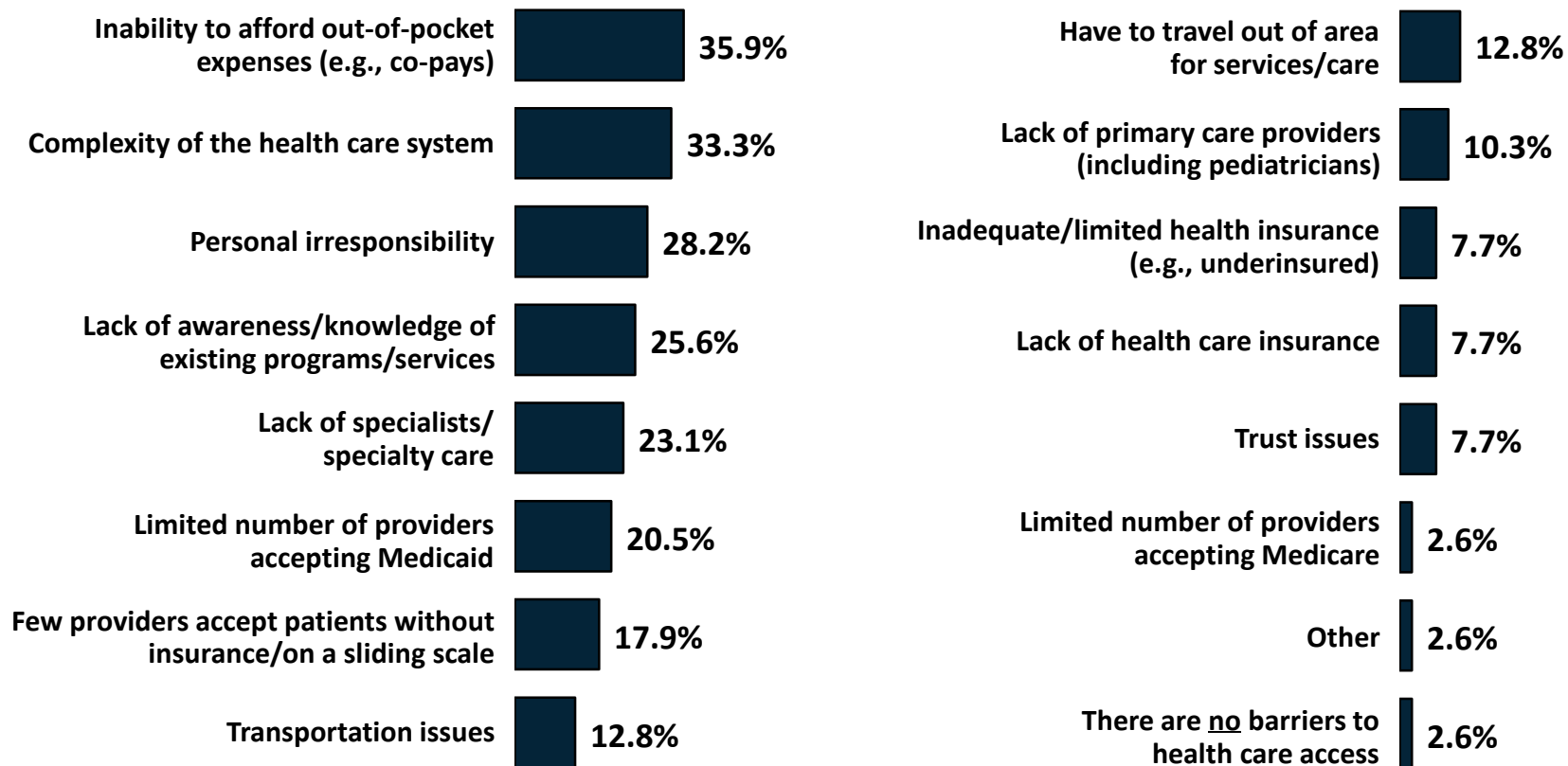
Q3.6: Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (n=956)



Barriers to Accessing Health Care (Key Informants)

- Key Informants report the two greatest barriers to accessing health care are the **inability to afford out-of-pocket expenses** (e.g., co-pays) and the **complexity of the health care system** (e.g., difficulty of navigation).
- More than one in five Key Informants view **personal responsibility, lack of awareness of existing programs and services, lack of specialists or specialty care, and limited numbers of providers accepting Medicaid**.
- Interestingly, no Key Informants report language or cultural barriers to accessing care.

Most Common Barriers to Accessing Health Care in St. Clair County





Barriers to Health Care Access (Key Stakeholders) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Key Stakeholders say that many of the same barriers to health care continue to exist, such as: (1) lack of awareness of existing programs and services, (2) cost, especially the inability to afford out-of-pocket expenses such as co-pays and deductibles, (3) providers who continue to refuse patients with Medicaid, and (4) cultural issues in terms of a lack of trust, which may have been exacerbated during the pandemic.
- However, the greatest barrier may be lack of transportation, especially for those who live in the more rural regions (West) of the county.

For the entire county, we're the only county wide **transportation**, but we **serve only seniors**. So if someone's in the **Western part of the county** and they need to get to this part of the county for an appointment, they really **don't have options**.

I think the fair market, **the co-pays and deductibles are ever increasing**, so based on that, people with specific [limited] income **cannot actually afford** those kinds of things. That's also **affecting access** too.

So, if you live in Yale, for example, and you can't get to your providers, there's a big problem because **there's no public transportation** other than going down to Marysville or down to Macomb County. And, that's on **some reduced minimal schedule**, like **once a day** or something like that. **You would not have access to transportation to any of the outlying areas**.

I still think that a problem is the **lack of knowledge** about **what really is available**. We've tried so many ways to get the message out about the underinsured and uninsured with the funding that we have available, and **we're not overloaded with people**.

Prescription drugs, there's **sometimes problems**, but we help people with that by getting sample meds. **We help people apply** to most of the big drug companies' patient assistance programs, and we help people fill out the forms **to get the medications that they need free of cost**.

I think it's **lack of knowledge**. I **don't think people know where to go**. **Lack of awareness**. I think some of it is **misinformation**. A lot of people just get their information from **social media** and some of it is **totally misleading**. So, yes, **lack of awareness**, not even knowing where to ask to go. It's kind of an interesting phenomenon. And then I would say **transportation** is an issue for us **especially if you're coming in from anywhere outside of the urban center**. So, if you live along the river where most of our population is, **we have a large rural community and they have no way of getting into town**.

There are **cultural issues** with the **African American community**, probably **Hispanic** community as well. We just did a feature Minority Mental Health Month in July, and the research shows that those populations are **less likely to seek care** (especially mental health care), **because there's a big stigma** associated with that, **like it's a weakness** in some way.

Officially, they all take **Medicaid**, right? Except when you call their office, **they don't take you**. So, I mean that's the conundrum. So **officially they take Medicaid but they cap it, so they don't take new patients**. So, if you look at the official data collection where you can go and look, oh it looks great. **But if you're actually a patient trying to find a doctor, you're not going to get an appointment**. It would be nice to actually have somebody just call all of our medical offices and get a handle on if they're taking new patients or if they're only taking certain kinds of new patients. I know one of the areas that became a **huge issue is the doctors who stopped taking anybody with chronic pain**. If you had chronic pain, they didn't take you. I mean **some people were desperate, absolutely desperate**.



Access to Mental Health Treatment – The Top Concern Of Key Informants (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Key Informants cite many problems with accessing mental health treatment, but two major obstacles stand out: (1) there is a **lack of providers (especially psychiatrists), which results in long wait times** to be screened, referred, and evaluated by a mental health specialist, and (2) many mental health **providers do not accept all forms of insurance, including Medicaid**, and this will **disproportionally have a negative impact on the vulnerable or underserved subpopulations**.
- Mental illness is considered to be **prevalent** in the community (at all ages) and without adequate treatment the **negative impact on family life – social, behavioral, or physical problems – can be debilitating**.

Lack of adequate mental health providers, systemic flaws that limit ongoing management. Most egregious is a standard psychiatric policy to terminate patients for missed appointments, overdue balances, inconsistent drug screens. YES, ALL of this happens to mentally unstable folks. Expect this. Find a work around and medically treat the patients instead of discharging. – *Key Informant*

It's difficult to get an appointment with a psychiatrist and to maintain continuity of care because of their limited availability. Their expertise at assessing psychiatric disorders and prescribing psychoactive medication is crucial, as is follow up. There are plenty of primary care physicians in St. Clair County but there is a **paucity of psychiatric care options.** – *Key Informant*

People are experiencing debilitating psychiatric issues with the state of the world, and St. Clair County doesn't even have a psychiatrist that offers services in office for any insurance other than Medicaid. – *Key Informant*

It is the most critical because so many people are affected by mental health issues yet there are very limited resources for assistance. There are **not enough psychiatrists and counseling providers.** Residents **have to travel** to the Port Huron area or more commonly to northern Macomb county. This is not only a problem in the St. Clair area it is across the whole state. There are **not enough places for hurting people to get assistance** or possibly there is just not enough awareness of where to go for help.

Mental Health disorders are prevalent in our community (and everywhere). Common conditions such as anxiety and depression are seen at all ages, and are especially damaging within families with comorbid health conditions such as substance abuse, obesity, and with toxic stress, poverty, etc. It is very easy for those of us in helping professions (medical providers, teachers, caregivers, social workers, police officers) to identify people who are suffering with mental health problems and need care, but there are very limited resources. Most patients need financial assistance (even if privately insured, often not a covered benefit) and many facilities have long wait times or don't see all ages. Better resources for earlier intervention can help people before they are in a mental health crisis, which is the most resource intensive time to try to help and the least likely time to be successful. I am in primary care and mental health visits are not reimbursed well and they take up a lot of time and resources, causing most providers to elect not to manage those patients. They are left without care until they end up in crisis. It affects their entire family and their community. – *Key Informant*

There is a three months delay in scheduling a patient with a psychiatrist. Counselors alone can not manage nor can they prescribe. Three months is an eternity when it comes to mental health.

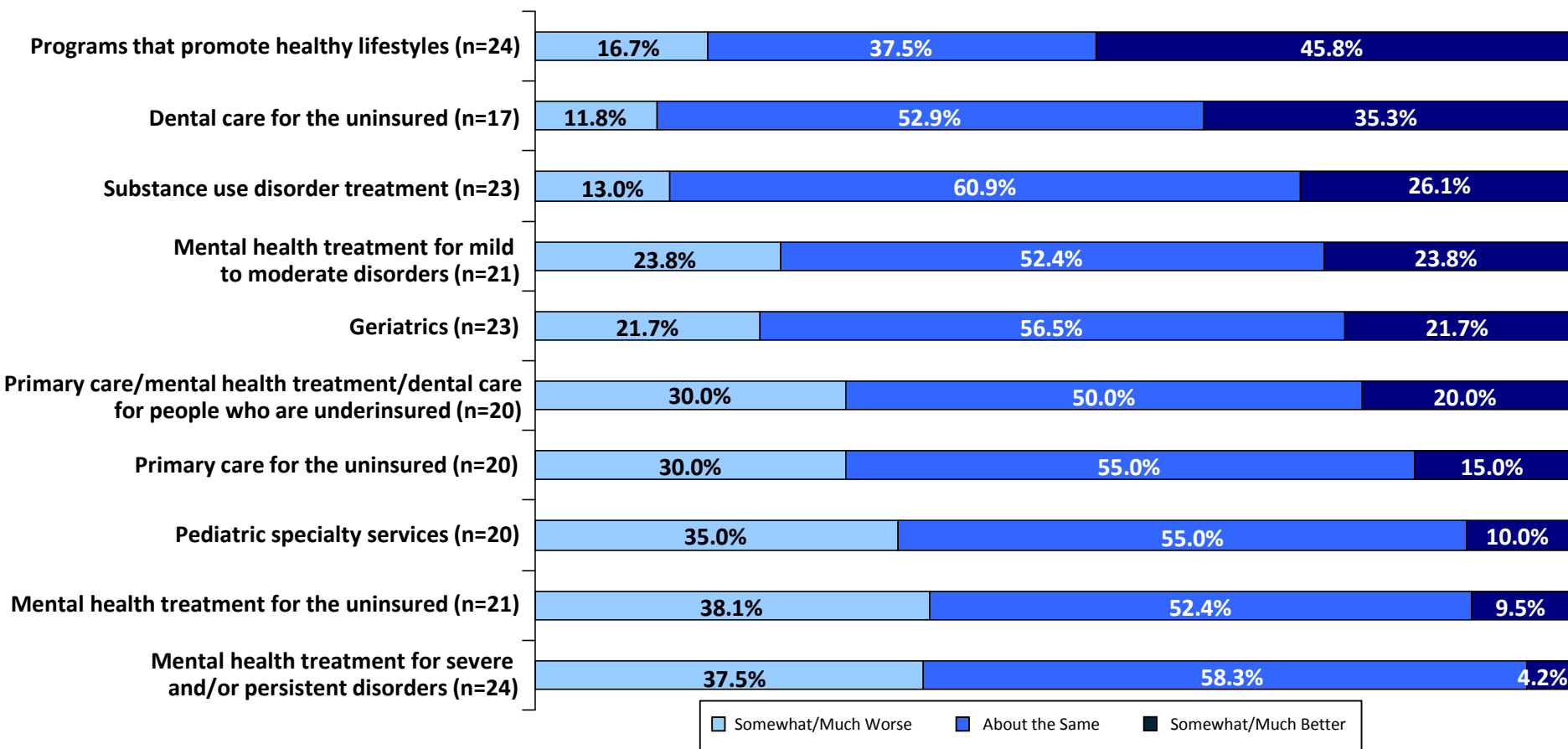
We have a limited number of providers and a large need. This ties into **substance abuse, family issues, housing, chronic disease management etc.**



Improvement in Health Care Access

- Key Informants were presented with a list of programs and services that were deemed (by Key Informants and Key Stakeholders) to be lacking or meeting the needs and demands of area residents over the past five years, and they were asked if access has become better, worse, or remained the same.
- Although they feel that access has improved most for programs that promote healthy lifestyles, **Key Informants clearly think access to mental health treatment for many has become worse** over the past several years.

Extent to Which Access Has Improved Over the Past 5-6 Years



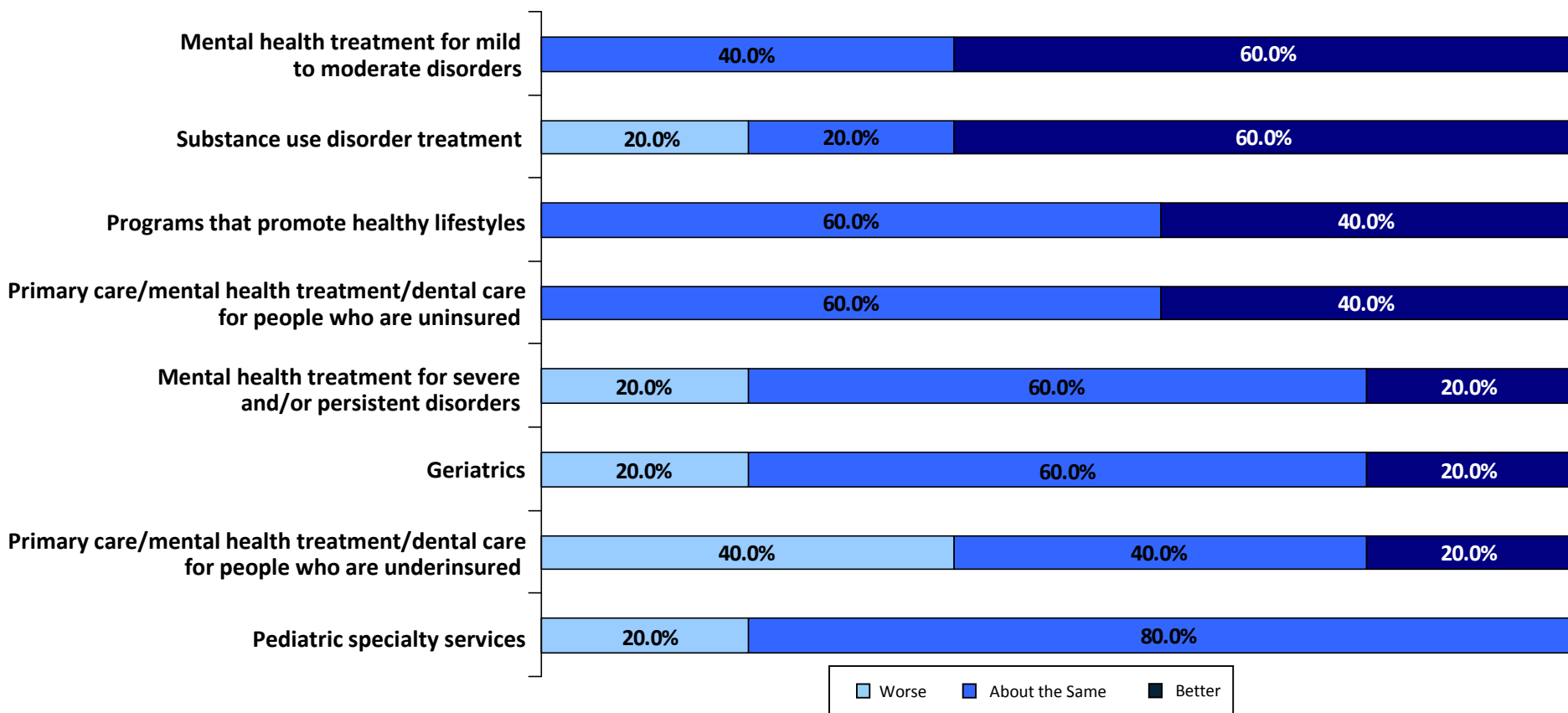
Source: KIOS – Q6: Below is a list of programs and services from the last Community Health Needs Assessments (2016) that Key Informants reported did not meet the needs and demands of St. Clair County residents well. In your opinion, over the past 5-6 years, to what degree has access to each improved (or not) for St. Clair County residents?



Improvement in Health Care Access (Key Stakeholders)

- Key Stakeholders report improved access with regard to programs that treat mild to moderate mental disorders and programs that treat substance use disorder.
- On the other hand, they see little improvement in geriatrics or programs that offer primary care, mental health treatment, or dental care to the underinsured (e.g., ALICE population); in fact, 40% say this has worsened.

Extent to Which Access Has Improved Over the Past 5-6 Years



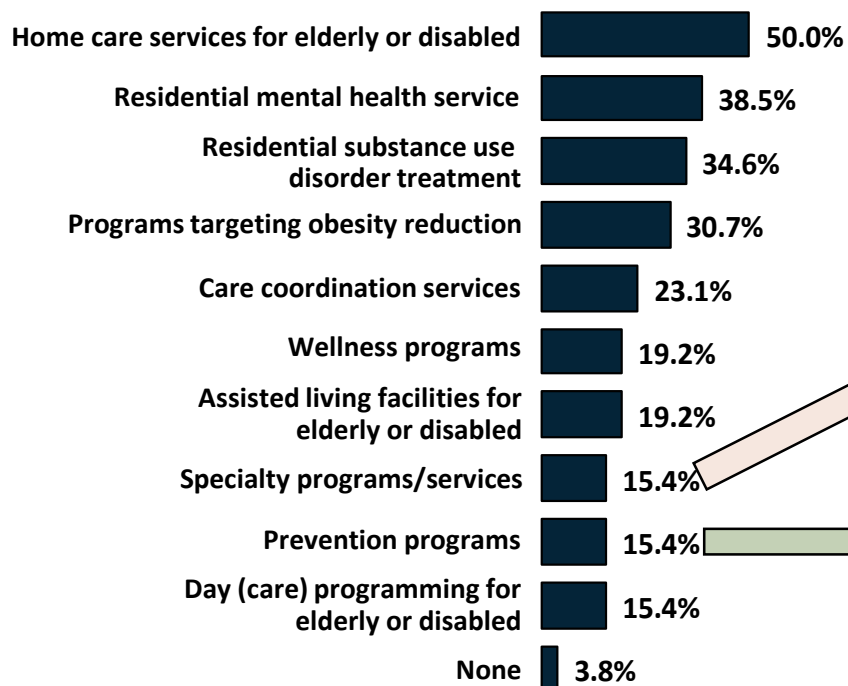
Source: KSI – Q5: During the 2016 CHNA, there were certain programs and services that Key Stakeholders and Key Informants reported did not meet the needs of all St. Clair County residents well. I am going to read you a list of these programs services and want you to tell me if access to them now is better, worse, or about the same as it was five years ago. Of course, you can also say you “don’t know.” (n=5)



Health Care Programs, Services, or Classes Lacking in the Community (Key Informants)

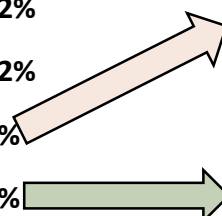
- Key Informants believe a number of programs and services are lacking in the community and top priority should be programs such as home services for the elderly or disabled, residential treatment for both mental health and substance use disorder, programs targeting obesity reduction, and care coordination services.
- Suggestions for specialty and prevention programs include those with a focus on children and adults – preventing health problems that can arise from lifestyle choices over the life course.

Programs/Services Lacking That Should Be Greatest Priorities



- ❖ Healthcare coordination
- ❖ Outreach to kids and adults for mental health and lifestyle choices. Life coordinators for adults to help them get their life back on track. Set them up with housing, organize their finances, provide job training, help them find a job and transition into their own place.
- ❖ Pediatric specialists

- ❖ General health and wellness screenings for all mammograms, etc.
- ❖ Obesity prevention, diabetes prevention
- ❖ Vaccination encouragement





Health Care Programs, Services, or Classes Lacking in the Community (Underserved Residents) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Underserved adults report numerous programs, services, or classes that are lacking in the community; however, the **top areas** of need are (1) **issues related to food or food insecurity**, especially the **lack of affordable and healthy food**, (2) **places to exercise that are affordable**, and (3) programs or services that **assist children and families**, especially the **lack of affordable childcare** and programs aimed at assisting single mothers.

<p>Food</p>	<p>Affordable healthy pickup food options.</p> <p>Cheap organic foods. No affordable health food stores.</p> <p>Healthy food classes or classes for moms who want to try making healthy food for their family.</p> <p>It would be great to have a canning and freezing class again, also a basic nutrition/health class. I think there would be better luck having participants if there was an incentive like in the past; coupons to the Farmers Market.</p>
<p>Fitness/Exercise</p>	<p>Free exercise programs for kids, individuals and family.</p> <p>I wish there was a gym for all ages. In Jeddo, there is an outdoor workout area with about 4-5 machines. I wish the Port Huron area had something like that.</p> <p>Lack of exercise related classes unless you pay to be part of an organization, such as the YMCA, but their family program is very expensive. Programs through the recreational center are limited, and ongoing classes through the businesses that they use are also often costly (e.g. kids karate, gymnastics, etc.).</p>
<p>Programs for Children/Families (Including Childcare)</p>	<p>Childcare at gyms. Family group classes.</p> <p>Programs for children under 5 years old.</p> <p>Since COVID none of my doctors allow my child to come with me. I struggle finding someone to watch my child for 1-2 hours while I see a doctor or get a test done.</p>



Health Care Programs, Services, or Classes Lacking in the Community (Underserved Residents) (Continued) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Further, underserved adults would like to see more programs or services aimed at assisting parents on how to better manage their household and improve their parenting skills, and assisting residents with locating affordable housing.
- Underserved residents say there is also a lack of specialty care and mental health treatment.

<p>Resources on Parenting/ Managing Household</p>	<p>Budgeting class, parenting classes (realistic to today's issues).</p> <p>I'd love for a debt class or how to rebuild your credit. How to do taxes, how to manage money. More open about how to become a better parent, and a support group for parents. Somewhere for fatherless kids to go and feel comfortable. What steps you need to buy a home and information on how to find resources and money in order to do that. More assistance for parents who actually work and are trying to better their life.</p>
<p>Specialty Care/Specialists</p>	<p>Children's health. There are no eye doctors out here. We have to drive to Macomb for children's eye center and children's occupational therapy. The closest one is in St. Clair Shores.</p> <p>Lack of postpartum care and pelvic floor therapy for woman after baby.</p>
<p>Housing</p>	<p>It's not about the programs, it's about housing. Housing is an issue in this area, especially for people with evictions. It's hard for anybody to receive any help from any Landlord's because of it.</p> <p>I'm having a hard time finding a two bedroom for me and my kids to live in, and it's hard on life when they won't accept my section 8 voucher.</p>
<p>Mental Health</p>	<p>Mental health help is not easily available in my area.</p> <p>We don't have recovery care and or emotional support covered by insurance.</p>



Effectiveness of Existing Programs And Services(These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Key Stakeholders say existing programs and services meet St. Clair County residents' needs and demands only moderately well because, although there are numerous programs and services available, not all residents are being served for various reasons (e.g., lack of awareness, access issues such as cost or transportation issues, personal choice, lack of trust, or language/cultural barriers, COVID-19, etc.)

I'd probably say **very well**. I think that that **things are offered**, it's just, **is everyone taking advantage of them?** I guess I **haven't really heard of any stories of people having a hard time finding a primary care doctor**. There's probably [plenty of specialty services]. I think there's **some services that people still have to go out of town for**, but **for the most part, they can stay here in the community**.

I'm going to say **somewhat well**. Because of our side of the county, **we have some things that are really exceptional**. For example, we have some **orthopedic specialists** in our county that are **top of the line**. You would be hard-pressed to find any better in any other community. **But if you want a neurologist, so high quality, you probably need to travel out of county**. And when you leave our county, **we're talking about you probably have to go 60 miles to find something**. And **if you're working poor**, in particular, **you're going to just deal with whatever you've got in the community**. And they tend to be the ones who are helping with pain management and some other things that are really important for people to keep them going. And we don't have everything we need here to be able to do that.

I think somewhat well. I think **the issue is that they're not utilized to the full advantage**. And I'm thinking **specifically** right now **the People's Clinic, we're just struggling because nobody's showing up at the clinic**. And they utilize volunteer positions. **Not as much of an issue pre-COVID**. It was really busy a decade ago. And then the ACA came in and it died. And then as people got their ACA insurance, and then lost their ACA insurance, there was a lot of movement back and forth between the uninsured clinic, and the Medicaid specific clinic, and that was working. But **it seems like it's just been down since COVID**, because they closed for a little while. And now, I **don't know whether people aren't bothering or still afraid to come out**. Don't know what's going on completely. But **underutilization of services**. The **other problem is that we still provide services in silos**. You'll receive a service in one place, and then you're discharged with a list of numbers. And **it's your job to find the next continuation phase**. And I'm thinking this specifically for the substance abuse treatment world. So, you go in for rehab, and **there's really not a system for a warm handoff, where people work together**.

I think we meet that **somewhat well**, because **we have resources in the community** here, like **People's Clinic** which is a federally funded program in the community. They have three locations that people could access. We just **need to find ways to get people to access the services**.

We definitely need to continue to **focus on the population that we serve**, so that would be **adults with mental health issues, intellectual developmental disabilities, substance use disorder**. We also need to **focus a bit on the African American population** in our community because they **tend to be underserved and also less likely to seek, especially, mental health treatment**.



Programs And Services That Are Lacking (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Key Stakeholders report St. Clair County **lacks programs and services related to behavioral health, including mental health and substance abuse treatment.** Other needs include **specialty services (especially neurology), or higher-end procedures** that require some residents to drive to the Detroit metro area.
- There is a real need for programs that focus on children (e.g., mental health, psychiatry, child care).

Specialty services like neurology. We also lack **rehab for substance use disorder.** The people who try to go out of the county, there's a **waiting list** which is really **difficult to get on and long.** So, **when somebody is ready to go to rehab,** you need to **get them in as quick as possible.** The reason is that **if they have to wait four, five, nine days, two weeks, etc., they're going to change their mind.**

I think, for example, **if someone needs a complicated surgery or lung transplant,** or **services like plastic surgery,** or some of those kinds of things, it is harder for people to access those kinds of services and things like that.

Not just **neurology,** it's even more like **neurosurgery.** I think you've got to go out of area for that because I had a friend that had glioblastoma, and they **sent him right to a different county hospital.** Because they don't have that kind of doctor here. Here's one that's sorely lacking: **children's crisis residential homes.** We have a lot of children's services, and we do a great job, but **when a child needs more of a controlled setting, it's an issue.** We **used to operate three group homes in the area,** they were called crisis residential homes for children, but then the state made licensing rules such that **we're not able to have those homes anymore.** **When children here need that level of care, or even the higher-level psychiatric inpatient in a hospital, sometimes they're waiting in our local ERs for anywhere from 10 to 20 days. If they leave, they lose their priority in line.** They'll say, "Well, if they could take them home, they can manage them." So parents will not take them home. So **they'll stay there with them in the emergency room until they find a place. So that's a huge, huge problem.**

Any kind of child specialty service, any kind of psychiatric service. We **have counselors but getting into see a psychiatrist is really challenging.** We are starting to **do a little bit more of tele-psych.** But **getting them from the primary care office into a system** like that, again, **that transfer connection between processes, still seems to be lagging.** Childcare, I've been hearing that there's more of a problem post-COVID. But we have to measure that. It may be just people because people aren't working and they don't need childcare. I think adult specialty care, maybe with the exception of **Psych,** certainly neuro, we have general neurologists, **we don't have any specialty neurologists.** If you had a unique problem with **neurosurgery** generally, you have to leave town, so things like that.

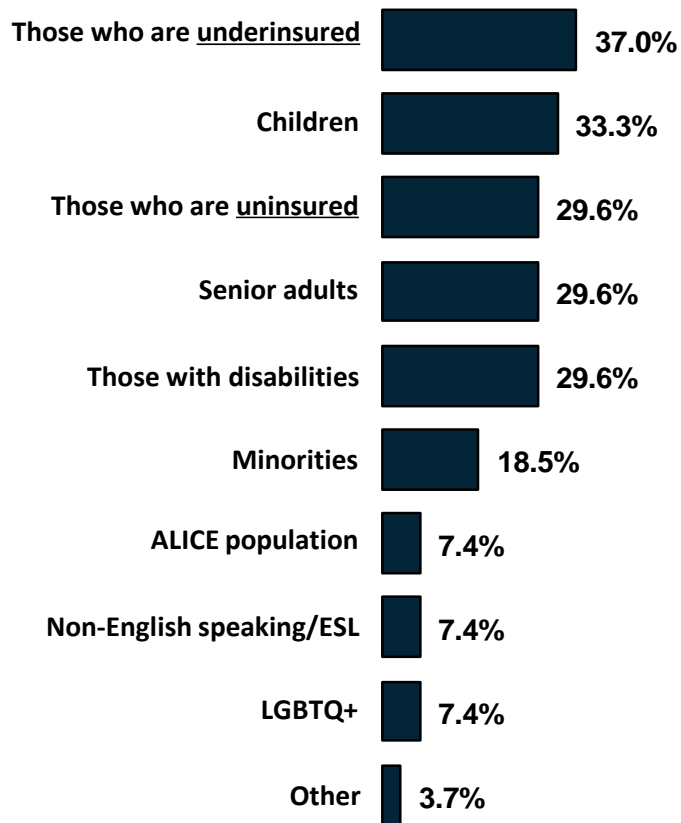
Substance abuse treatment is still lacking, but it's better. We have on the near horizon, an ambulatory treatment center opening up as well as perhaps a sobering house, they call it a sobering facility. Some of our peer support systems are bigger now and strengthened. We have rehab at the health department and an expanded Harm Reduction Program. We're now out in the field with a mobile unit and working well with some of our substance abuse disorder treatment centers, so it's getting better. **There's probably still obviously some gaps. Anecdotally, we're hearing that there's a lot more overdose situations.** So, that is **probably not adequate,** but **better than four years ago** when we talked about this last time.



Underserved Residents to Focus On (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- According to Key Informants, underserved groups most deserving of the community’s focus are those who are underinsured or uninsured, children, senior adults, and those with disabilities.
- Further, according to both Key Informants and Key Stakeholders, there is a sizeable underserved subpopulation that is diverse and certainly in need of assistance.

Specific Subpopulations Underserved on Which to Focus



Key Informant and Stakeholder Comments on Underserved Residents

Limited resources in terms of food, programs for elderly, children, and other vulnerable populations directly impacts both physical and mental health as well as community growth and development. – *Key Informant*

I think we need better integrated healthcare for some of the underserved populations, because we're still having trouble reaching in certain groups. To make sure that people get fully integrated health care we've had some big grants focus on that and we're making progress, but I think there's still a long way to go. – *Key Stakeholder*

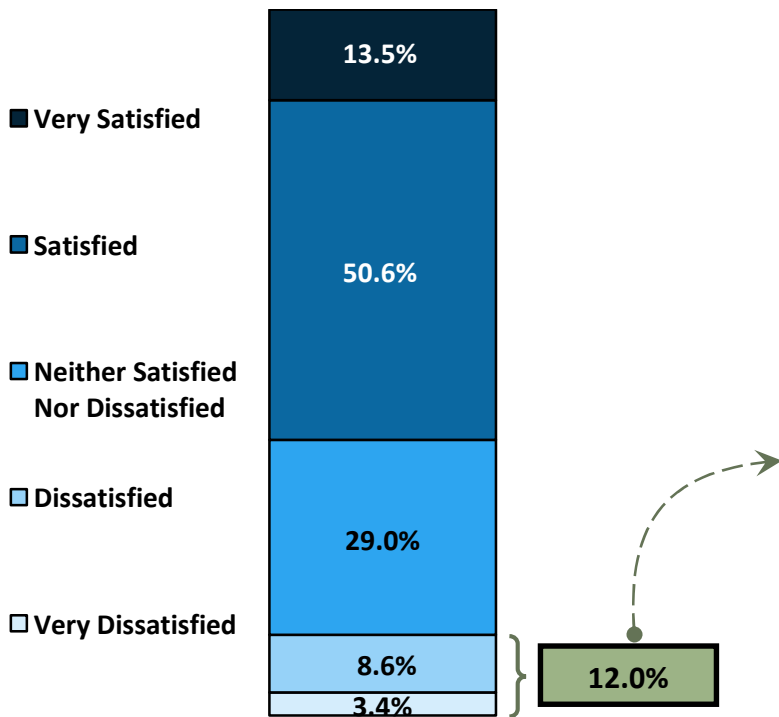
I think that the vaccination rate for COVID is probably going to be a little bit worse in the underserved or poor in the community. I think also access to care is an issue. We have the people's clinic, we have clinics for people who don't have insurance or who are underserved and things like that, but again, it's only one location and it can be an issue for them to go there. There are a lot of people in the community who are poor, they might have issues related to homelessness, that could actually relate to health issues also. We have to start thinking about how can we provide access to uninsured and underserved healthcare services. Because otherwise, what happens is that then they become worse, they then have to deal with major health issues or major health challenges. – *Key Stakeholder*



Satisfaction With Health Care (Underserved Adults) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Almost two-thirds (64.1%) of underserved residents are satisfied with the health care system overall, but 12.0% are dissatisfied.
- Reasons for dissatisfaction are cost, limited access, impersonal care or lack of compassion, a complex system to navigate, lack of providers (especially specialists), and lack of resources in general.

Satisfaction With Health Care System Overall



Reasons for Dissatisfaction

A lot of healthcare “professionals” **judge me as being a teen mom** and act like I don’t know my child.

Access to healthcare is terrible. When I had insurance it was always a worry insurance wouldn't cover cost. Always received surprise bills when ever I got care. Now that I have Medicaid my **costs are covered but I'm very limited to where I can go for care. Most doctors will not see me.**

Because **I pay \$468 every paycheck to cover my families healthcare.** That’s **more than half my earnings.** That is asinine.

Cannot get or find a good neurosurgeon or orthopedic doctor to treat me for my pain or operate/fix my herniated discs. **Feel my current PCP doesn't take me seriously.**

I find it hard to get the help I need when it comes to mental health.

Medical Doctors don't have the same compassion or don't care about their patients like they used to.

Your **family doctor generally refers you to a specialist.** In order to go to the specialist **we need a referral per our insurance guidelines.** It is always a headache to obtain the referral to get into the specialist.

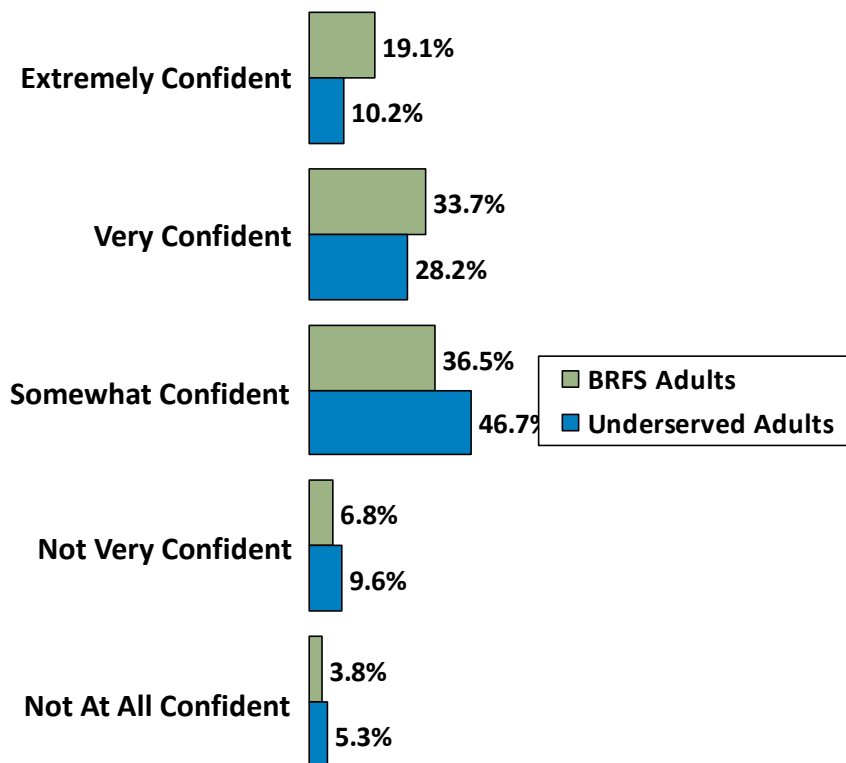
Source: URS – Q3: How **satisfied** are you with the health care system **overall**? (n=326); URS – Q4: (If dissatisfied) Why do you say that? Please be as detailed as possible. (n=39)



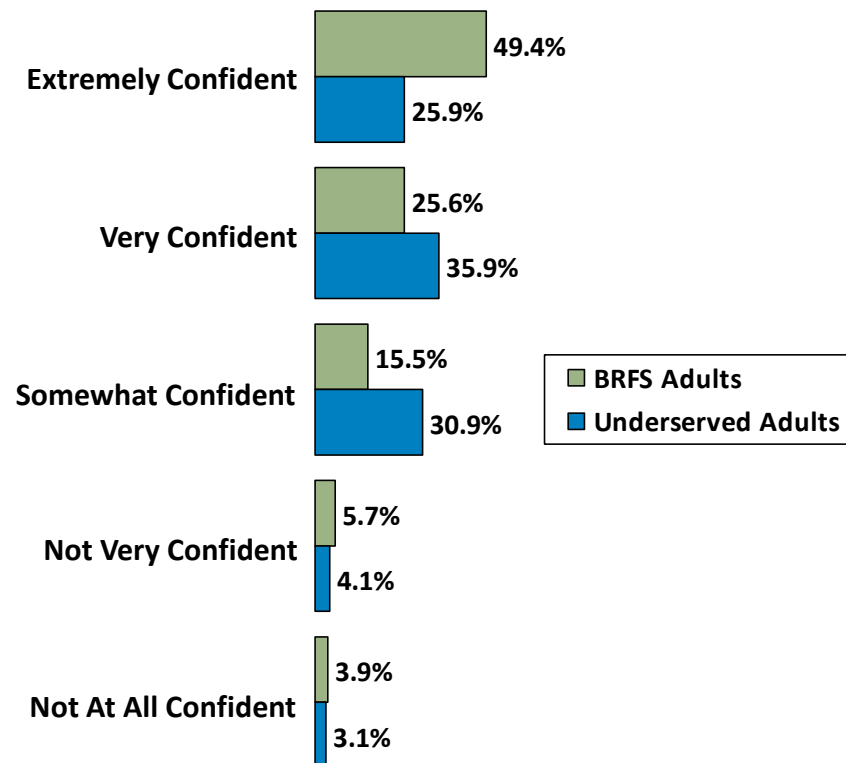
Health Literacy

- A large majority (89.3%) of BRFs adults are at least somewhat confident they can successfully navigate the health care system.
 - ❖ Underserved adults are less confident; 14.9% are not very or not at all confident
- Underserved adults are also less confident in completing medical forms compared to BRFs adults; 61.8% are very or extremely confident, compared to 75.0%, respectively.

Level of Confidence in Navigating the Health Care System



Level of Confidence in Filling out Medical Forms



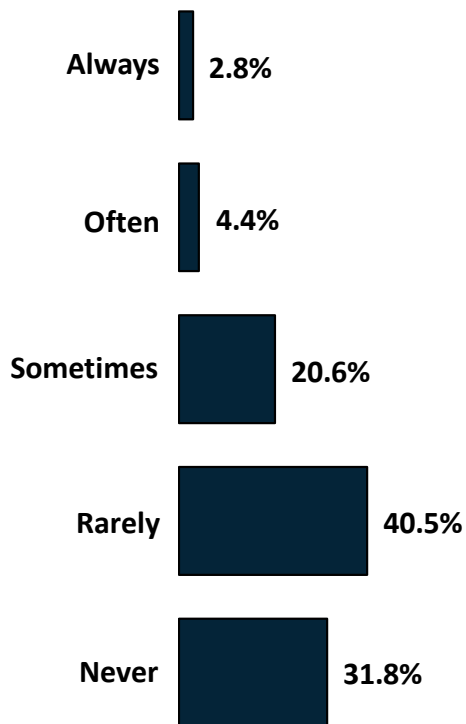
Source: BRFs – Q3.7/URS – Q14: How confident are you that you can successfully navigate the health care system? By navigating the health care system, we mean knowing: how to use your health plan or insurance, what your plan covers, how to read your statements, where to go for services, how to find a primary care provider, what your options are for treatment, etc. Would you say...? (n=978/n=323); BRFs – Q11.1/URS – Q15: How confident are you in filling out medical forms by yourself? For example, insurance forms, questionnaires, and doctor’s office forms. Would you say... (n=981/n=320)



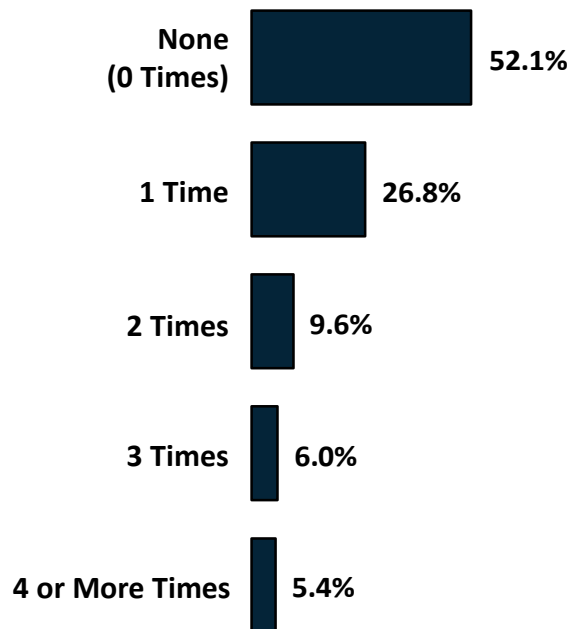
Health Literacy (Continued)

- The vast majority (72.3%) of all St. Clair County underserved adults rarely or never have problems learning about their health condition because of difficulty understanding written information.
- Almost half (47.9%) of underserved adults have visited the Emergency Room at least once in the past year; 11.4% have visited three or more times.

Frequency of Having Problems Learning About Health Condition (Underserved Adults)



Number of Times You Visited ER/ED In Past 12 Months (Underserved Adults)



Source: URS – Q16: How often do you have problems learning about your health condition because of difficulty in understanding written information? (n=321); URS – Q12: How many times have you been to an Emergency Room/Emergency Department in the past 12 months? (n=332)



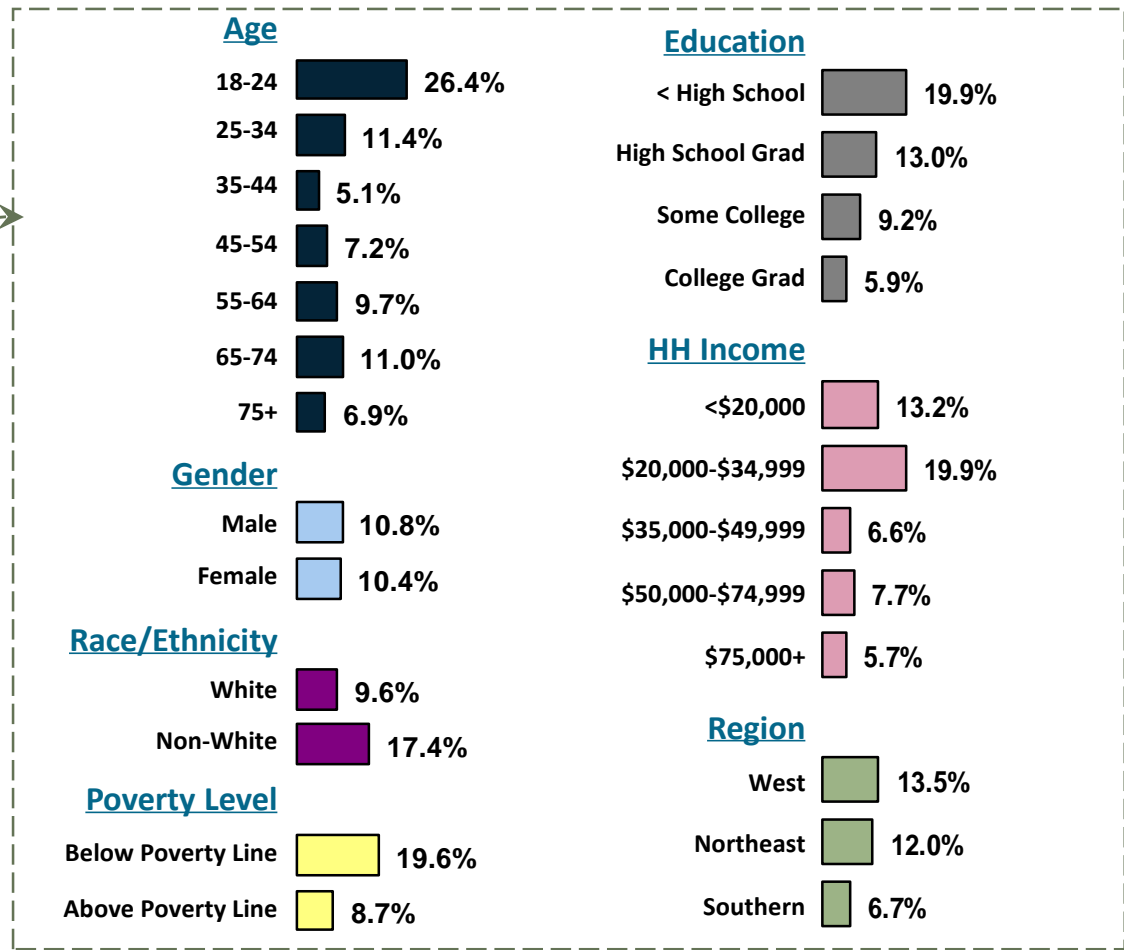
Confidence in Navigating the Healthcare System

- Confidence in navigating the healthcare system is directly related to education and income.
- The youngest adults (18-24) are by far the least confident in navigating the system.
- Non-White adults are less confident than White adults.

Not Very or Not at All Confident in Navigating the Healthcare System (BRFS Adults)

10.6%

Not Confident by Demographics

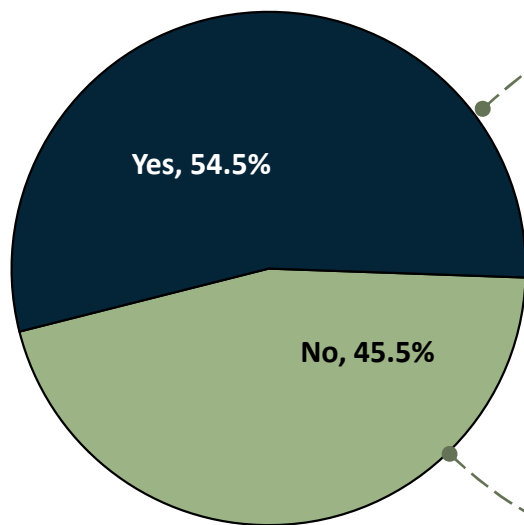




Ability to Refer People to Programs and Services (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Half (54.5%) of Key Informants believe they are equipped to assist their clientele in accessing needed programs and services.
 - ❖ For those who don't feel equipped, it would help to have instant access to information or a list of available resources or services. There is also a need for better ways to access this information through websites, apps, or a centralized location. Better reimbursement rates to providers for Medicaid may offset the need for more acceptance of this insurance type
 - ❖ Resources currently used include 211, SCC Health Department, United Way, , CMH, Council on Aging, BWROC, Maternal Infant Support Services, DHS, and free or sliding scale clinics as The People's Clinic

Believe to Be Equipped to Help People Access Needed Programs and Services



Resources Used Most Often

- **211** for all issues. **Peoples Clinic** for free health care. **BWROC** for substance abuse. **Council on Aging** for senior issues . **DHS** coordinator in **CMH**. **Bankers Life** for enrollment in Medicare SNP plans.
- **Council on Aging, CMH, United Way.**
- **Health Department, Department of Social services.**
- We use **the health portal through the Health Department** to do referrals for pediatric patients needing Early Intervention (Early On evaluations for developmental delays), **Maternal Infant Support Services, Community Mental Health**, etc.
- I refer to the **Health Department, CMH** and the **People's Clinic**.

Suggestions to Be Better Equipped

- A **list of programs** or a **website** that is readily available **with all of the community resources**.
- **Make me aware of what services are available for which individuals.** Possibly **through a meeting, conference** set up like an exhibit hall with all the providing groups represented so I would be able to get information on what is available for our community.
- A **single triage liaison**.
- Need **updated information on all such programs**. Having a **central hub** where **information is constantly updated** and where **providers/patients can go for information would be helpful**.
- **More acceptance of Medicaid** insurance and **better reimbursement rates** from the government/CMS.
- A **universal resource list distributed to providers regarding services THAT IS UPDATED**.

Source: KIOS – Q5: Do you feel you are equipped to help people/clients/patients access needed programs and services? (n=22); KIOS – Q5a: (IF NO) What would better equip you to help people/clients/patients access needed programs and services? Please be as detailed as possible? (n=10); KIOS – Q5b: (IF YES) What is the resource you use most often to help people/clients/patients access needed programs and services? (n=12)

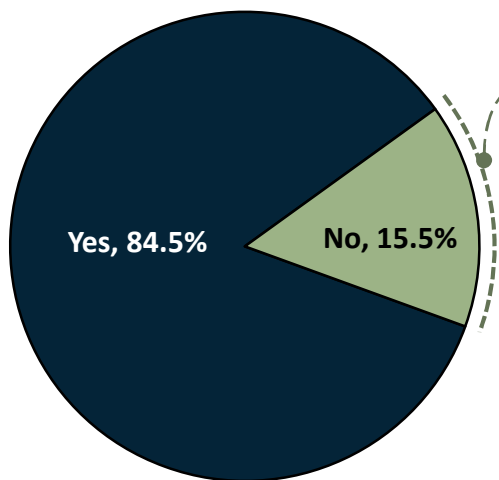
Risk Behavior Indicators



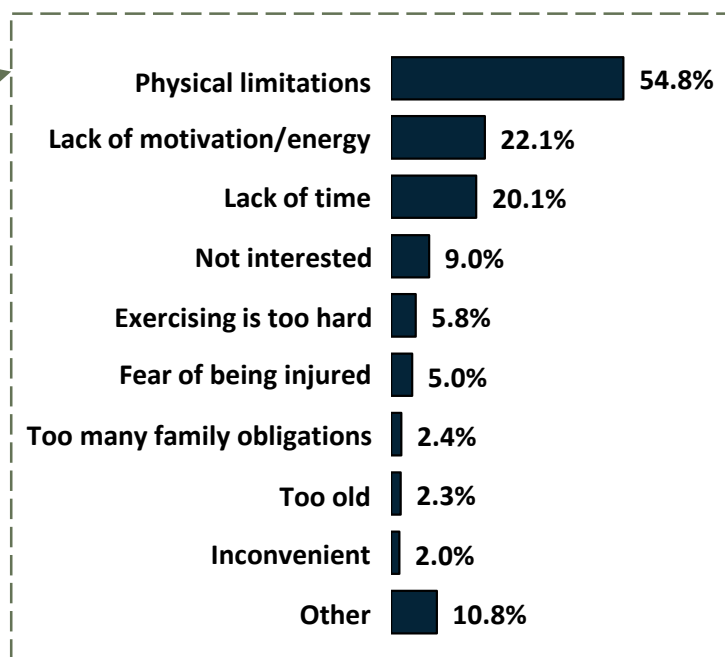
Physical Activity

- More than eight in ten (84.5%) area adults participate in leisure physical activity outside of their job.
- Physical limitations is the greatest barrier to engaging in leisure time physical activity, followed by lack of motivation and lack of time.
- Roughly four in ten St. Clair County youths are receiving inadequate amounts of physical activity; however, this proportion is better than the state or the nation.

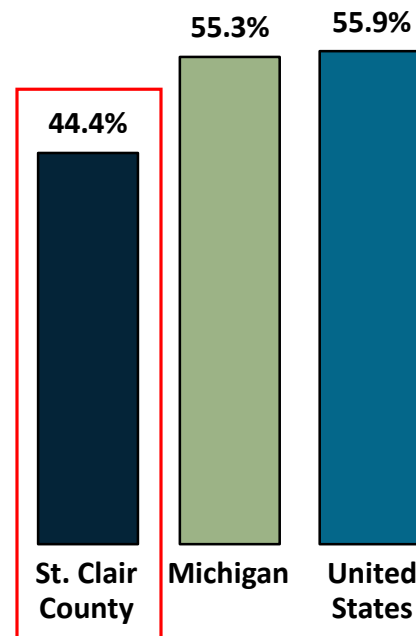
Leisure Time Physical Activity (Adults)



Barriers to Participating in Physical Activity



Inadequate Physical Activity (Youth)



Source: BRFSS – 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? (n=994); BRFSS – Q18.2: (If no) What is preventing you from participating in physical activities outside of your job? (n=202); MI and US High School YRBS 2019; St. Clair County MiPHY, 2019-20, High School.



Physical Activity (Continued)

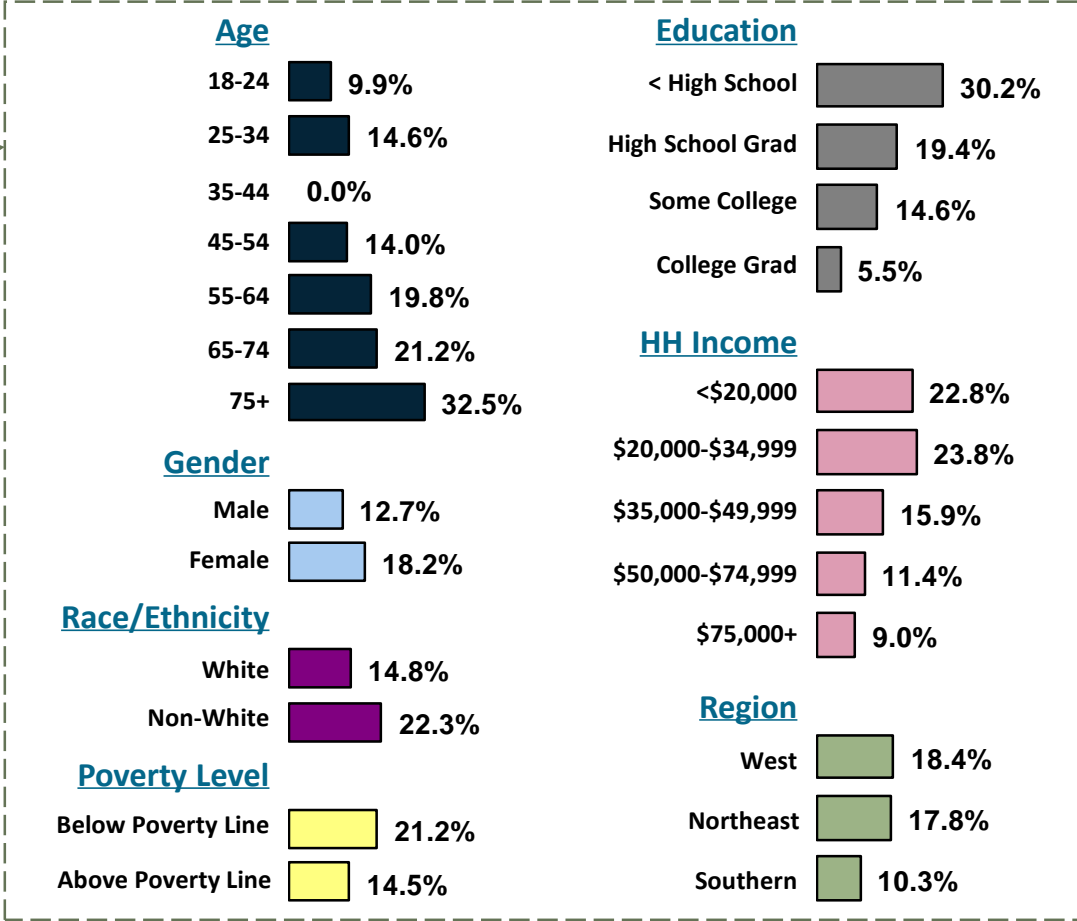
- Engaging in leisure time physical activity outside of work is directly related to education and income and inversely related to age.
- Those most active tend to be from groups that are college graduates, have household incomes of \$50,000 or more, and live in the southern region of the county.

No Leisure Time Physical Activity* (Total Sample)

15.5%

*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 Physical Activity by Demographics

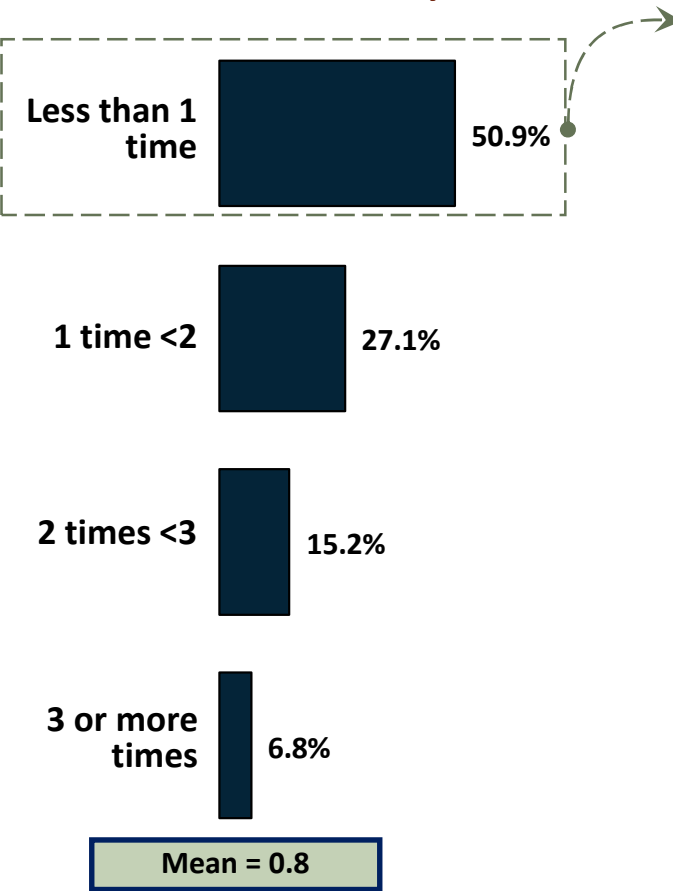




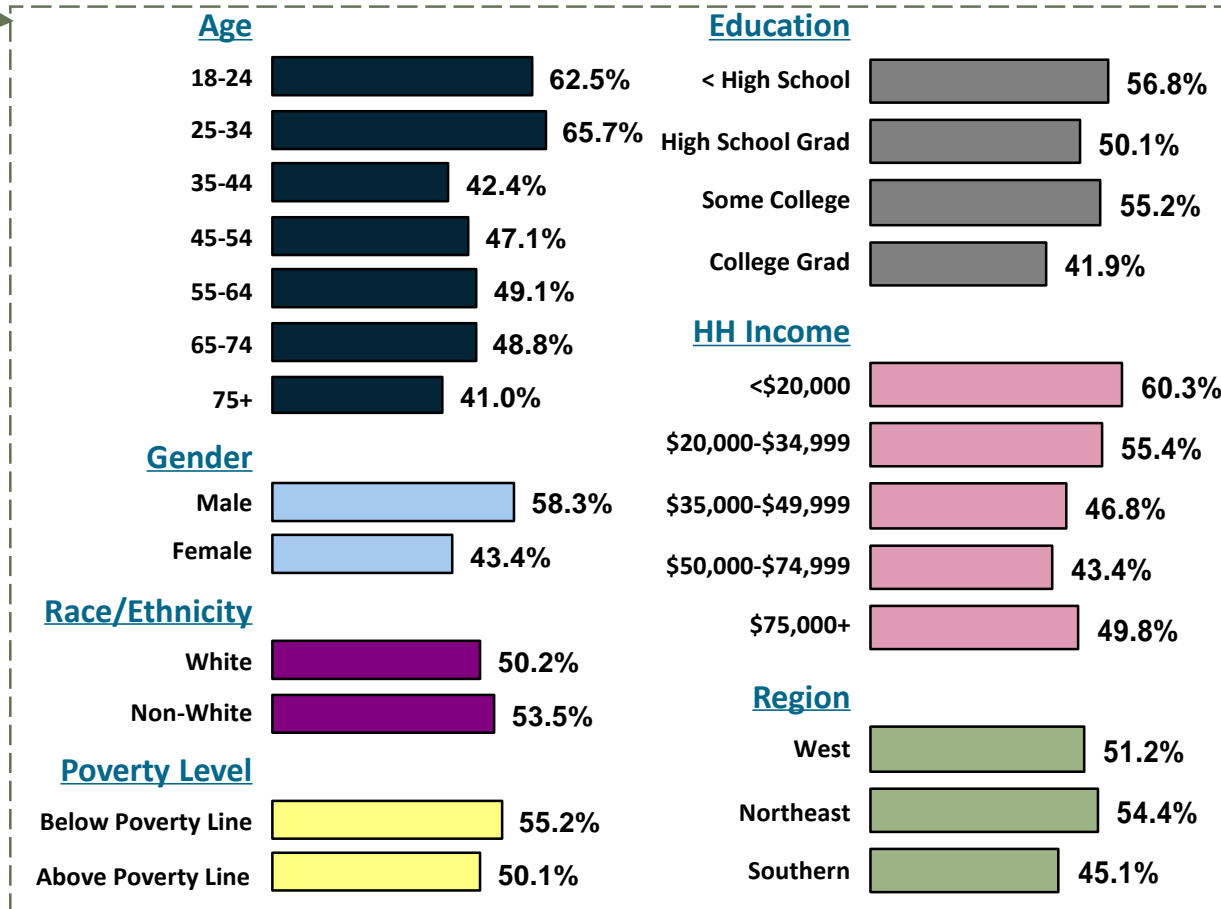
Fruit Consumption

- Half (50.9%) of area adults consume fruit less than one time per day.
 - ❖ Adults likely to eat fruit less than once a day are from groups that are under age 35, have less than a college degree, and have incomes less than \$35,000
 - ❖ Men consume less fruit per day than women

Number of Times Consumed Fruit/Fruit Juice Per Day



Consumed Fruits <1 Time Per Day by Demographics





Vegetable Consumption

- Three in ten (32.8%) adults consume vegetables less than one time per day.
 - ❖ Adults most likely to consume vegetables less than once a day are the youngest (age 18-34)
 - ❖ Men consume fewer vegetables per day than women

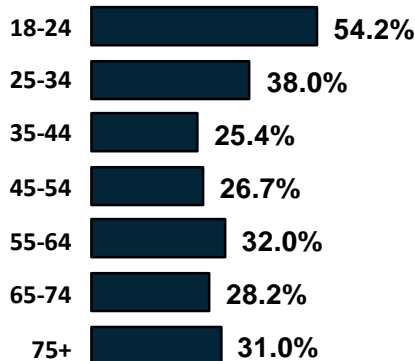
Number of Times Consumed Vegetables Per Day



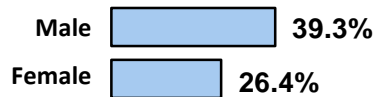
Mean = 1.1

Consumed Vegetables <1 Time Per Day by Demographics

Age



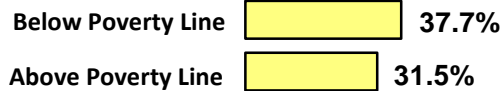
Gender



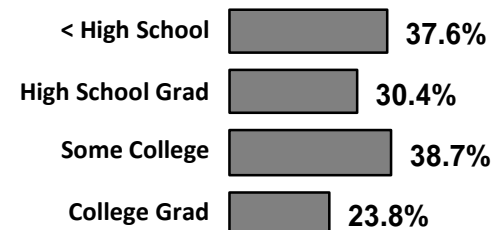
Race/Ethnicity



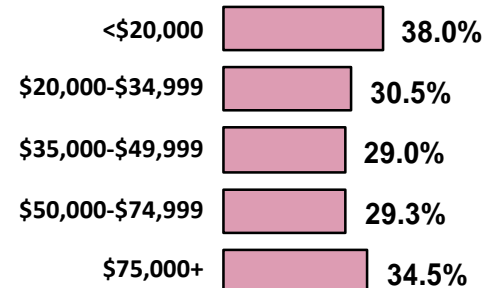
Poverty Level



Education



HH Income



Region





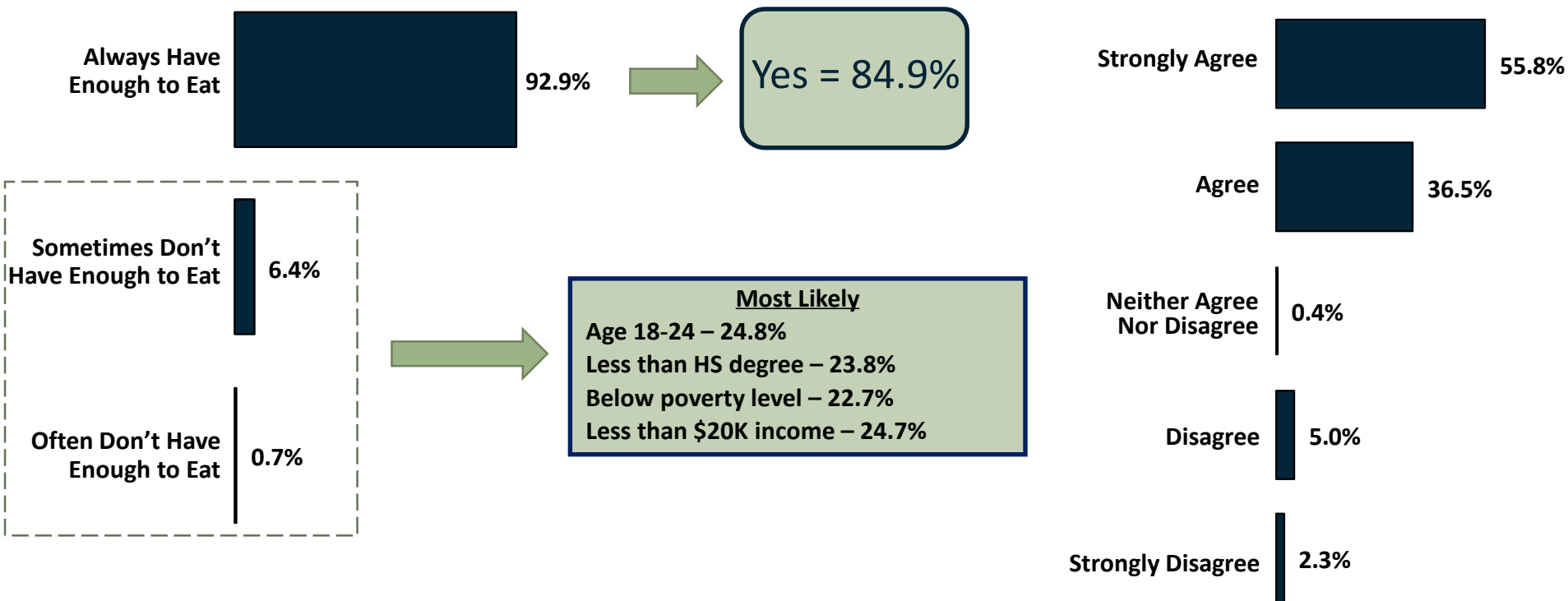
Food Sufficiency

- A very small proportion (7.1%) of area adults report they sometimes or often don't have enough food to eat.
 - ❖ Adults most likely to report they sometimes or often don't have enough to eat tend to come from groups that are youngest (18-24), have less than a high school degree, and have the lowest incomes
- The vast majority of people say they eat what they want to and more than nine in ten (92.3%) say it's easy to find fresh fruits and vegetables in their neighborhood or community.

Food Sufficiency

Foods I Wanted to Eat

It's Easy to Find Fresh Fruits and Vegetables in My Community



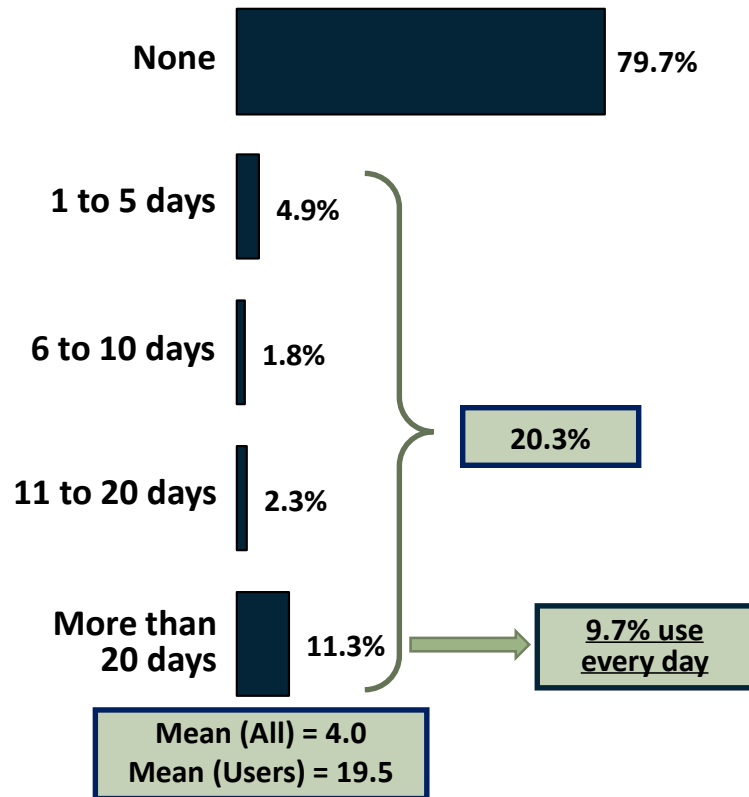
Source: BRFs – Q17.1: Which of the following statements best describes the food eaten in your household within the last 12 months? Would you say that you... (n=997); BRFs – Q17.2: (If yes) Were these foods always the kinds of foods that you wanted to eat? (n=943); BRFs – Q17.3: Please tell me how much 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... (n=990)



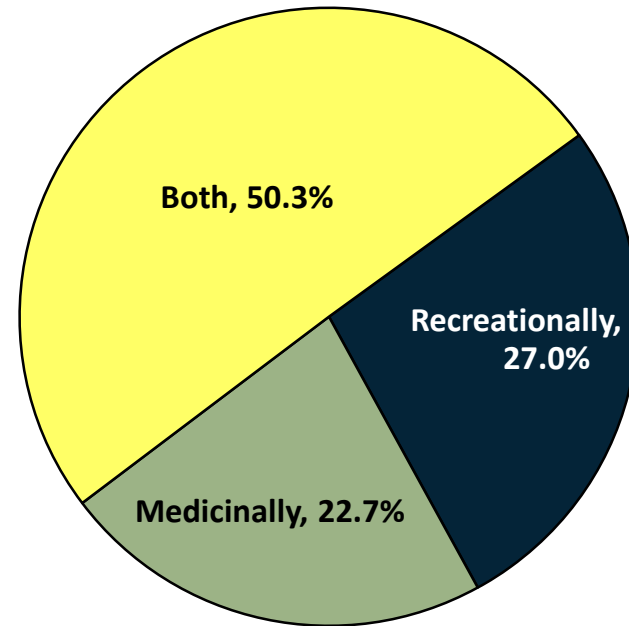
Marijuana Use

- One in five (20.3%) St. Clair County adults have used marijuana or cannabis at least once in the past 30 days.
 - ❖ One in ten (9.7%) use marijuana every day
- Half (50.3%) of those who use, do so both medicinally and recreationally.

Number of Days Used Marijuana or Cannabis in Past 30 Days



Mode of Use (Among Those Who Use)





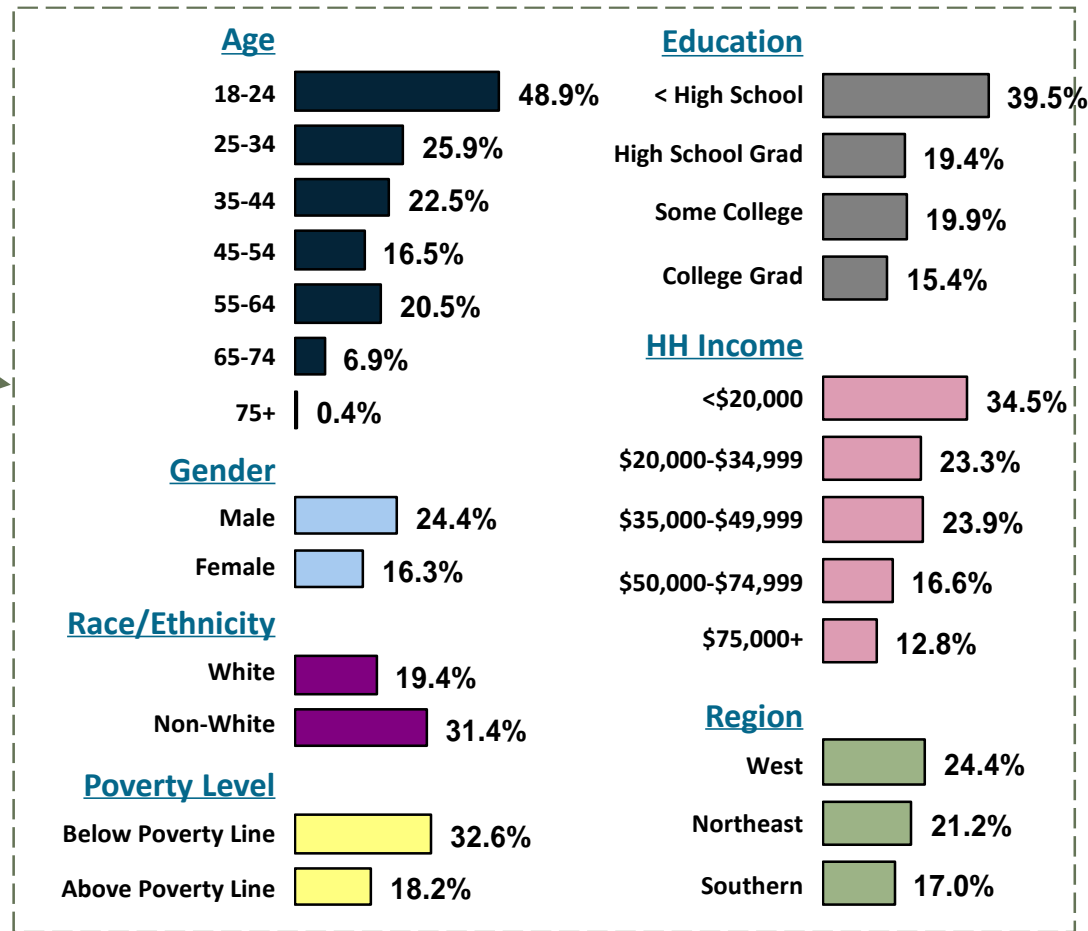
Marijuana Use (Continued)

- Marijuana use is more prevalent among adults aged 18-24 than adults who are older, and it's also more prevalent among men than women.
- Marijuana use is also inversely related to education and income; in fact, it is most prevalent among adults with less than a high school degree and/or annual household incomes less than \$20,000.

**Used Marijuana or Cannabis
In Past 30 Days*
(Total Sample)**

20.3%

Marijuana/Cannabis Use in Past 30 Days by Demographics



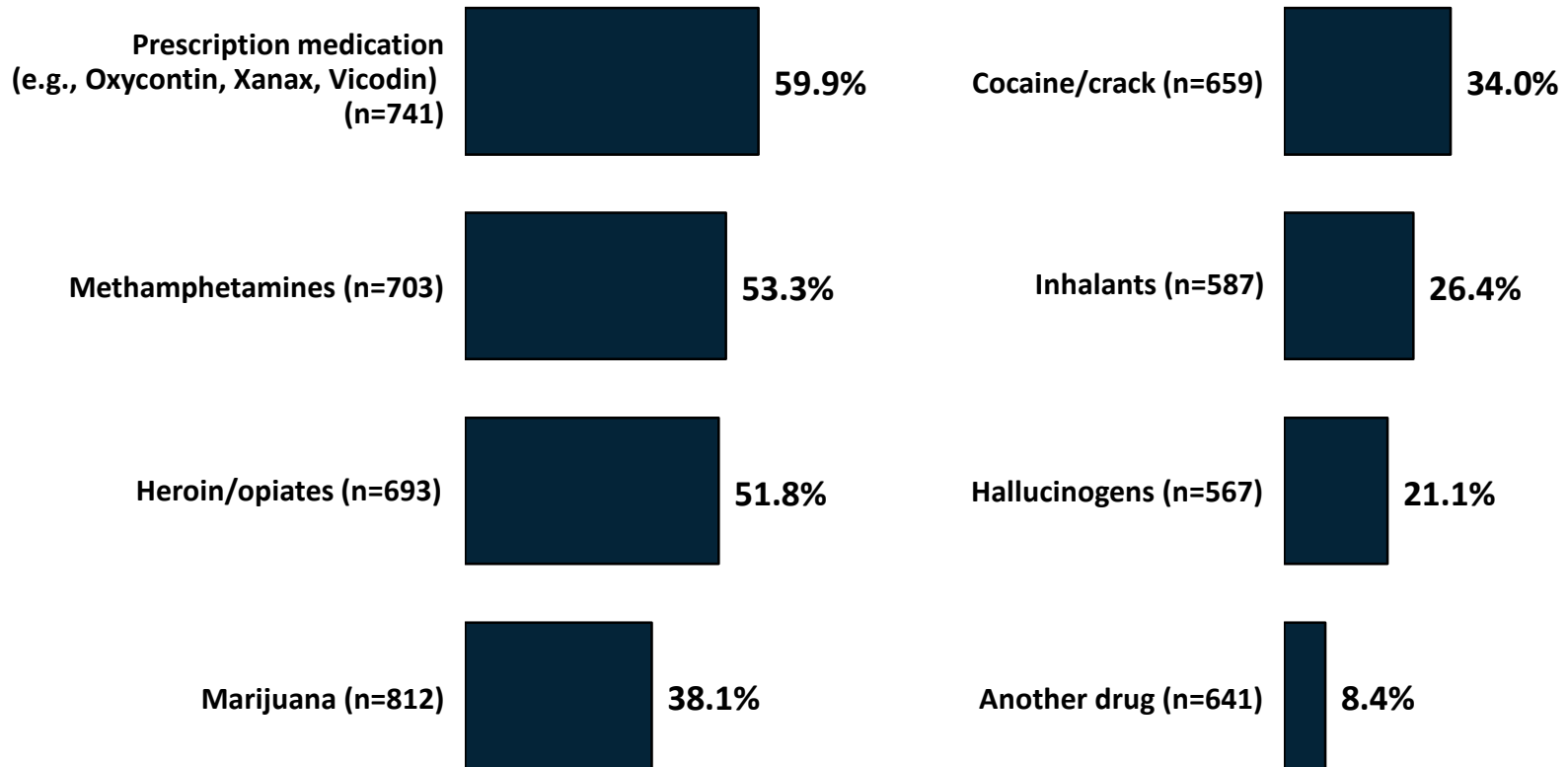
*Among all adults, the proportion who reported that they had used marijuana or cannabis at least one day on the past 30 days.




Perception of Substance Use Problems in the Community

- Over half of the adults in St. Clair County believe the use of prescription medication, methamphetamines, and heroin (including opiates) is a problem in their communities.
- Additionally, more than one-third believe marijuana and cocaine use are also problematic.

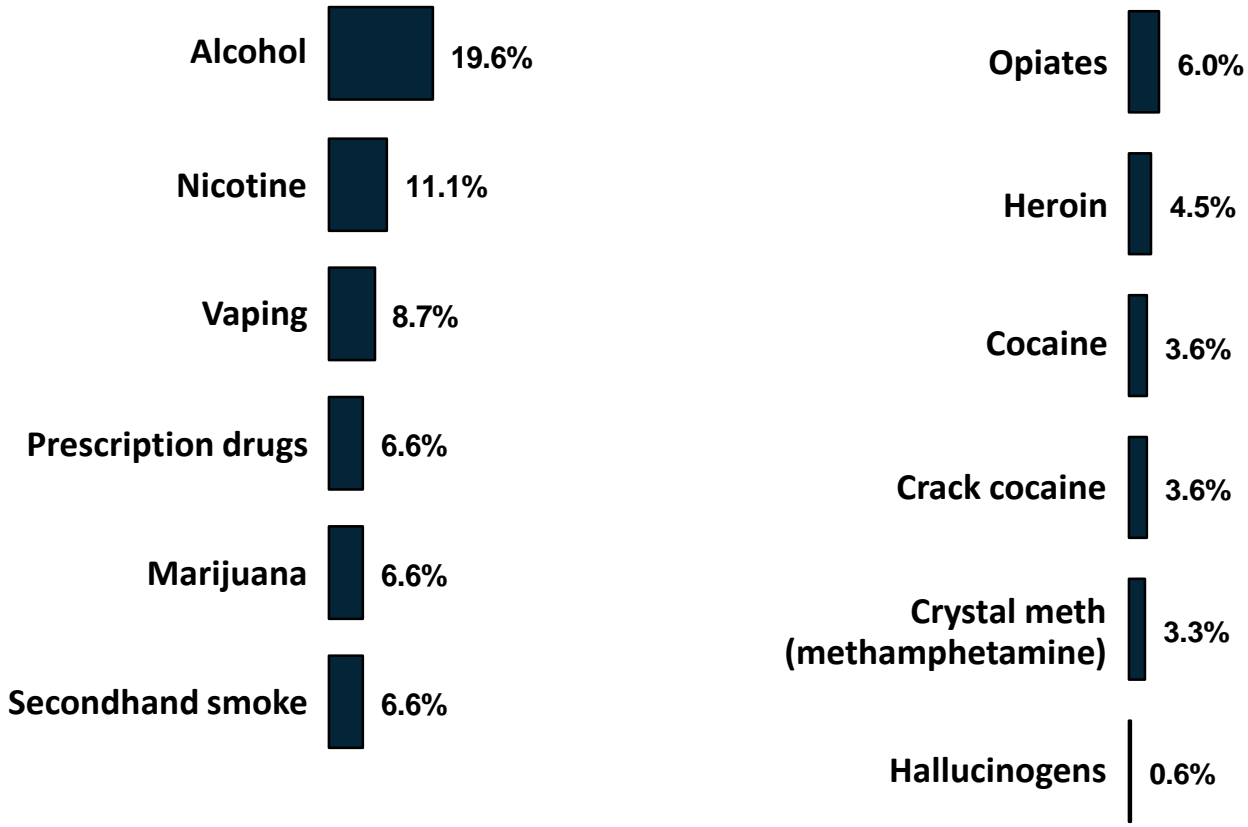
Substances Perceived to be Problems





Impact of Substance Abuse and Addiction (Underserved Residents)

- Underserved residents most often cite alcohol, nicotine, and vaping as the substances that have a negative impact on them or their families.
- One in fifteen (6.6%) say prescription drugs, marijuana, and/or second hand smoke has had a negative impact on them or their families.



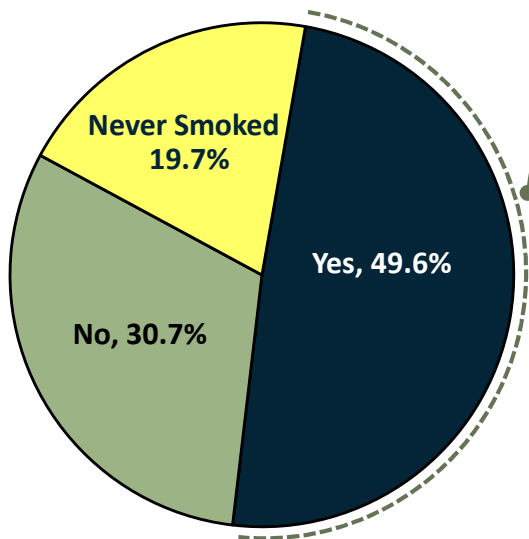
Source: URS – Q13: Substance abuse and addiction can have a negative impact on individuals or families. Which of the following, if any, have had a negative effect on you or your family? (n=332)



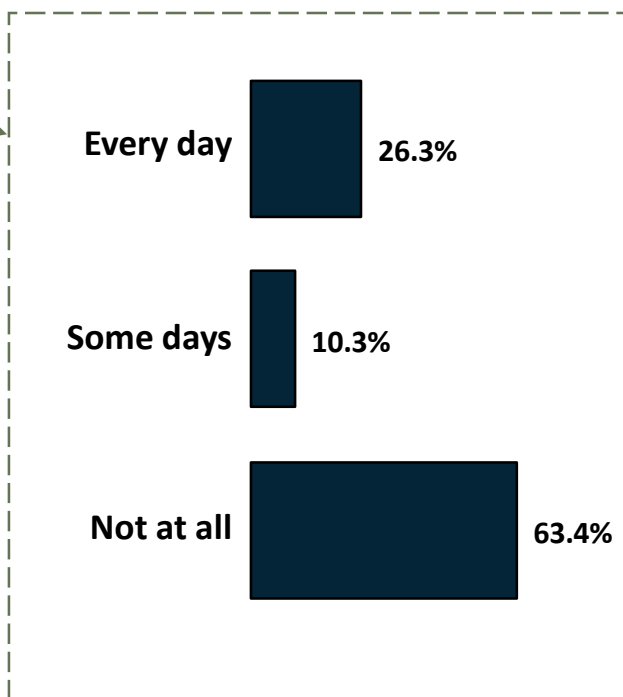
Cigarette Smoking

- Half (49.6%) of St. Clair County adults have smoked at least 100 cigarettes in their lifetime. Of these, 26.3% currently smoke every day and 10.3% smoke some days.
 - ❖ Using 100 cigarettes as the minimum to be classified as a current or former smoker, 18.1% of St. Clair County adults are considered to be current smokers, 31.5% are former smokers, and 50.4% of adults are non-smokers or never smoked

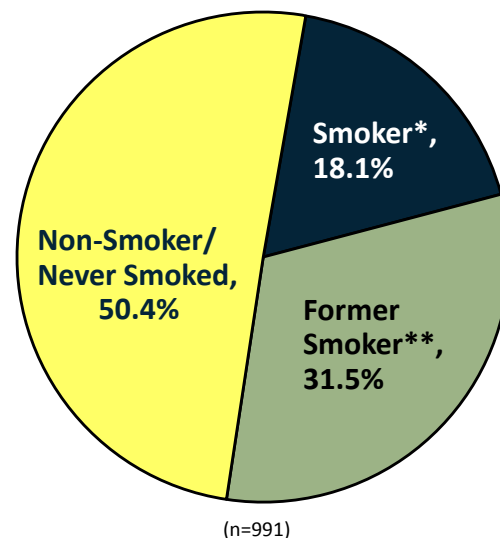
Smoked 100 Cigarettes in Lifetime



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



Smoking Status



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

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



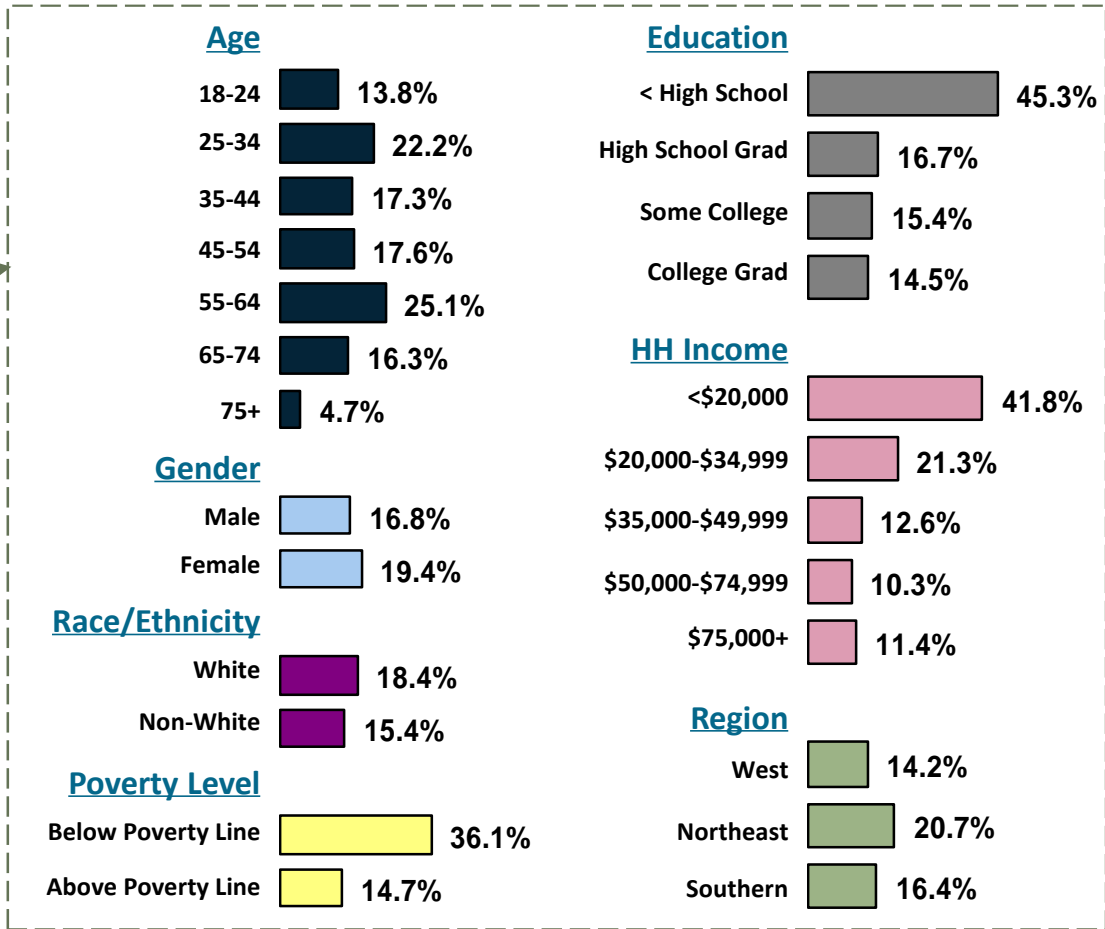
Cigarette Smoking (Continued)

- Cigarette smoking is inversely related to education and income, and is most common among adults with the least education and/or with the lowest annual household incomes.
- The prevalence of smoking is higher in adults living in the northeast region of the county compared to adults in the west or southern regions.

Current Cigarette Smoking* (Total Sample)

18.1%

Current Cigarette Smoking by Demographics



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



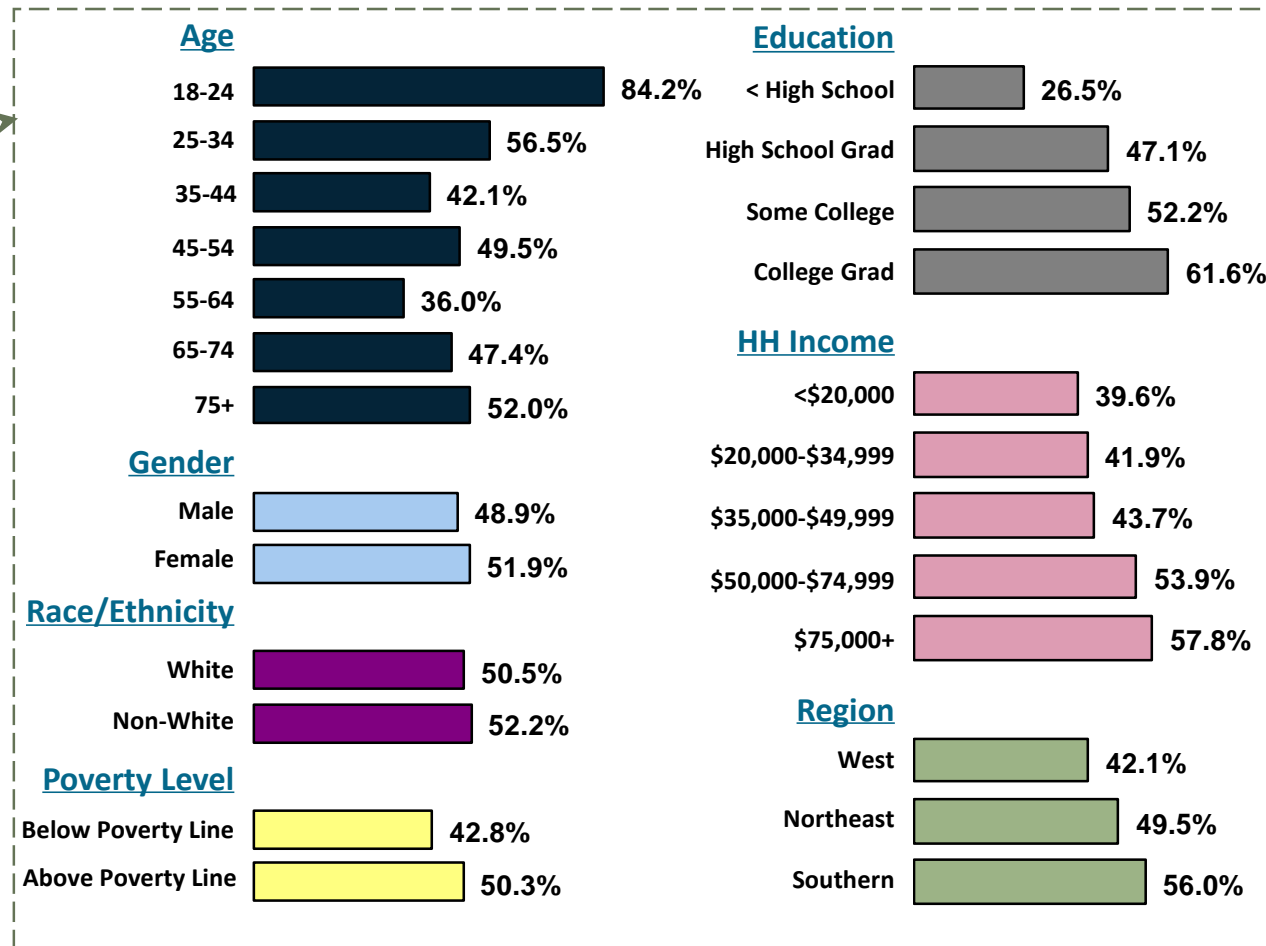
Cigarette Smoking (Continued)

- On the other hand, adults most likely to be non-smokers or to have never smoked are the youngest adults (18-24), college graduates, and have household incomes of \$50,000 or more.

Non-Smoker/Never Smoked Cigarettes* (Total Sample)

50.4%

Never Smoked Cigarettes by Demographics



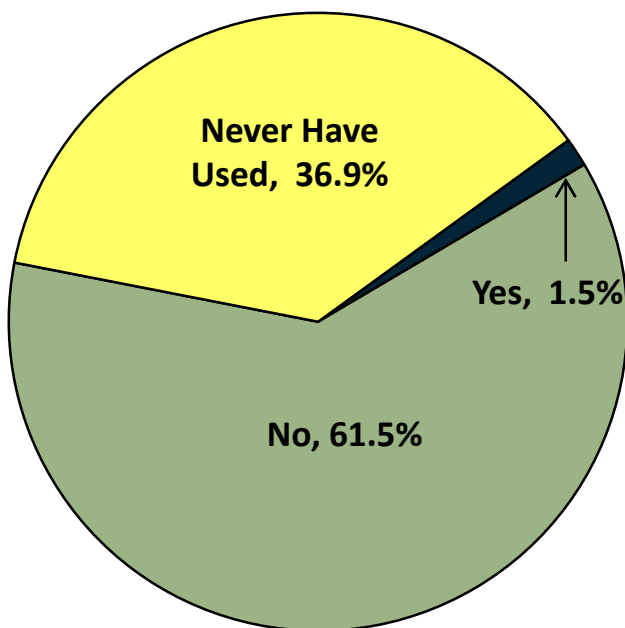
*Among all adults, the proportion who reported that they had had never smoked at all, or had never smoked at least 100 cigarettes (5 packs) in their life.



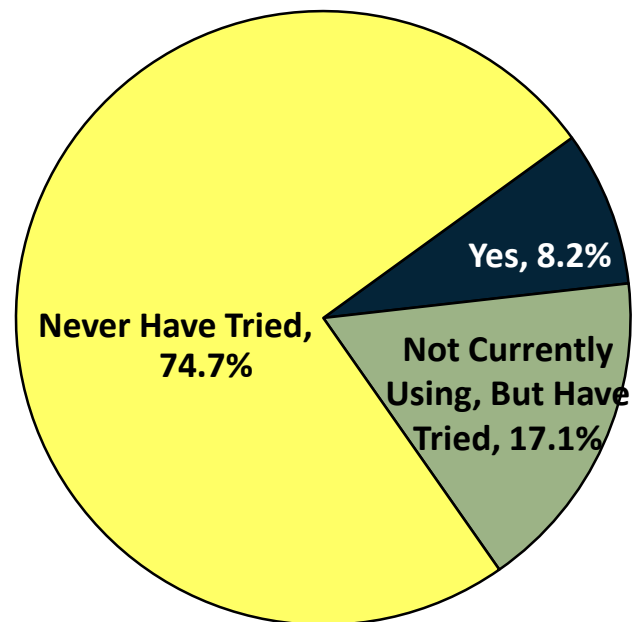
Smokeless Tobacco and E-cigarette/Vaping Device Use

- An extremely small proportion of area adults currently use smokeless tobacco products.
- On the other hand, one in eleven (8.2%) currently use vaping devices and an additional 17.1% have used these devices in the past.

Current Use of Smokeless Tobacco Products



Current Use of Vaping Devices



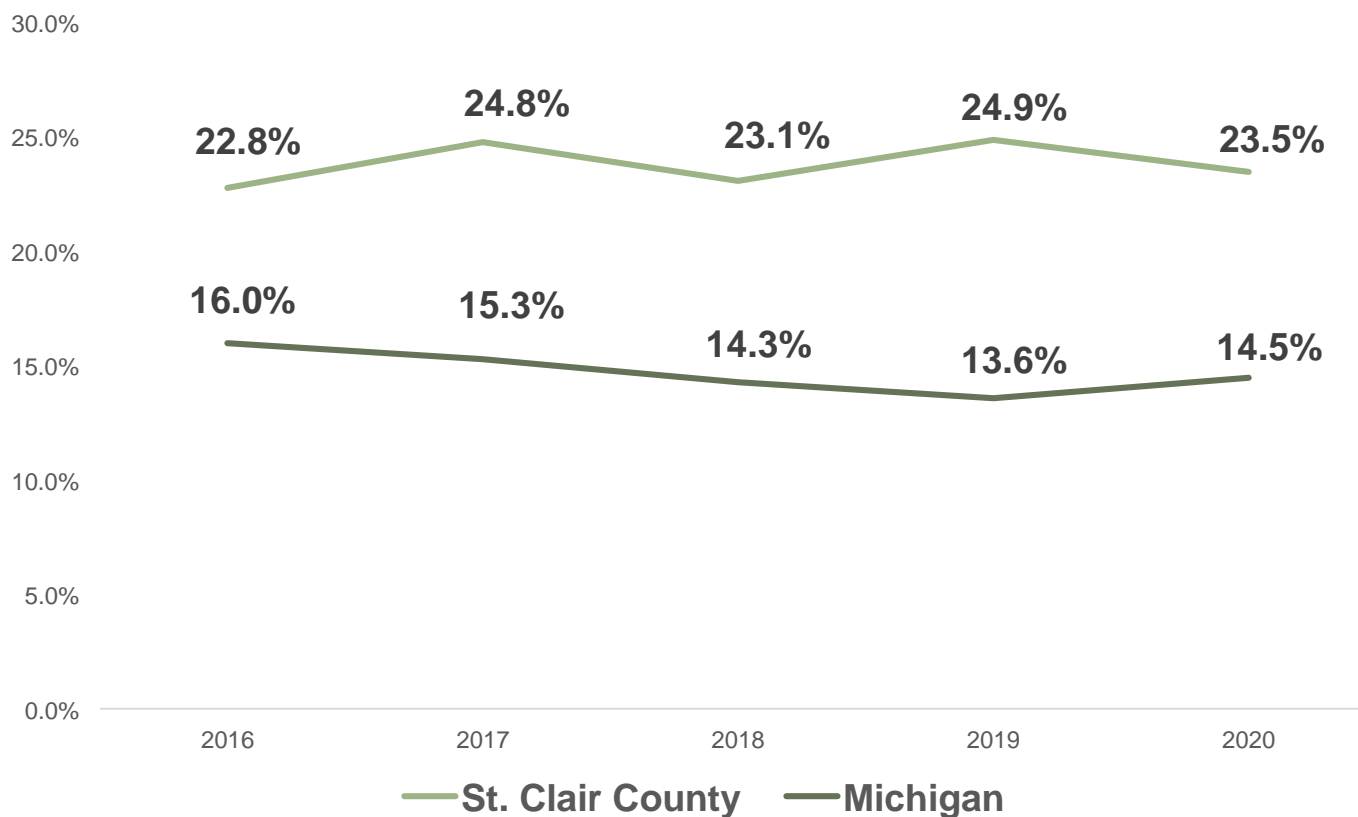


Smoking Among Pregnant Women

NEW

- Roughly one in four St. Clair County women who are pregnant smoke, and this proportion has remained relatively stable over the past five years.
- More notable is that these rates have been consistently higher than the state's rate.

Percent of Pregnant Women Who Smoke Over Time

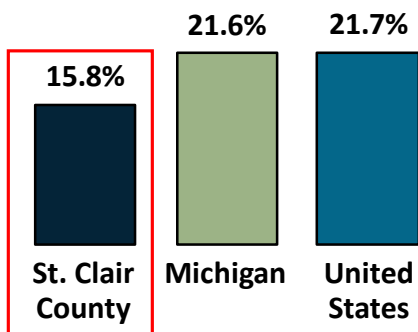




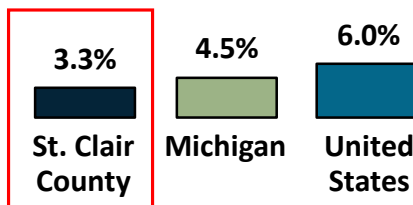
Marijuana Use, Smoking, and Vaping Among Area Teens

- Among St. Clair County teens, the prevalence of marijuana use and cigarette smoking is lower than the prevalence among teens across Michigan or the U.S.
 - ❖ Still, one in six St. Clair County teens currently uses marijuana
- The prevalence of vaping among local teens is higher than the state prevalence, with one in four currently using a vaping product.

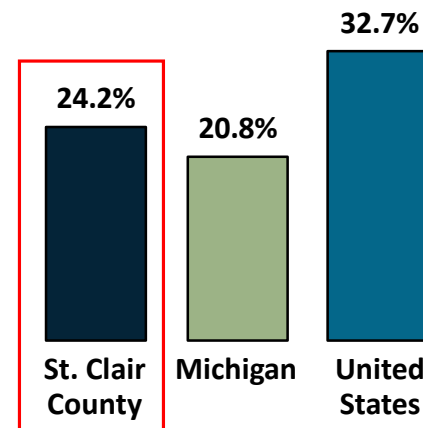
Currently Use Marijuana



Currently Smoke Cigarettes



Currently Use Vaping Products

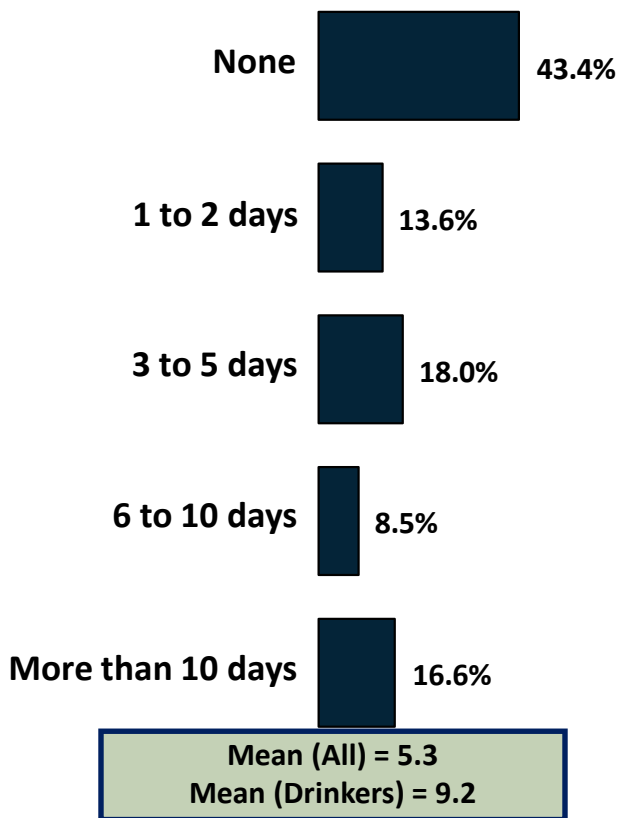




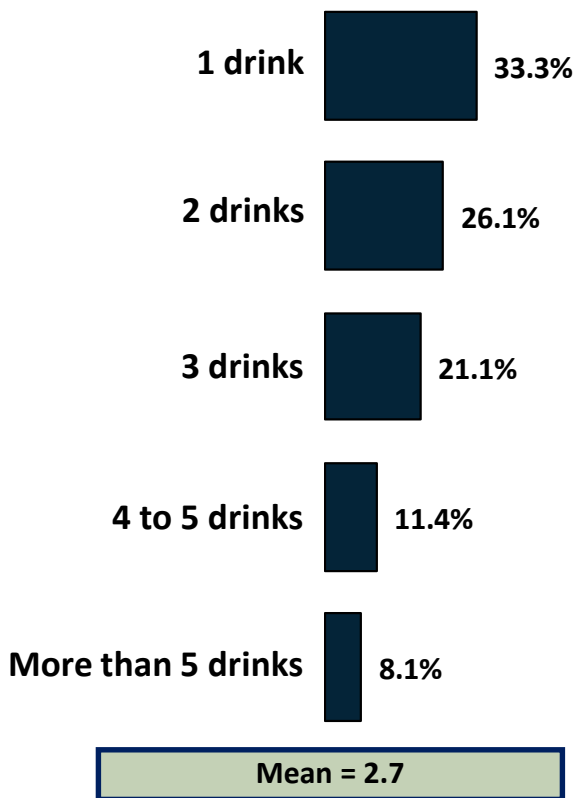
Alcohol Consumption

- Slightly more than four in ten (44.1%) area adults are considered to be non-drinkers of alcohol; meaning, they had no drinks in the past 30 days.
- On the other hand, almost half (47.9%) of St. Clair County adults are light to moderate drinkers and 8.0% are considered to be heavy drinkers.

Number of Days Drank Alcohol in Past 30 Days



Average Number of Drinks When Drinking



Drinking Status

Non-Drinker	44.1%
Light/Moderate Drinker	47.9%
Heavy Drinker*	8.0%

*Heavy drinking is defined as adult consuming an average of more than seven (if female) or fourteen drinks (if male) per week.



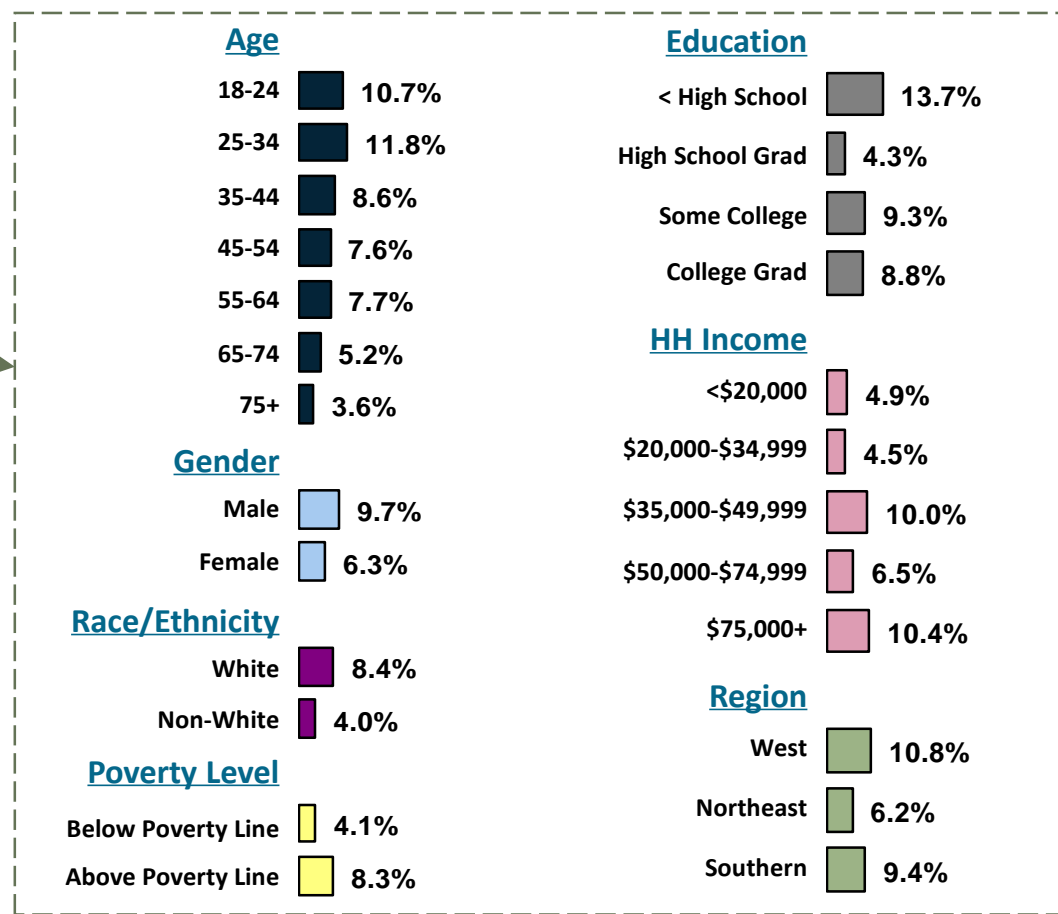
Alcohol Consumption (Continued)

- Among St. Clair County adults, heavy drinking is more prevalent in White adults than non-White adults, and more prevalent in adults with less than a high school degree compared to those with more education.
- The likelihood of heavy drinking increases with household income.
- The prevalence of heavy drinking is inversely related to age.

Heavy Drinking* (Total Sample)

8.0%

Heavy Drinking by Demographics



*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.



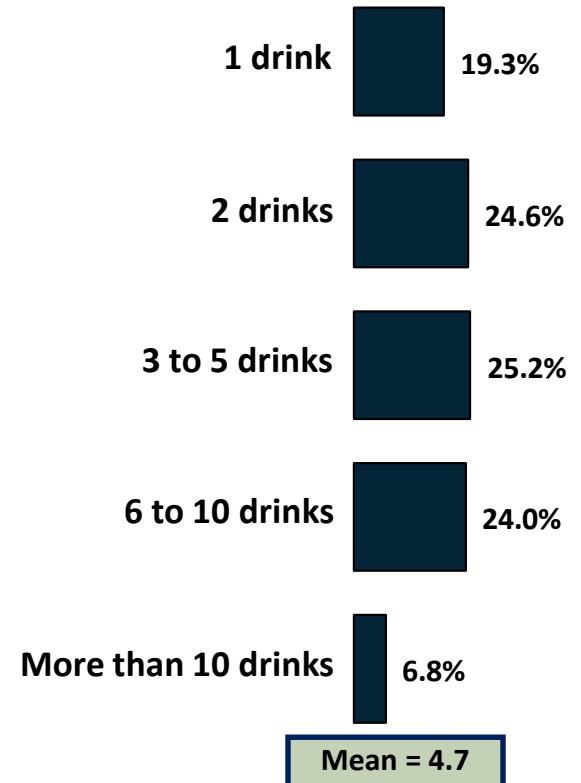
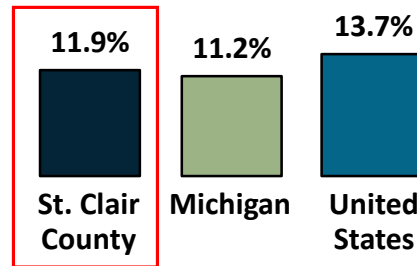
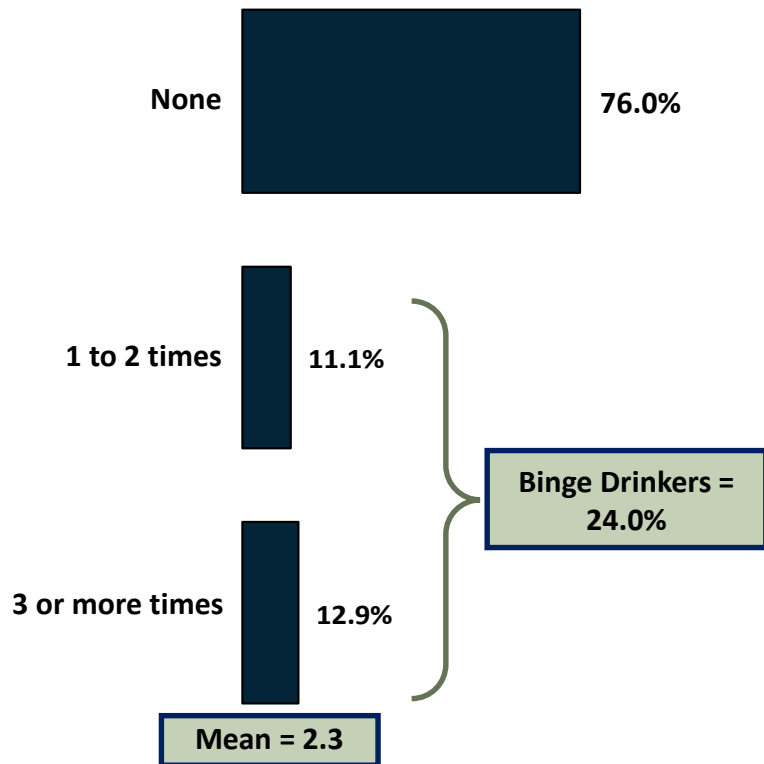
Binge Drinking

- Among all area adults, 24.0% have engaged in binge drinking in the past 30 days.
 - ❖ Among those who drink, three in ten (30.8%) say they have consumed six or more drinks on an occasion in the past month
- Although fewer area youth report binge drinking compared to youth across the U.S., the prevalence of binge drinking is slightly higher for St. Clair County youth than for youth across Michigan.

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

Binge Drinking (Among High School Aged Youth)

Largest Number of Drinks on an Occasion in Past 30 Days (Among Drinkers)



Source: BRFSS – 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? (n=501); MI High School YRBS 2019. US High School YRBS 2019. St. Clair County MiPHY, 2019-20, High School; BRFSS – Q20.4: During the past 30 days, what is the largest number of drinks you had on any occasion? (n=501)



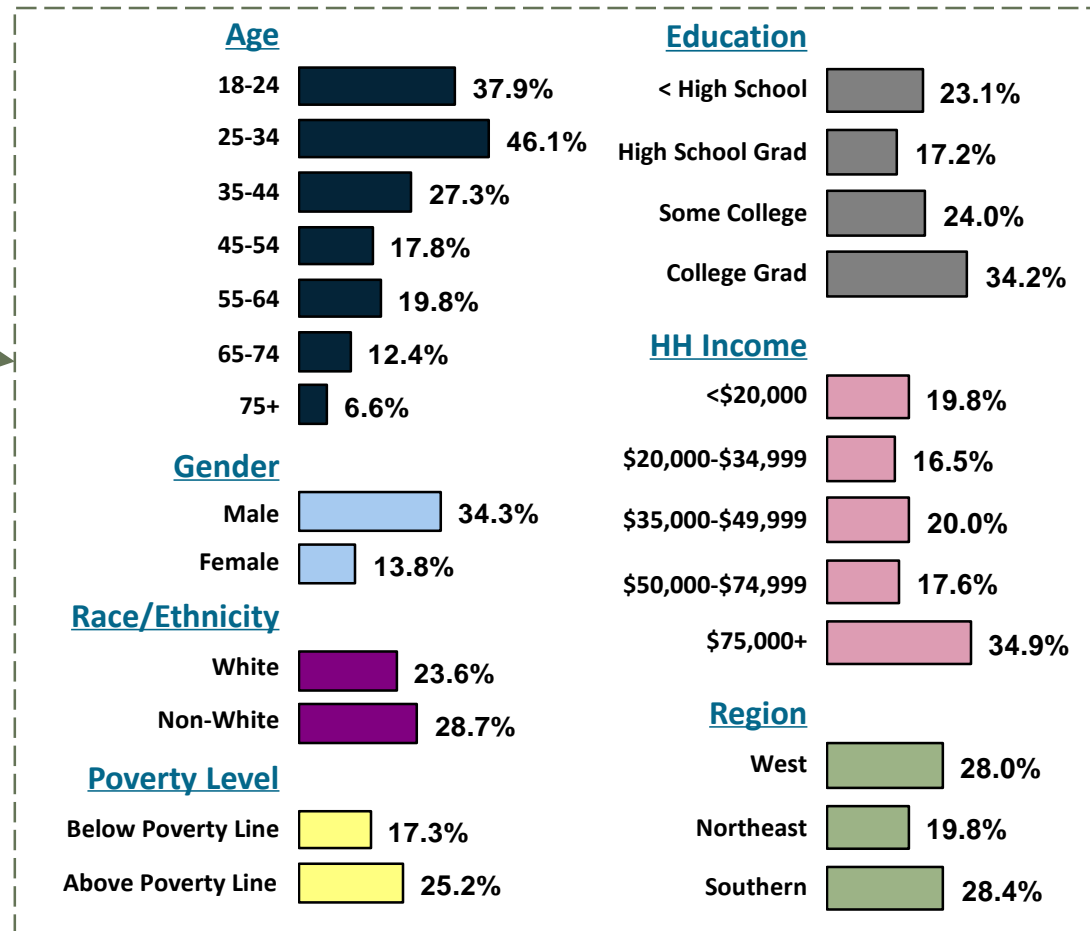
Binge Drinking (Continued)

- The prevalence of binge drinking is highest, by far, among adults age 18-34, and it is also much higher among men than women.
- High rates of binge drinking are found in college graduates and those with the highest annual incomes.

Binge Drinking* (Total Sample)

24.0%

Binge Drinking by Demographics



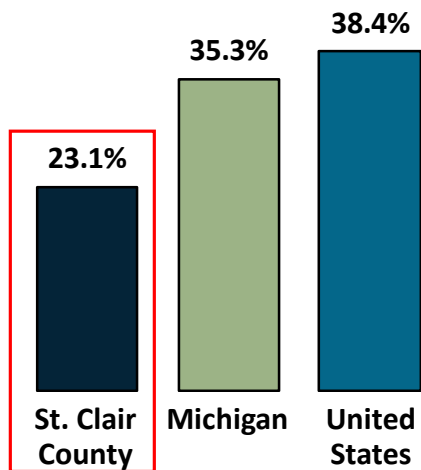
*Among all adults, the proportion who reported consuming five or more drinks per occasion (for men) or four or more drinks per occasion (for women) at least once in the previous month.



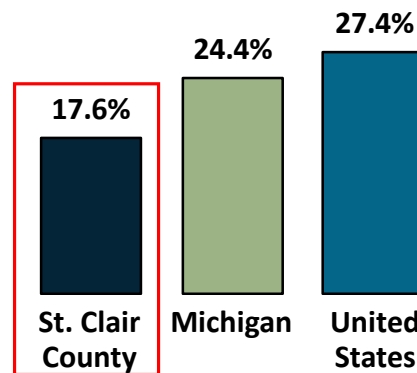
Teenage Sexual Activity and Teen Pregnancy

- St. Clair County teens are far less likely to have ever engaged in sexual intercourse compared to teens across Michigan or the U.S.
- However, **teen births are higher among St. Clair County teens than teens across the state or the nation**, while repeat teen births are lower in St. Clair County than in Michigan or the U.S.

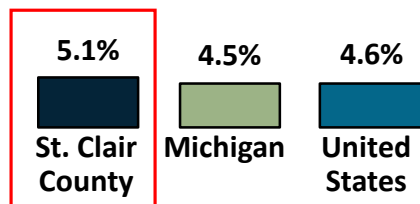
Youth Who Have Ever Had Sexual Intercourse



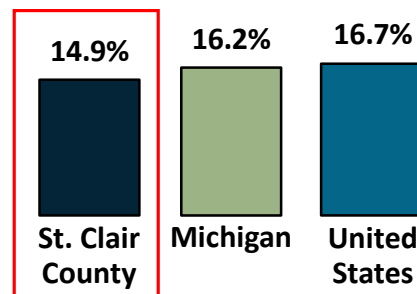
Youth Who Have Had Intercourse in Past 3 Months



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



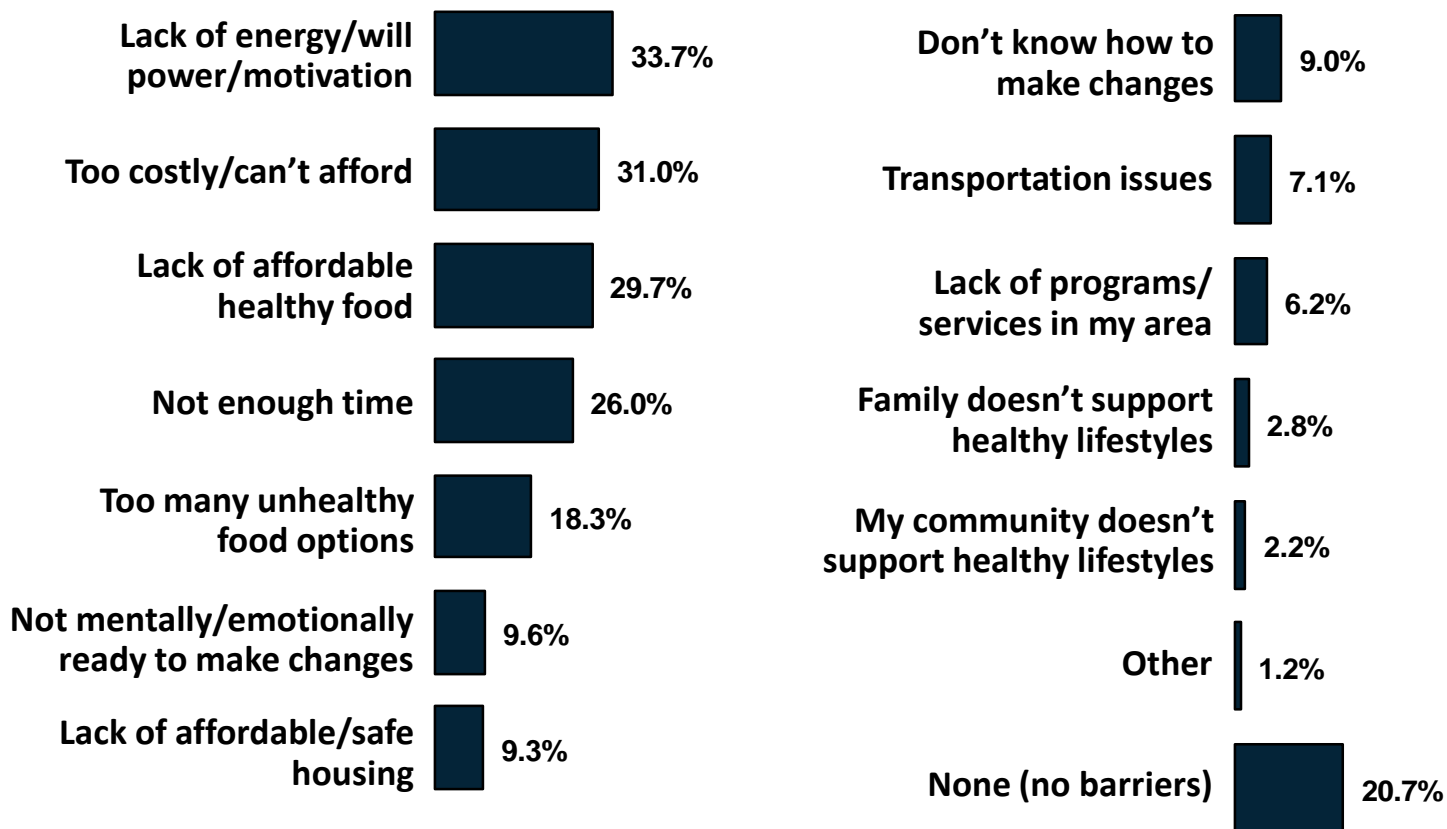
Repeat Teen Births (% of All Births to Mothers Aged 15-19)





Barriers to Living a Healthier Lifestyle (Underserved Residents)

- **Underserved adults face many barriers** when trying to live a healthier lifestyle, especially lack of energy, will-power, or motivation, as well as cost, lack of affordable healthy food, and lack of time.
- One in five (20.7%) say they face no barriers to living a healthy lifestyle.



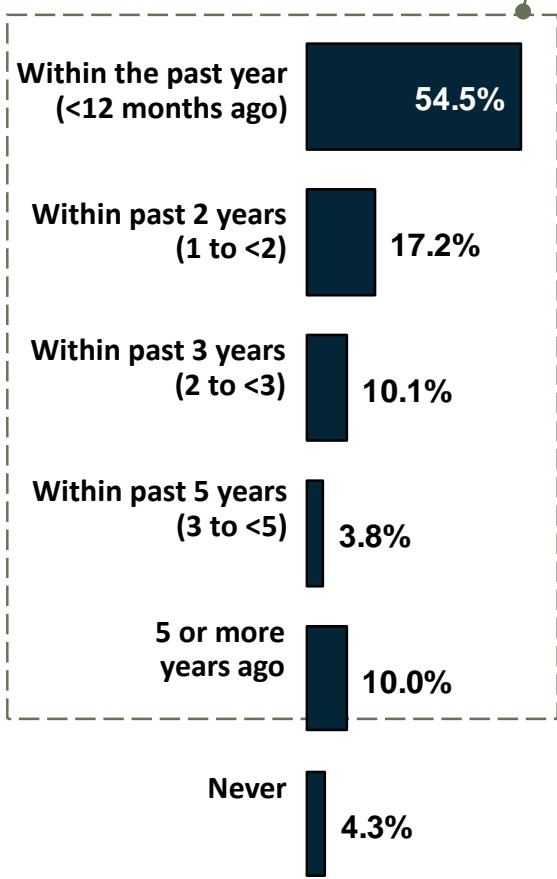
Clinical Preventive Practices



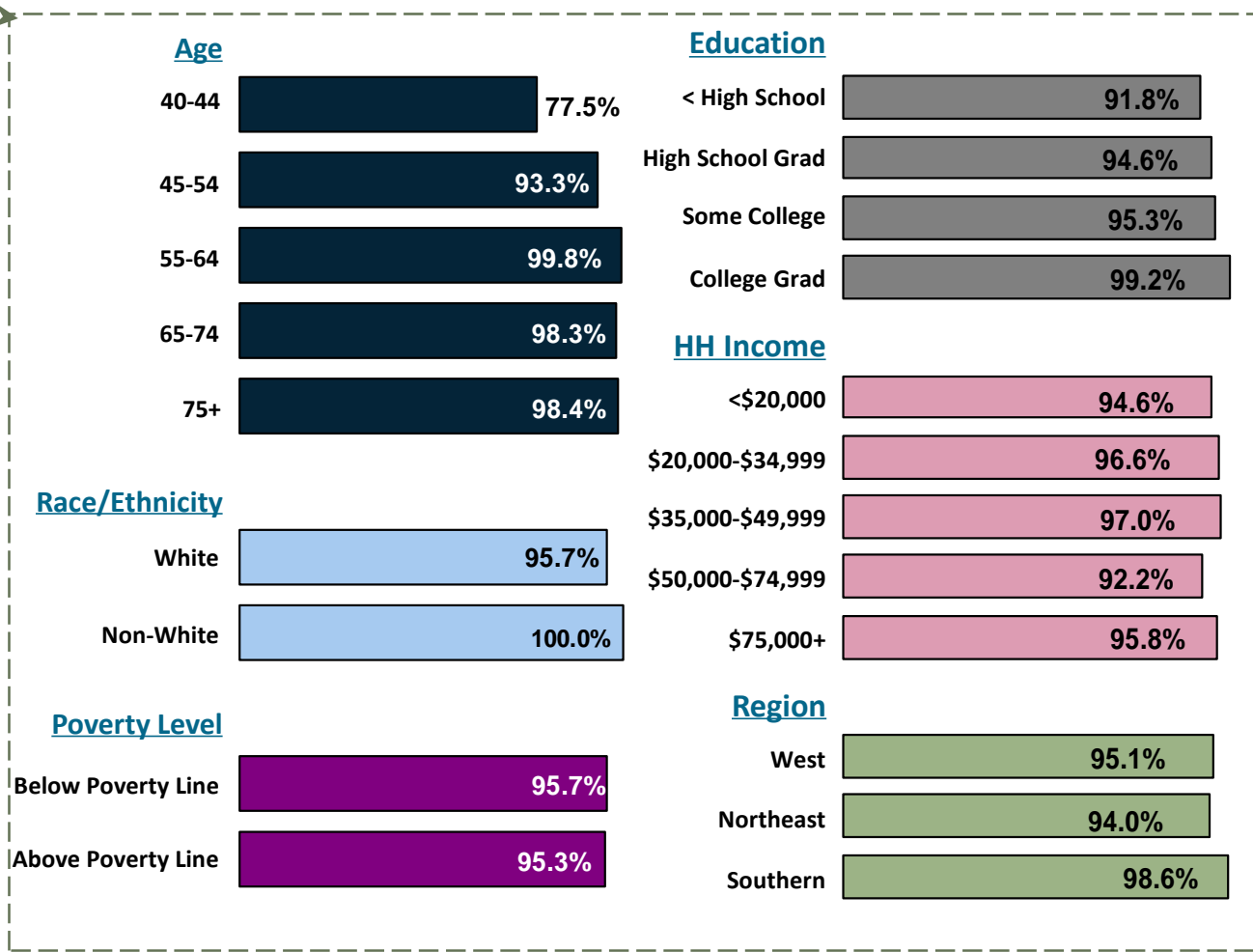
Cancer Screening – Mammogram

- Almost all (95.7%) area women age 40 or older have had a mammogram at one time.
 - ❖ Women aged 40-44 are least likely to have had a mammogram

Ever Had Mammogram (Among Women Age 40+)



Ever Had Mammogram by Demographics

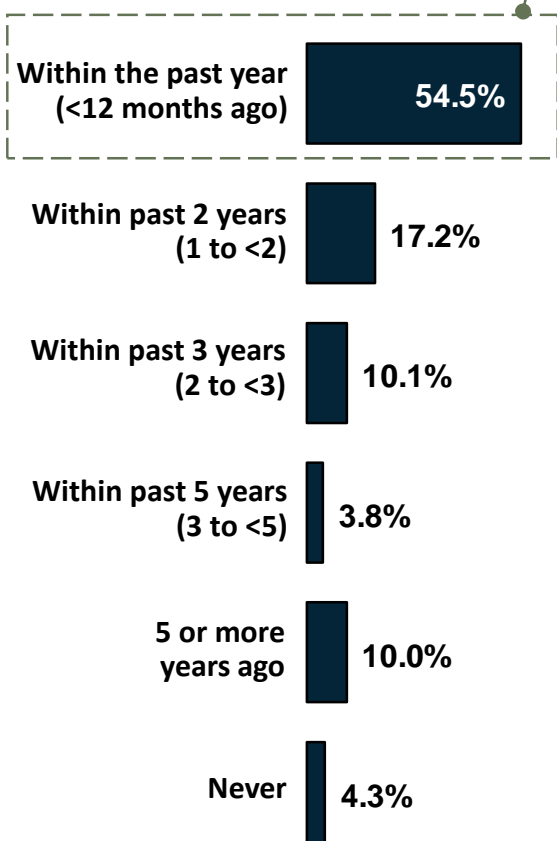




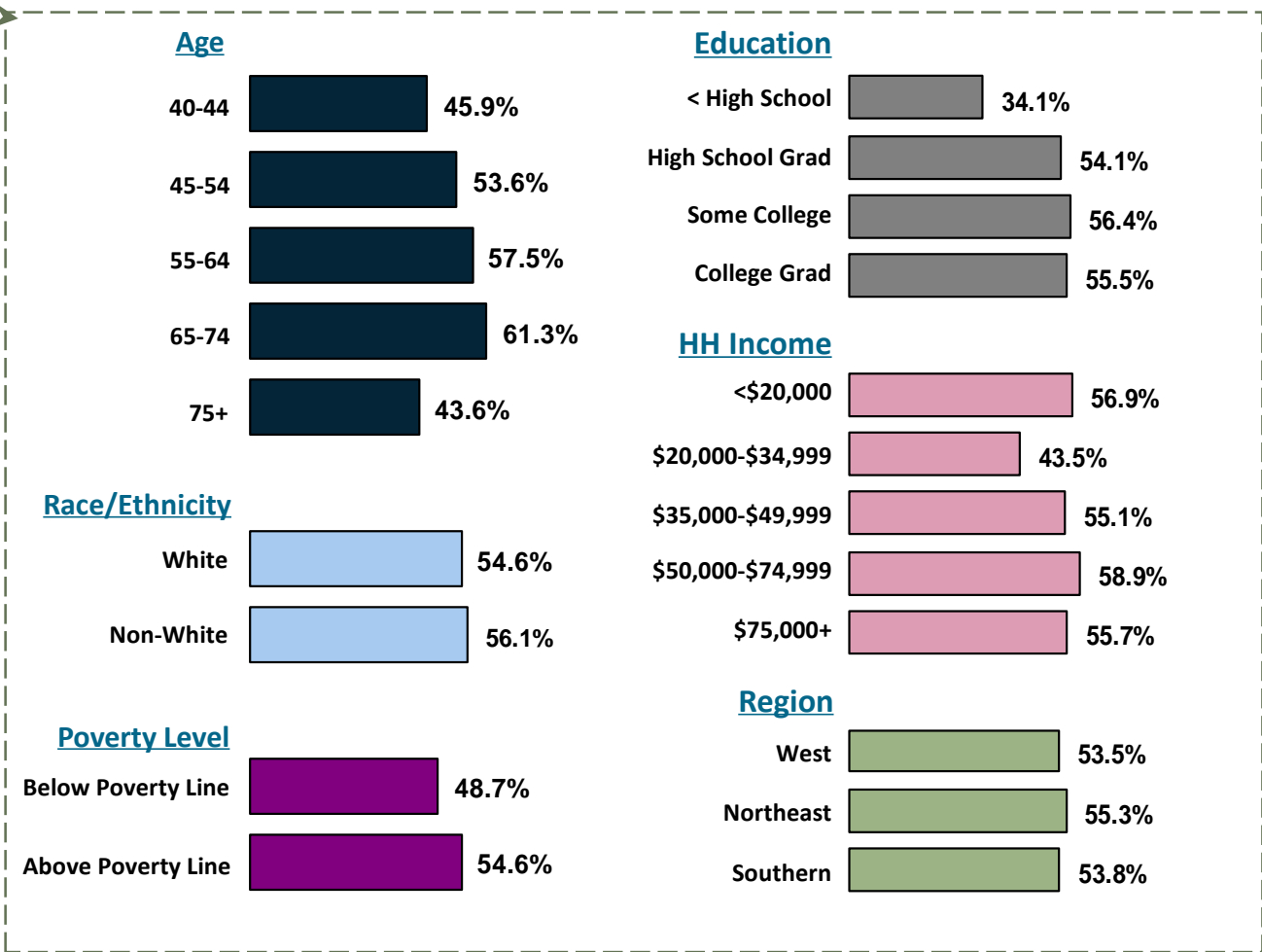
Cancer Screening – Mammogram (Continued)

- Over half (54.5%) of area women age 40 or older have had a mammogram in the past year.
 - ❖ Women who are less likely to have had a mammogram in the past year come from the youngest (40-44) and oldest age groups (75+), have less than a high school degree, and live below the poverty line

Had Mammogram in Past Year (Among Women Age 40+)



Had Mammogram in Past Year by Demographics

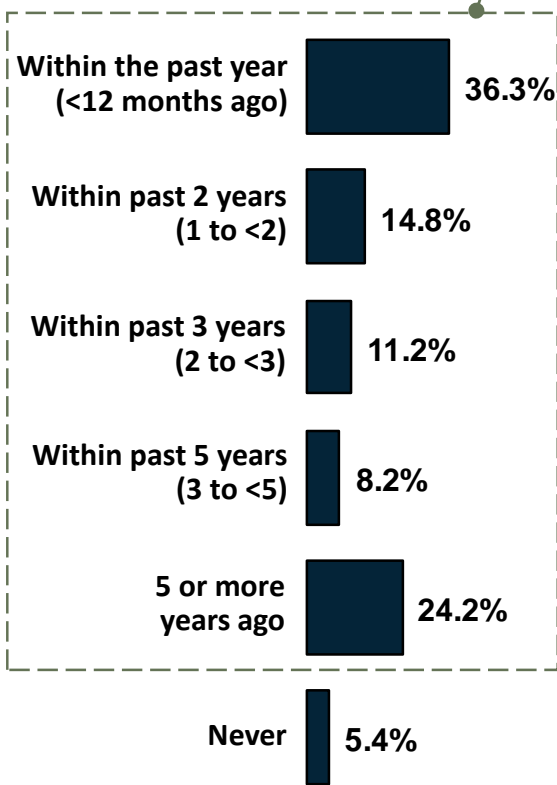




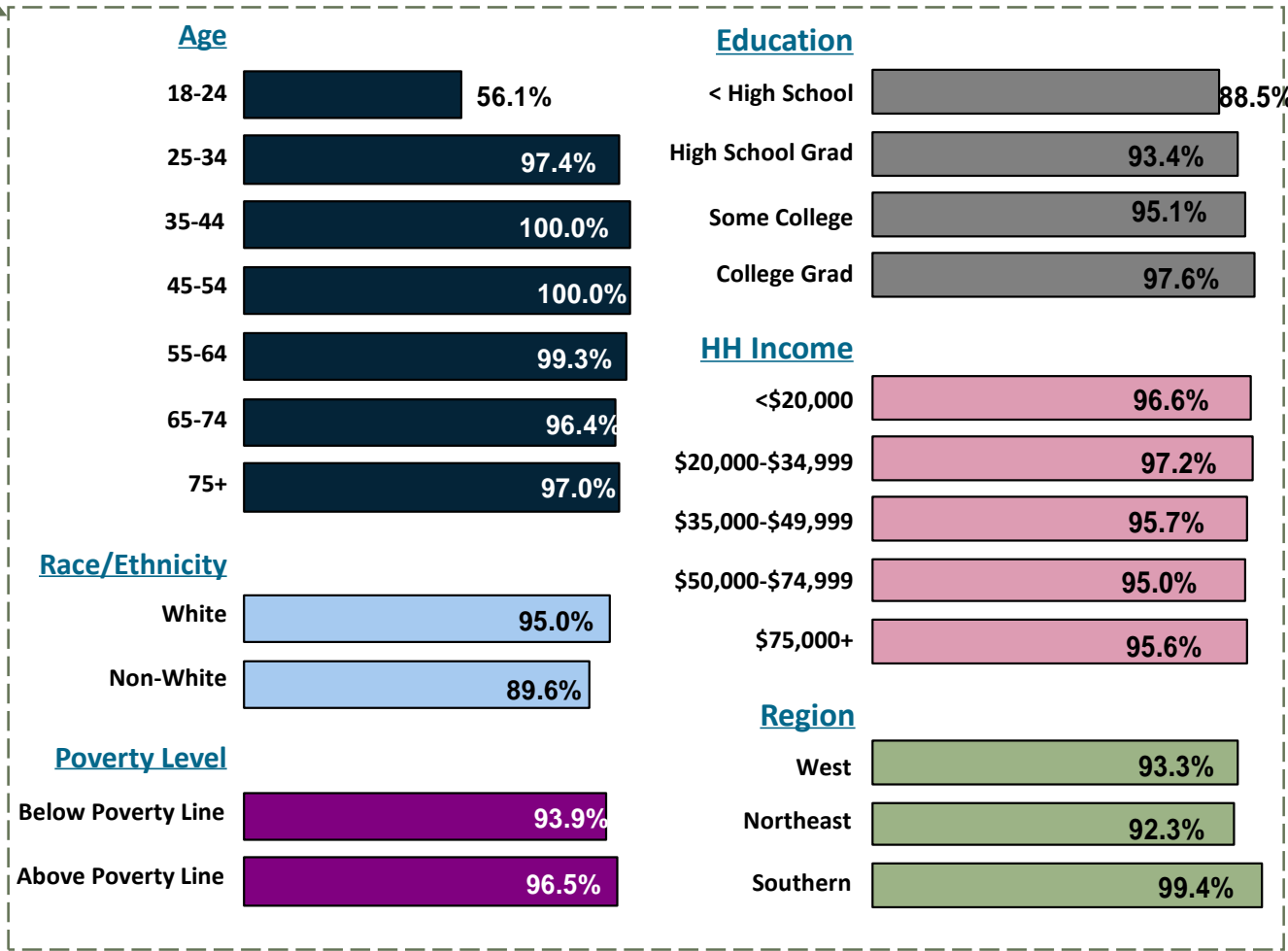
Cancer Screening – Pap Test

- More than nine in ten (94.6%) St. Clair County women have had a Pap test at one time.
 - ❖ The only notable difference demographically is that women in the youngest age range (< age 25) are far less likely to have had a Pap test compared to older women.

Ever Had Pap Test (Among All Women)



Ever Had Pap Test by Demographics

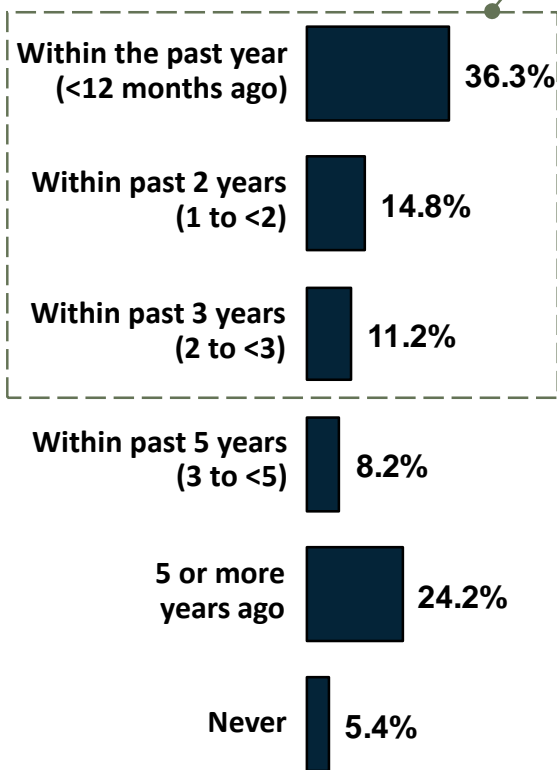




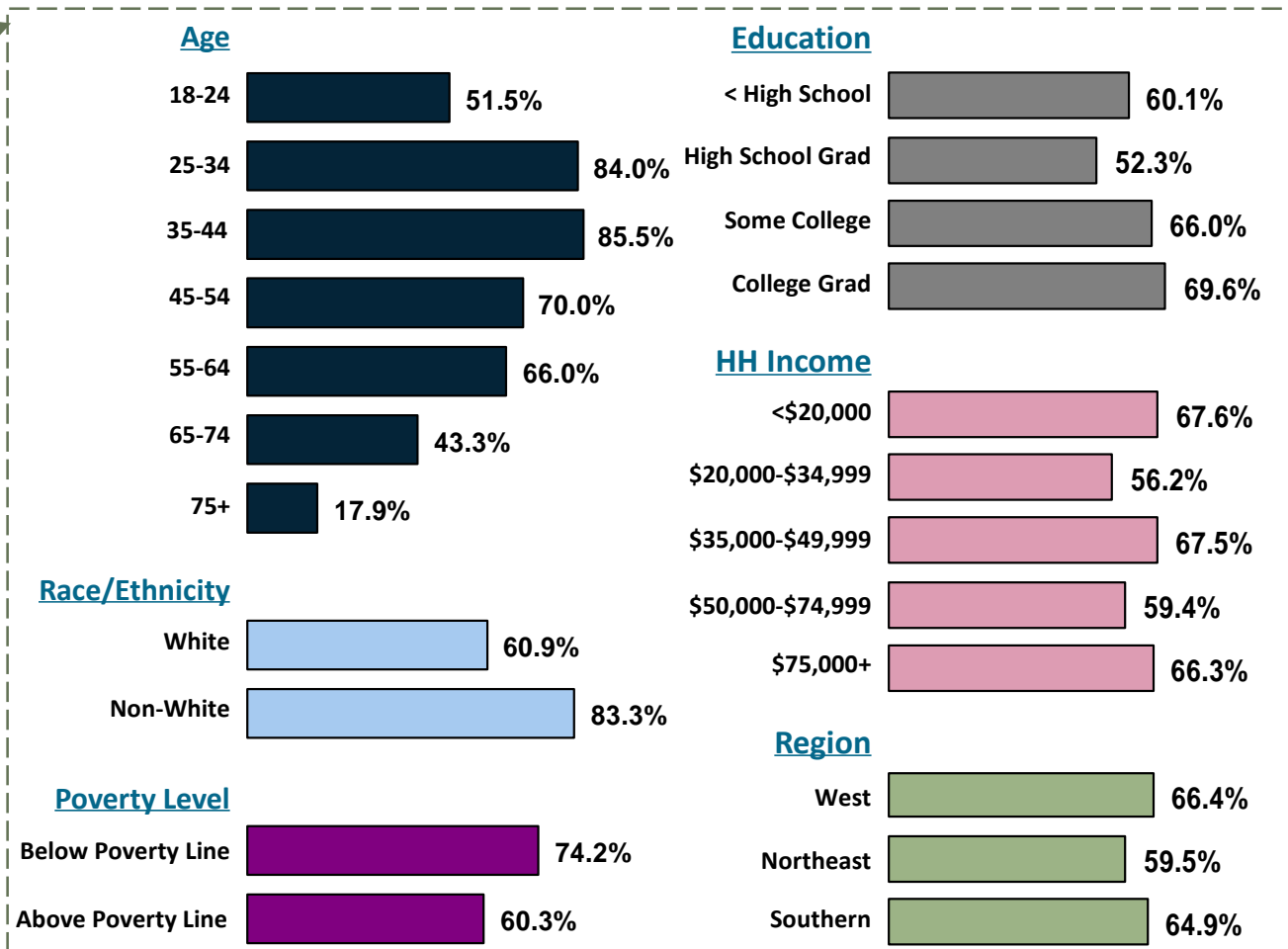
Cancer Screening – Pap Test (Continued)

- Six in ten (62.3%) area women have had an appropriately timed Pap test (within the past three years).
 - ❖ Women with the highest rates of appropriately timed Pap tests come from groups that are aged 25-44 and college graduates
 - ❖ Non-White women are more likely to have an appropriately timed pap test compared to White women

Appropriately Timed Pap Test (Among All Women)



Appropriately Timed Pap Test by Demographics



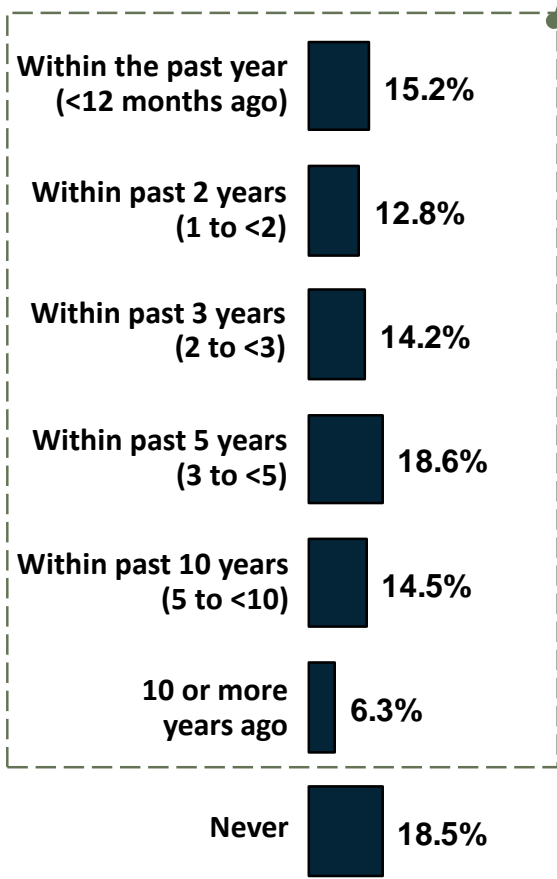
Q10.2: A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test? (n=579)



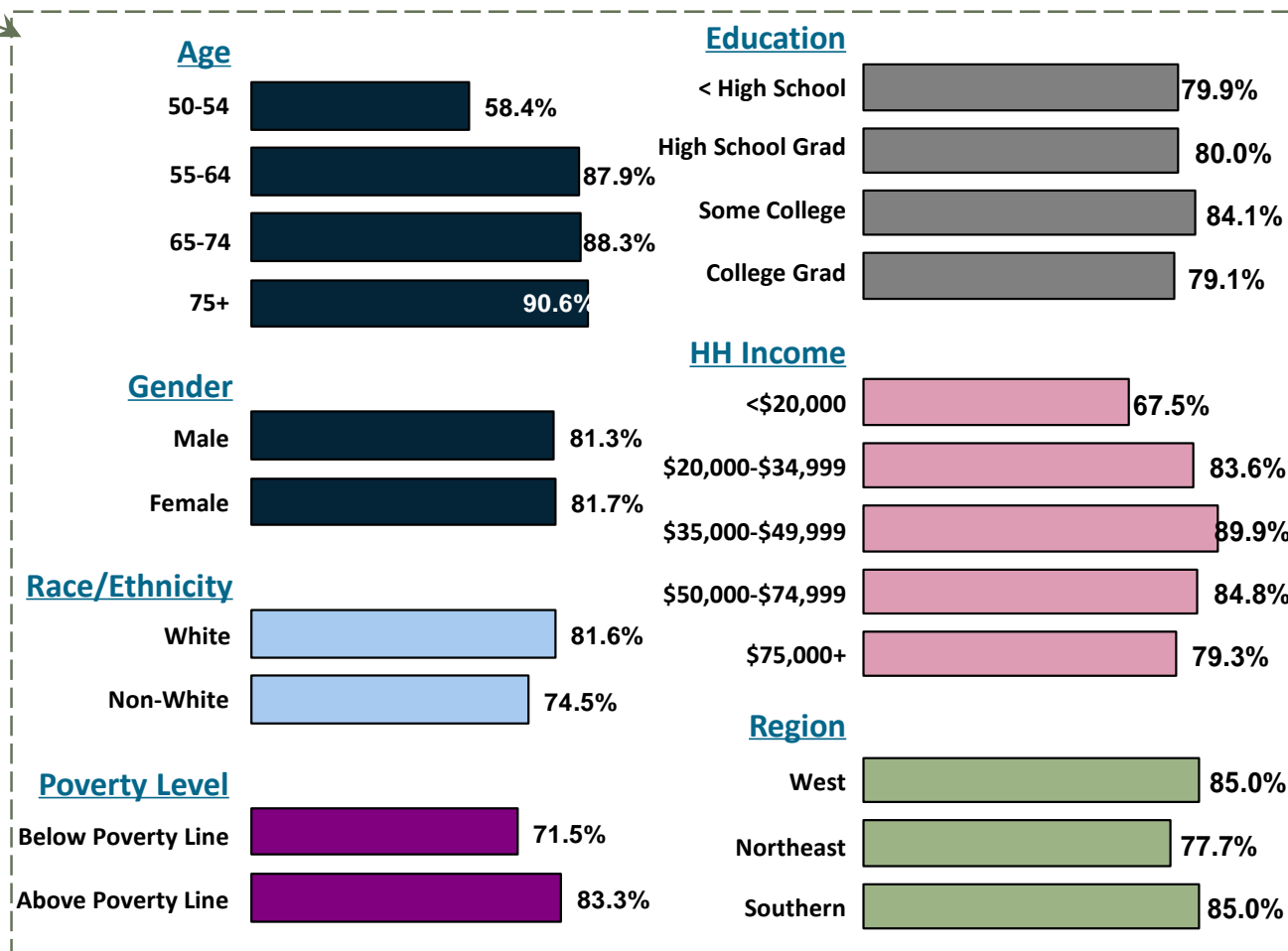
Cancer Screening – Sigmoidoscopy and Colonoscopy

- Among St. Clair County adults age 50 or older, 81.5% have had a sigmoidoscopy or colonoscopy at one point to screen for colon cancer.
 - ❖ Rates are lowest among adults age 50-54 and/or those living below the poverty line.

Ever Had Sigmoidoscopy or Colonoscopy (Among Adults Age 50+)



Had Sigmoidoscopy/Colonoscopy by Demographics

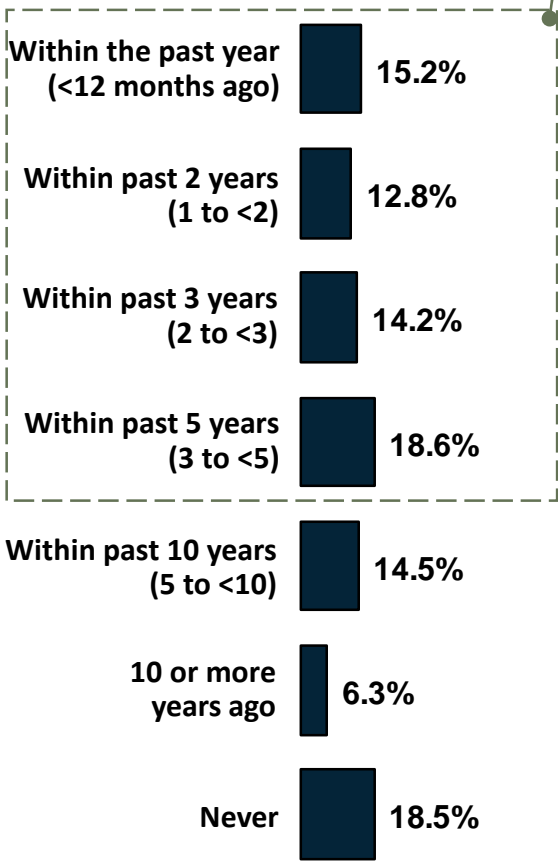


Q10.3: Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since you had your last sigmoidoscopy or colonoscopy? (n=769)

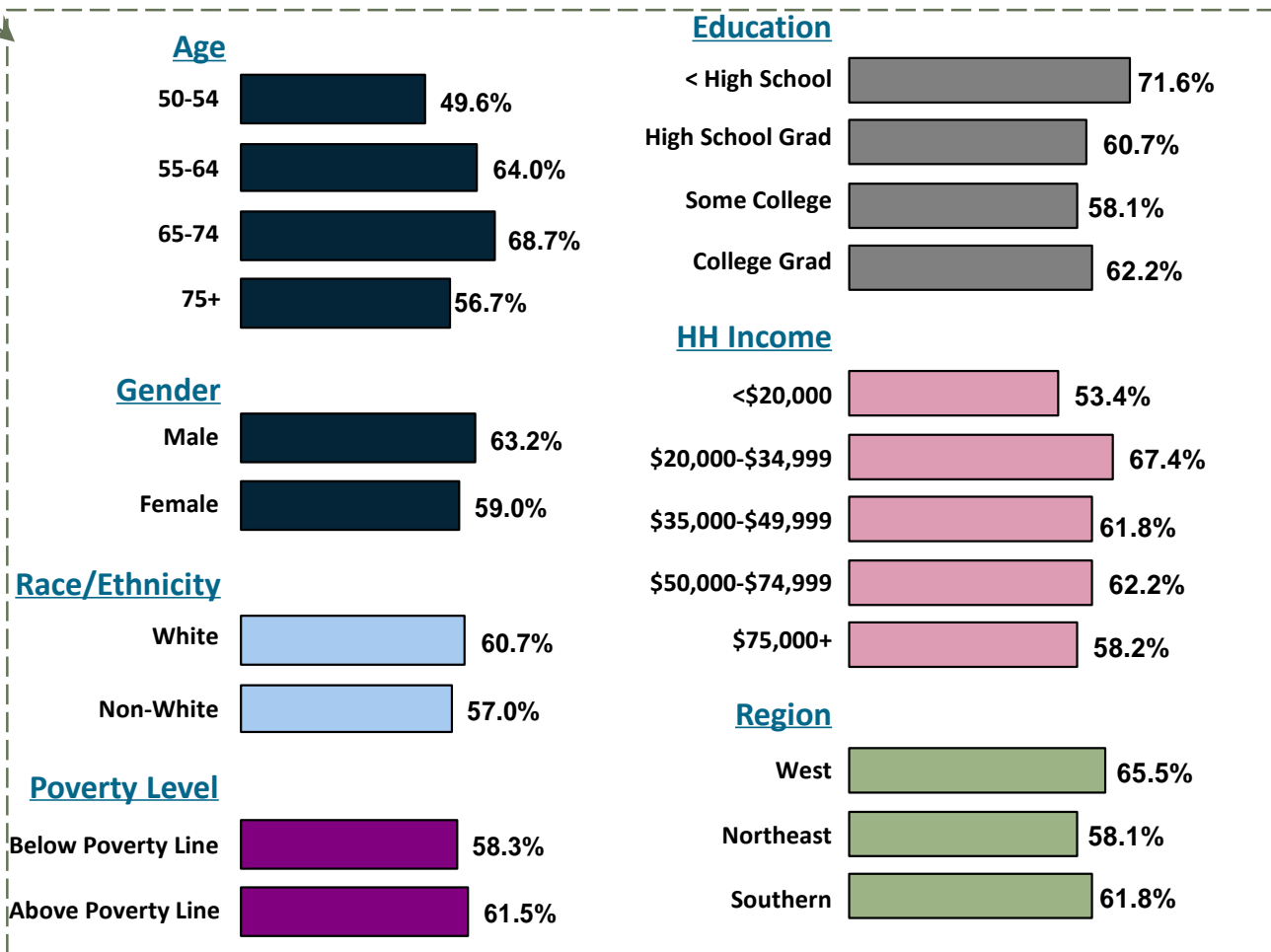
Cancer Screening – Sigmoidoscopy and Colonoscopy (Continued)

- Six in ten (60.8%) area adults age 50 or older have had a sigmoidoscopy or colonoscopy within the past 5 years.
 - ❖ Rates are lowest among adults aged 50-54 or 75 years and older

Had Sigmoidoscopy or Colonoscopy in Past 5 Years (Among Adults Age 50+)



Had Sigmoidoscopy/Colonoscopy In Past 5 Years by Demographics



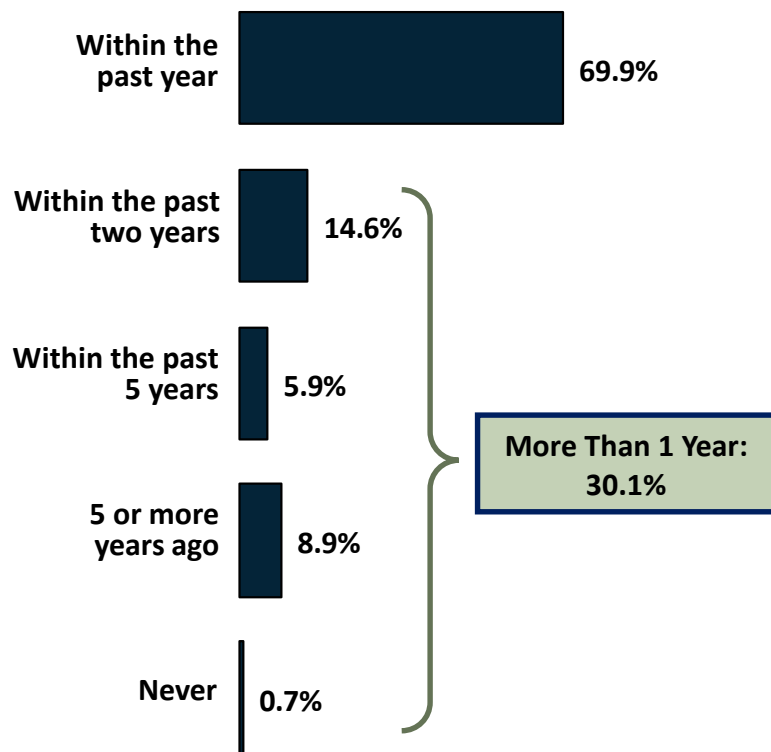
Q10.3: Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since you had your last sigmoidoscopy or colonoscopy? (n=769)



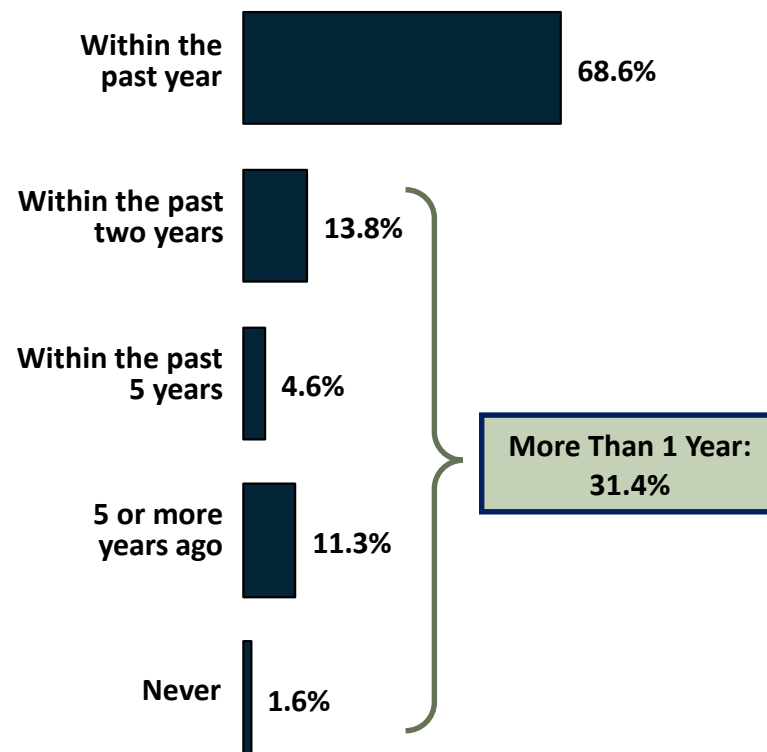
Oral Health

- Three in ten (31.4%) area adults have not visited a dentist within the past year for a teeth cleaning and a similar proportion (30.1%) have not visited a dentist for any reason within the past year.

When Last Visited Dentist for Any Reason



When Last Visited Dentist for Teeth Cleaning





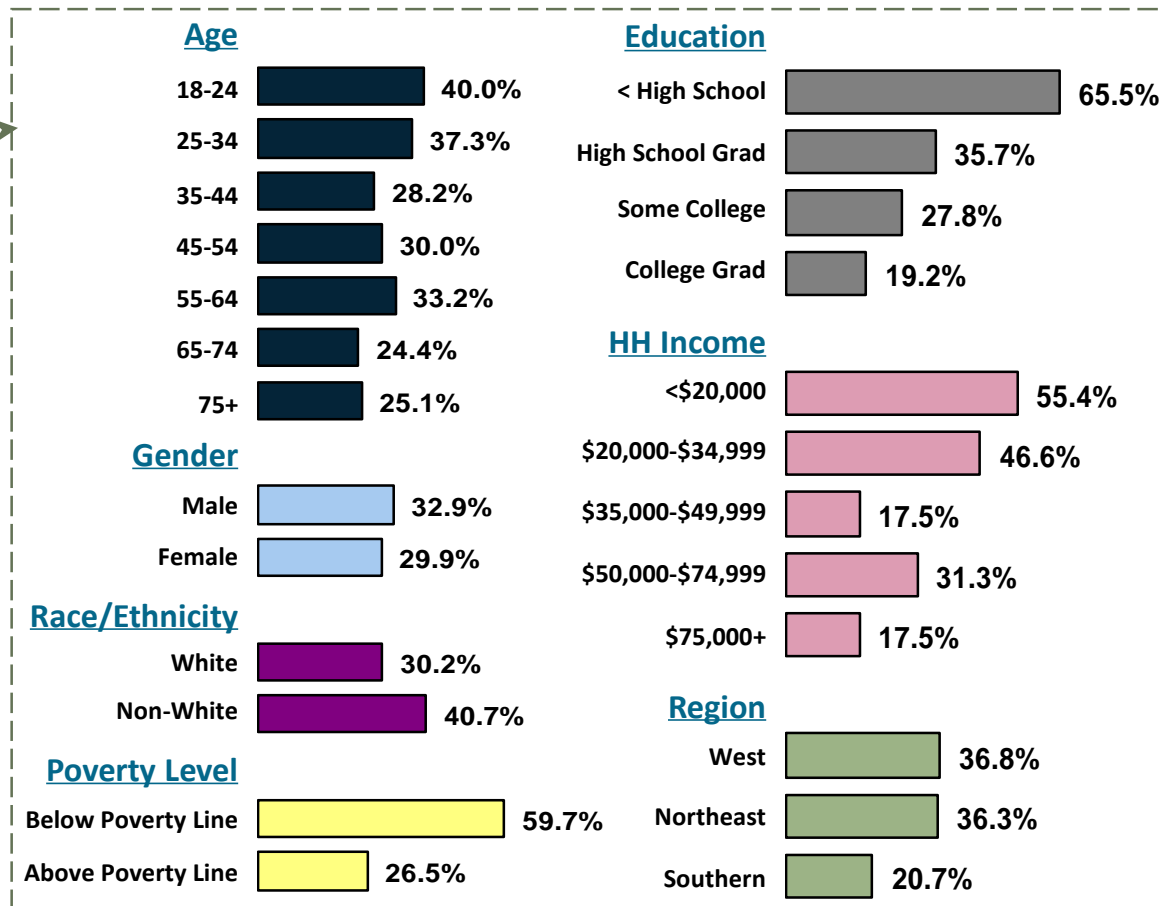
Oral Health (Continued)

- Visiting the dentist for routine maintenance/care is directly related to education and income.
- White adults are more likely than non-White adults to have visited a dentist in the past year.
- St. Clair County adults living in the southern region are more likely to visit the dentist in a timely manner compared to adults in the west or northeast regions.

No Visit to the Dentist for Teeth Cleaning in Past Year

31.4%

No Teeth Cleaning in Past Year by Demographics





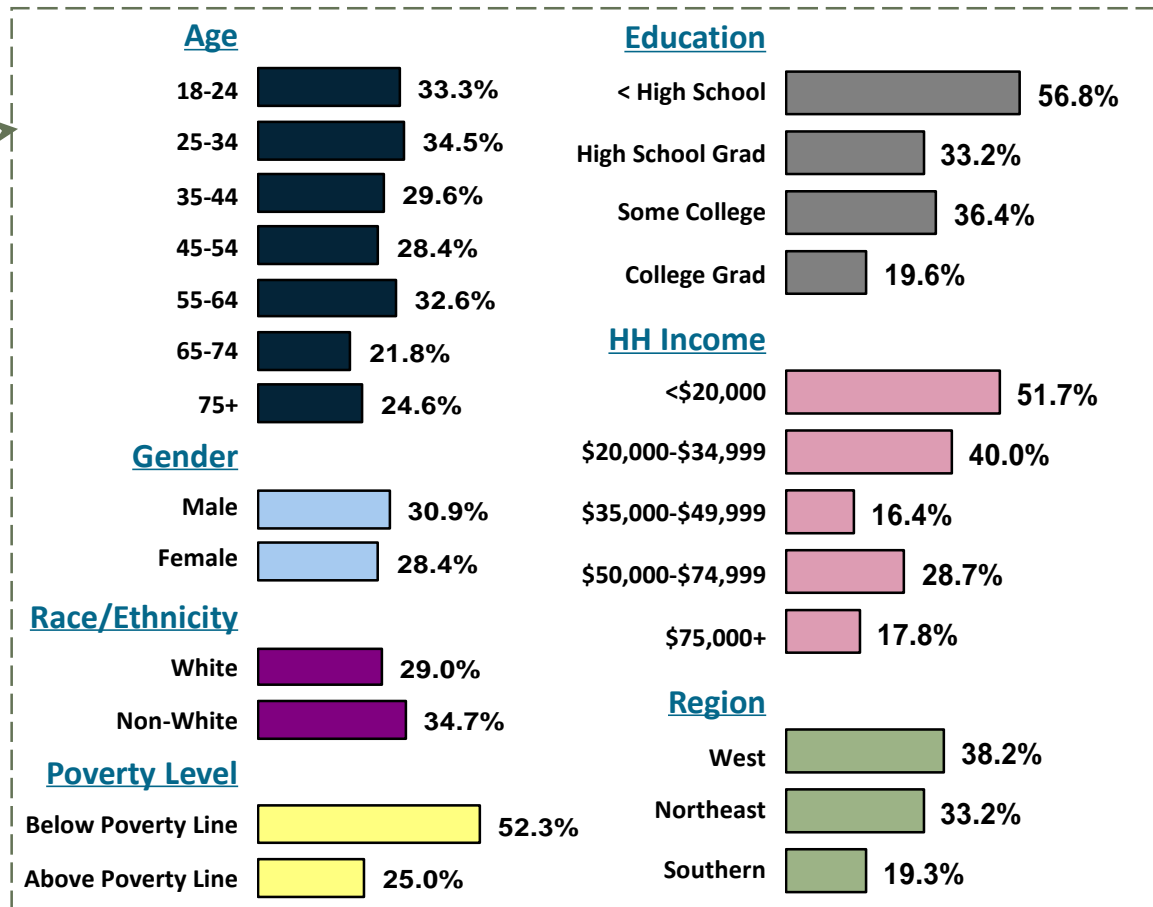
Oral Health (Continued)

- Similarly, visiting the dentist for any reason is directly related to education and income.
- St. Clair County adults living in the southern region are far more likely to visit the dentist compared to adults in the west or northeast regions.

No Visit to the Dentist for Any Reason in Past Year

30.1%

No Visit to Dentist in Past Year by Demographics

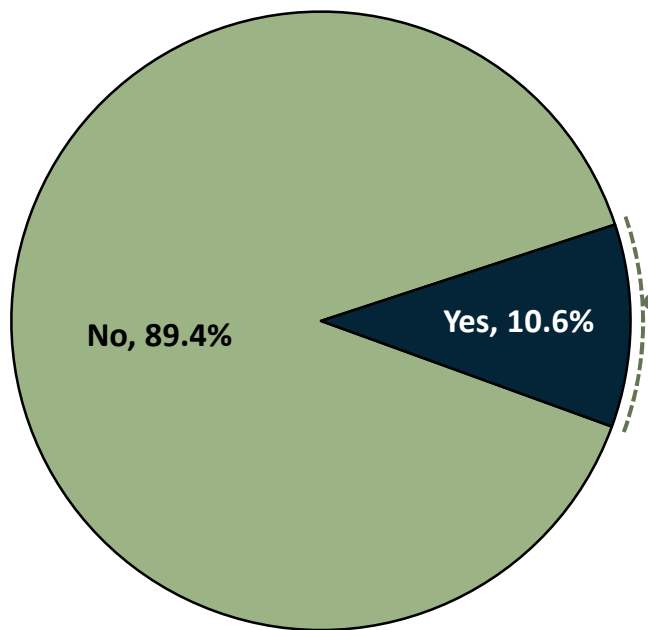




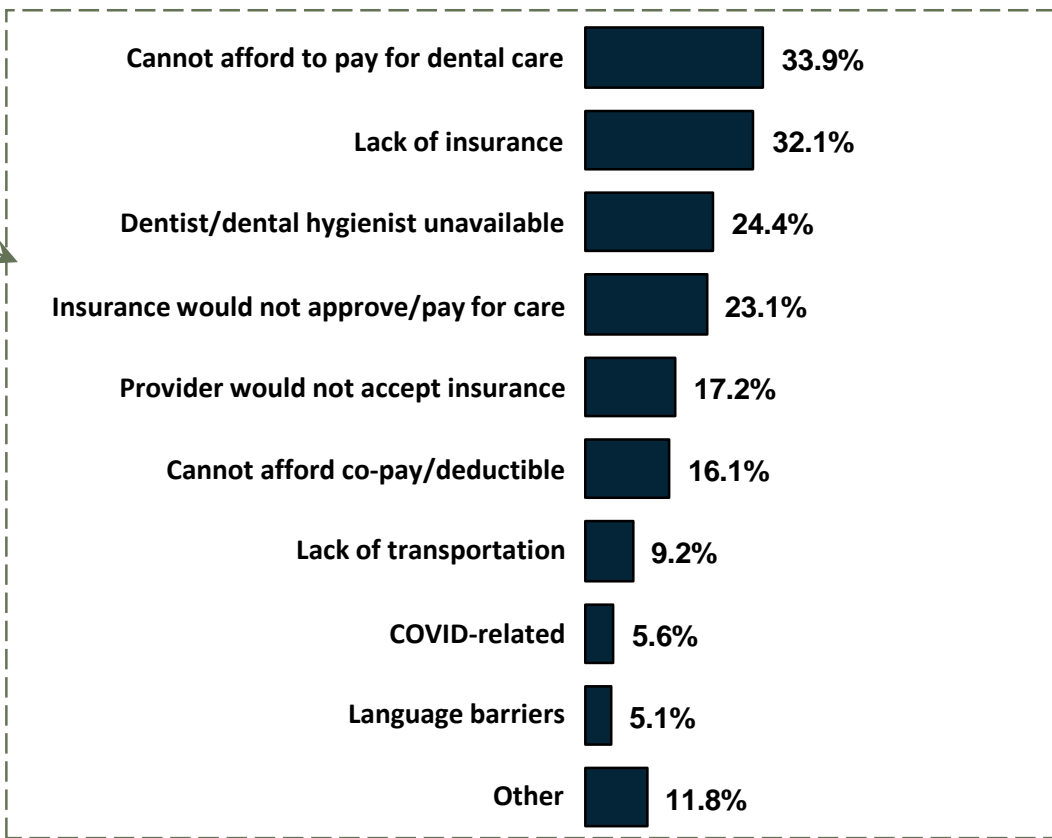
Barriers to Dental Care

- One in ten (10.6%) St. Clair County adults had problems getting needed dental care in the past year.
 - ❖ The greatest barriers to getting dental care are cost, lack of insurance, dentists or dental hygienists being unavailable, and insurance not approving, or covering, needed care

Problems Getting Needed Dental Care



Reasons for Difficulty in Getting Dental Care (Among Those Who Reported Problems Getting Care)

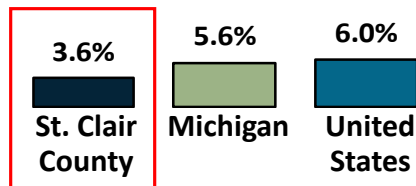




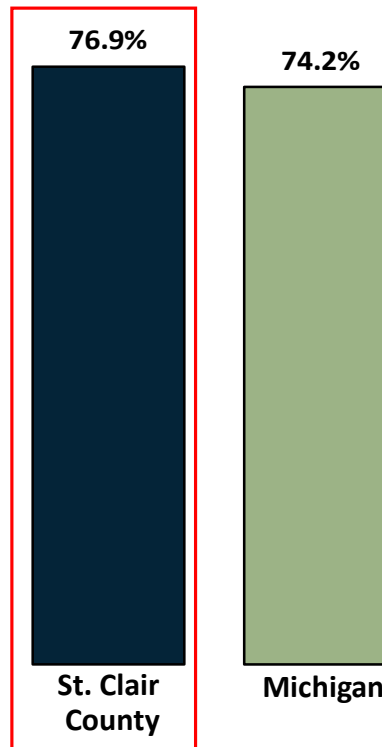
Prenatal Care and Child Immunizations

- Almost all St. Clair County women giving birth receive prenatal care at one point and more than three-fourths (76.9%) of pregnant women begin prenatal care in the first trimester.
- Roughly two-thirds (68.2%) of local children aged 19-35 months are fully immunized, a rate lower than the state or national rates.

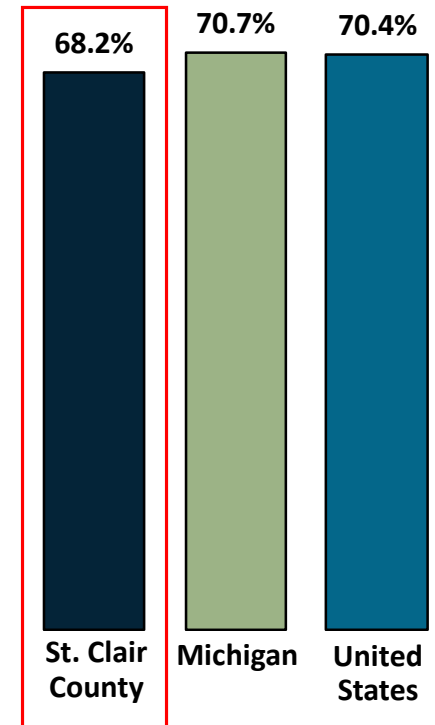
Proportion of Births to Women Who Receive Late or No Prenatal Care



Proportion of Women Who Begin Prenatal Care in First Trimester



Proportion of Children Aged 19-35 Months Fully Immunized





Child Immunization Completion and Waivers Over Time

- Between 2013-2021, the proportions of school-age and child care populations that were fully immunized ranged between 85.6%-92.7%, while the proportions waived ranged from 3.0%-8.7% over the same timeframe, and the proportions of the latter have increased over the past two years.
- In terms of proportions waived, St. Clair County ranks toward the bottom among Michigan counties: most recently, it ranked 77 out of 84 counties.

Percentage of Immunization Completion and Immunization Waiver for St. Clair County School-Age and Child Care Populations Over Time									
	2013	2014	2015	2016	2017	2018	2019	2020	2021
School Completion	90.1%	89.4%	91.0%	92.7%	92.4%	92.2%	92.1%	91.4%	91.0%
Percent Waived	7.8%	8.7%	7.5%	5.6%	5.4%	5.5%	5.5%	6.0%	6.6%
Child Care Completion	85.6%	85.6%	87.7%	85.6%	86.7%	86.7%	85.7%	86.1%	86.7%
Percent Waived	5.0%	5.0%	3.9%	3.0%	3.6%	3.6%	3.9%	4.9%	5.2%

St. Clair County's Ranking in Percentage of Immunization Completion and Immunization Waiver for School-Age and Child Care Populations Compared to the Other Counties (n=84) in Michigan Over Time									
	2013	2014	2015	2016	2017	2018	2019	2020	2021
School Completion	49	60	62	64	69	62	53	68	71
Percent Waived	56	67	73	75	73	73	70	71	77
Child Care Completion	69	69	50	71	52	52	60	57	50
Percent Waived	73	73	65	68	71	70	67	74	77

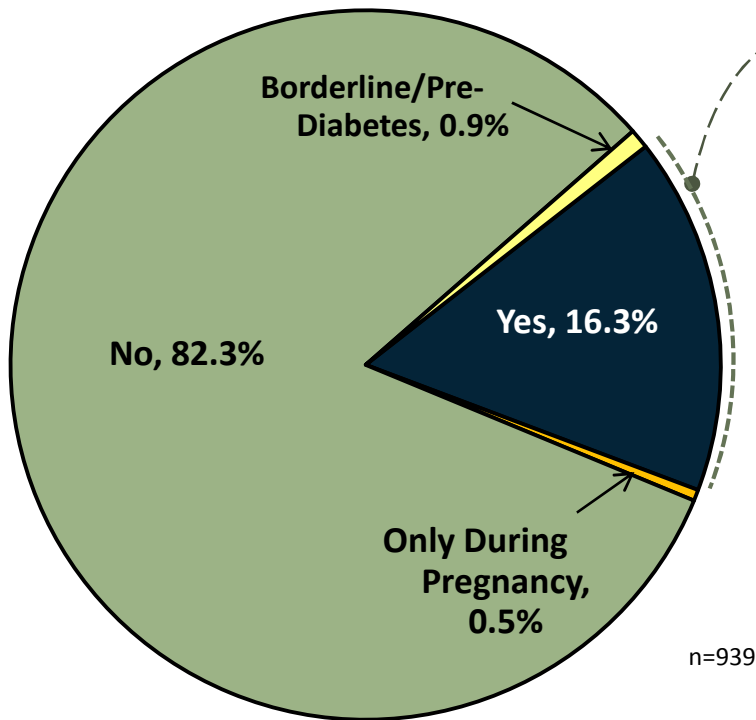
Chronic Conditions



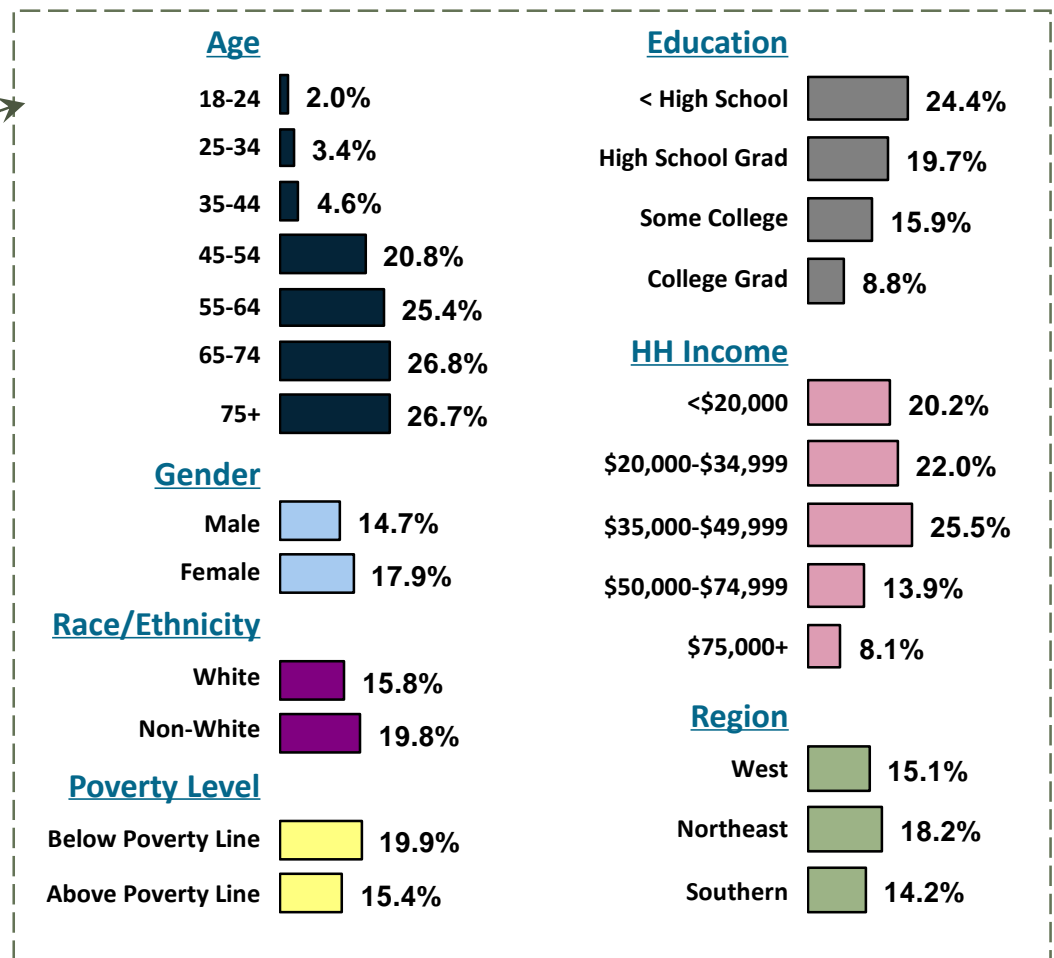
Prevalence of Diabetes

- One in six (16.3%) area adults has been told by a health care professional that they have diabetes.
 - ❖ The prevalence of diabetes is inversely related to education and income
 - ❖ Adults aged 45 years or older are far more likely to have diabetes compared to younger adults

Have Diabetes



Have Diabetes by Demographics

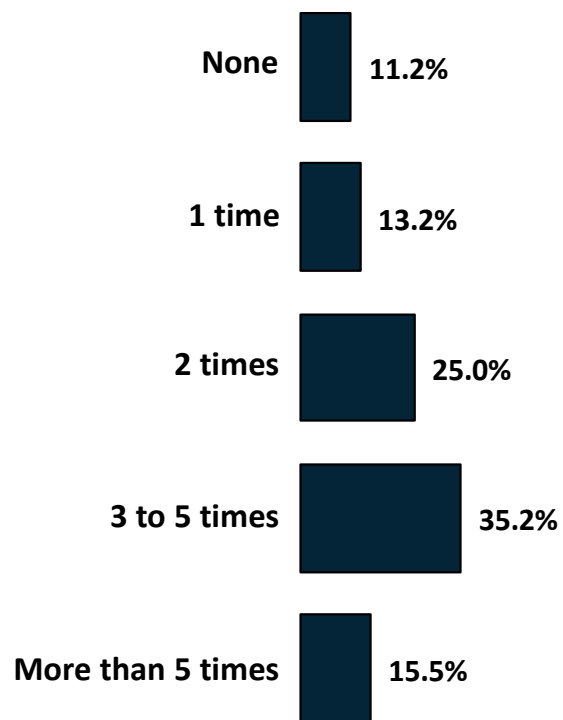




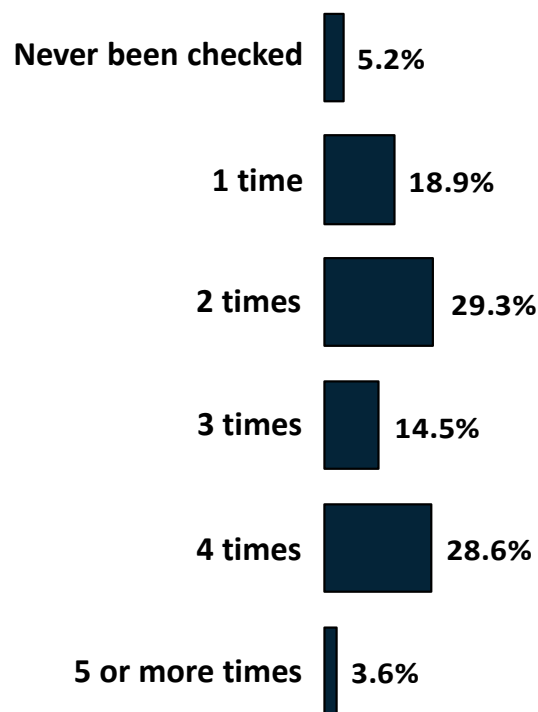
Management of Diabetes

- Among area adults with diabetes, three-fourths (75.7%) have seen a health care professional about their diabetes at least twice in the past year.
- Almost all adults with diabetes have been checked by a health care professional for A1C at least once in the past month; 76.0% have been checked at least twice.

Number of Times Have Seen Health Care Professional About Diabetes in Past Year



Number of Times Been Checked for A1C by a Health Care Professionals in Past Month

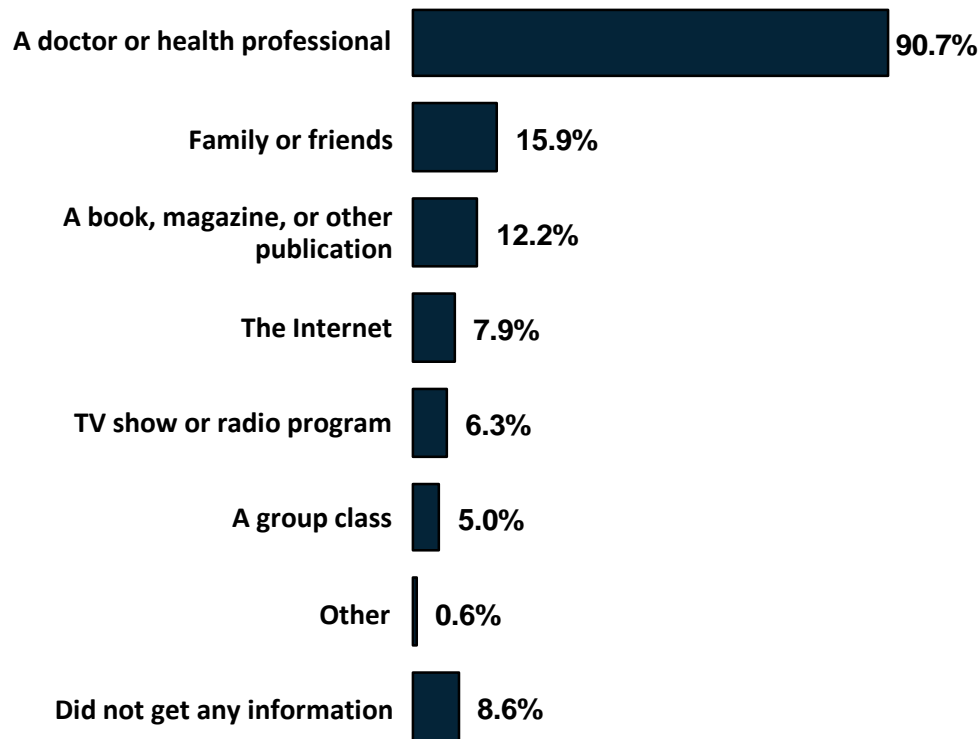




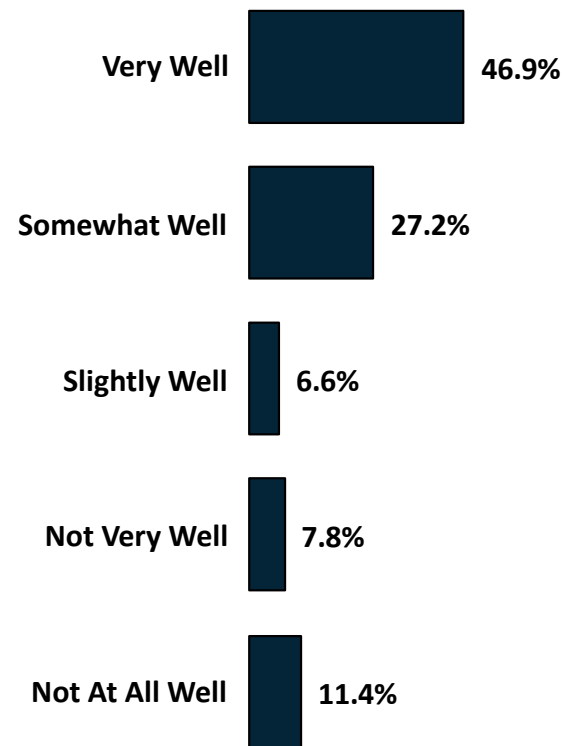
Management of Diabetes (Continued)

- More than nine in ten (91.4%) St. Clair County adults with diabetes received some source of information over the past year regarding managing their condition.
 - ❖ The most common source used, by far, is physicians or other health professionals
- Three-fourths (74.1%) of area adults with diabetes believe the existing community programs and services help them manage their condition well.

Information Sources for Managing Diabetes



Extent to Which Existing Community Programs and Services Help Manage Diabetes

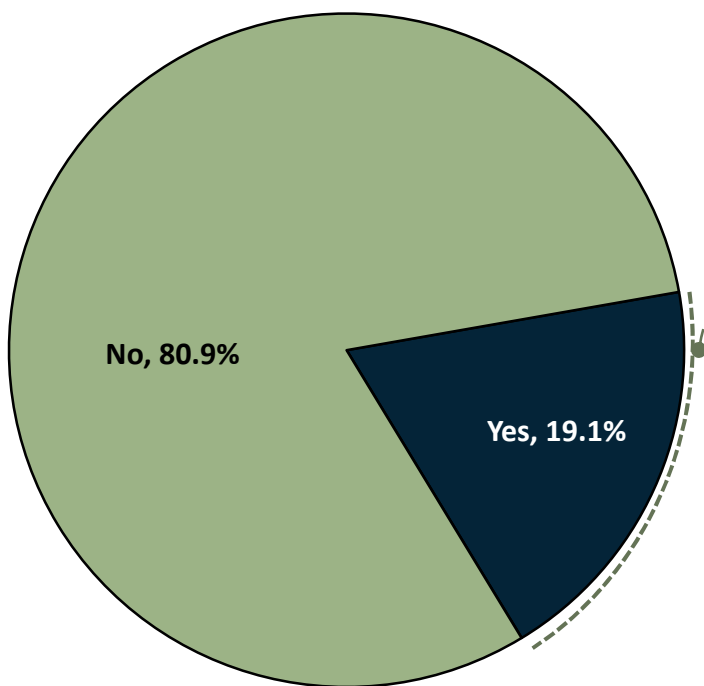




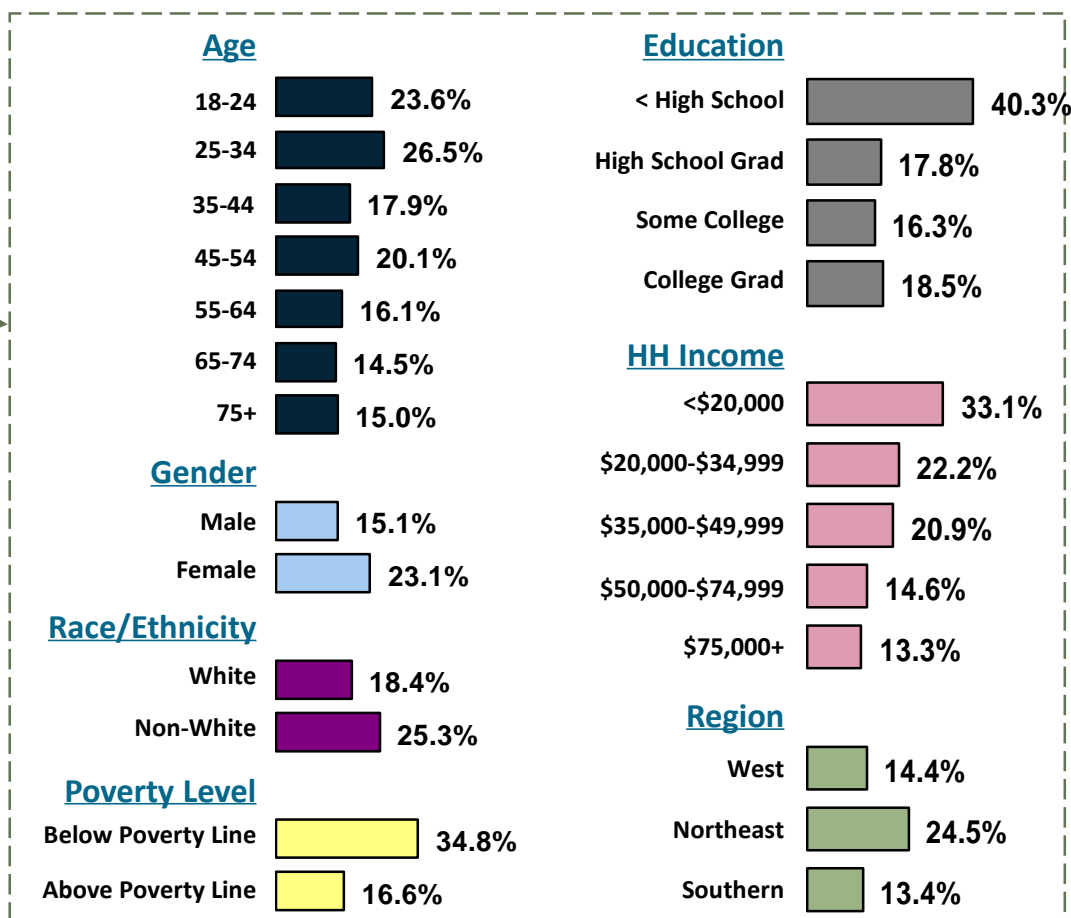
Lifetime Asthma

- Almost one in five (19.1%) area adults has been told by a health care professional at some point in their life that they had asthma.
 - ❖ The prevalence of lifetime asthma is greater for women than men, and greater for non-White adults than White adults
 - ❖ Prevalence is also highest among adults with the lowest levels of education and/or lowest incomes

Lifetime Asthma Prevalence* (Total Sample)



Lifetime Asthma by Demographics



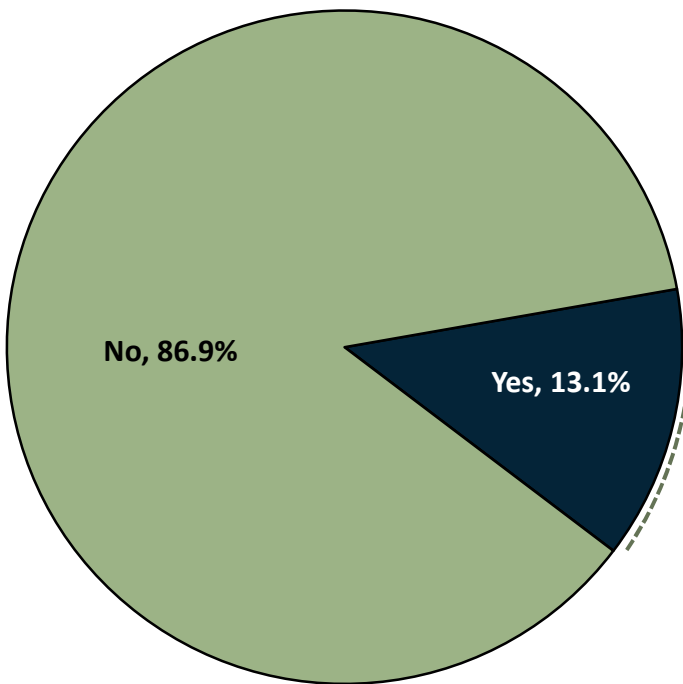
*Among all adults, the proportion who reported that they were ever told by a doctor, nurse, or other health care professional that they had asthma



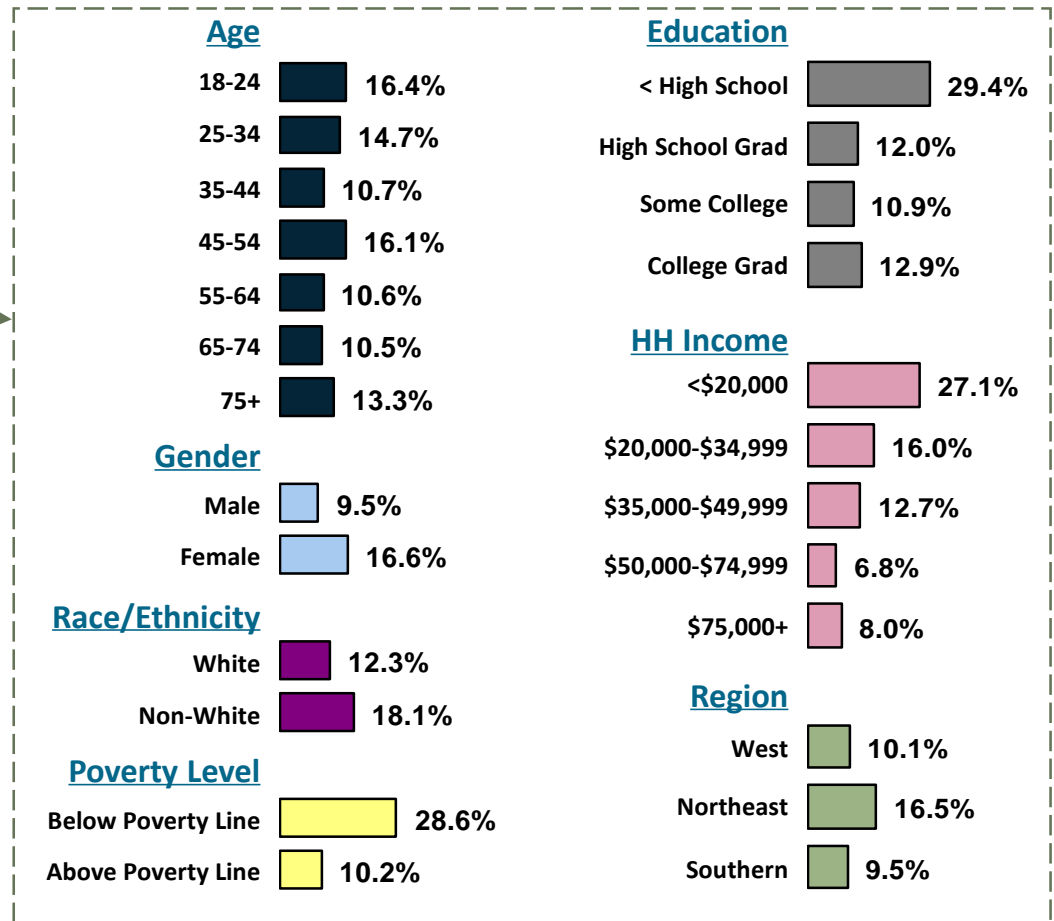
Current Asthma

- Roughly one in eight (13.1) area adults currently has asthma.
 - ❖ Women are more likely to have asthma than men, and it is more prevalent in adults with less than a high school education compared to those with more education
 - ❖ It is also more prevalent in adults with lower incomes, especially those with incomes below \$20,000

Current Asthma Prevalence* (Total Sample)



Current Asthma by Demographics



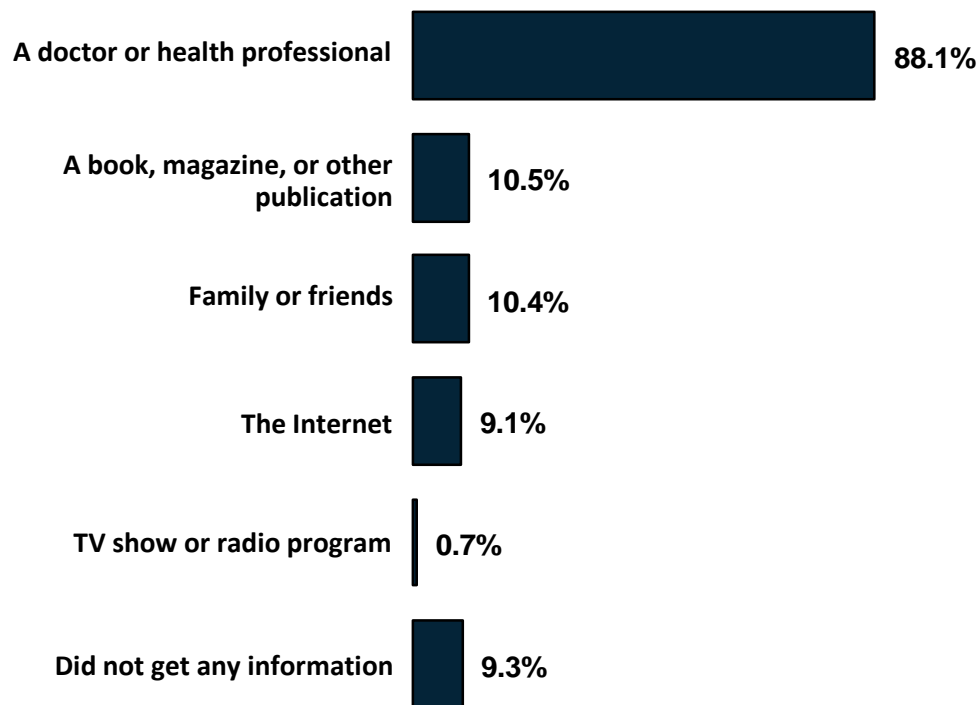
*Among all adults, the proportion who reported that they still had asthma



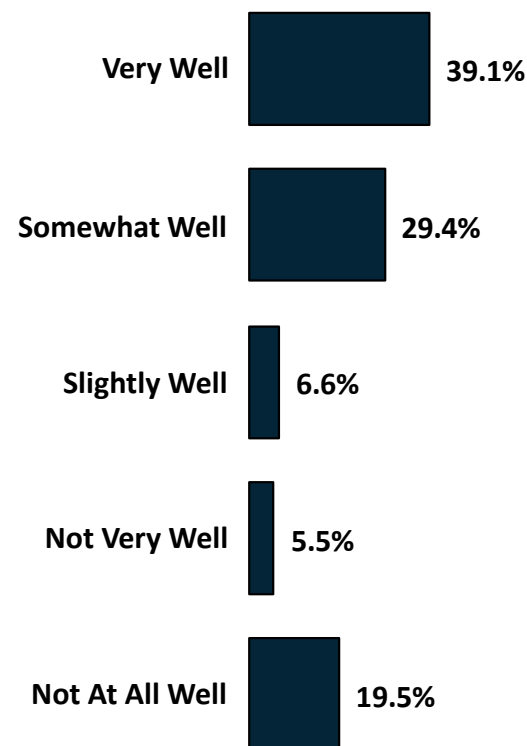
Management of Asthma

- More than nine in ten (90.7%) area adults with asthma received some source of information over the past year regarding managing their condition.
 - ❖ The most common source used, by far, is physicians or other health professionals
- Two-thirds (68.5%) of area adults with asthma believe the existing community programs and services help them manage their condition well.

Information Sources for Managing Asthma



Extent to Which Existing Community Programs and Services Help Manage Asthma

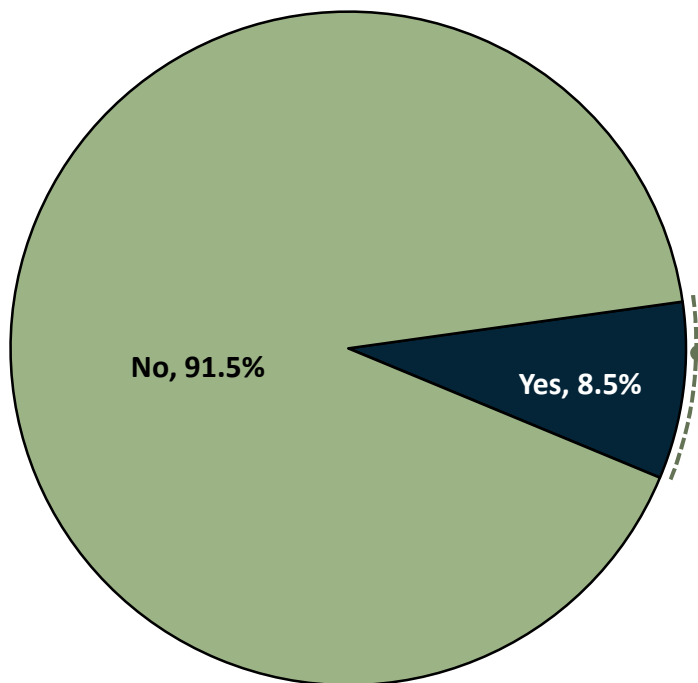




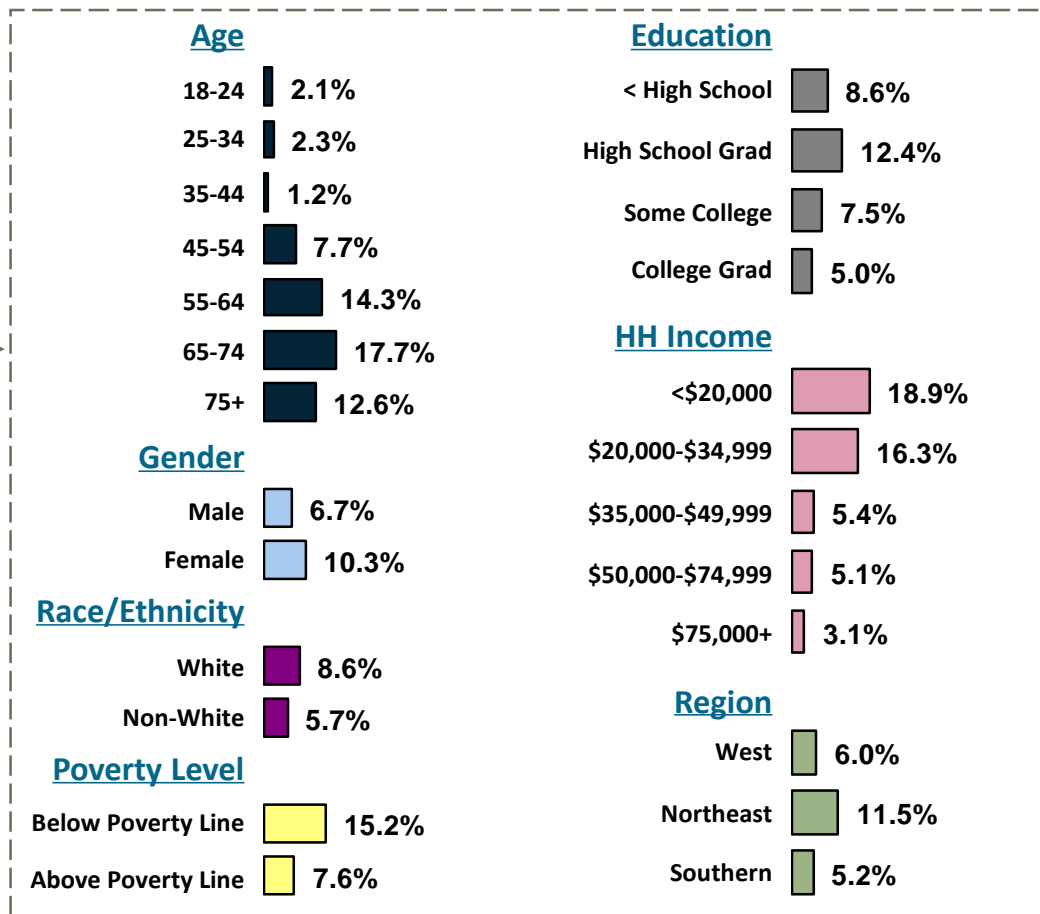
Prevalence of COPD

- One in twelve (8.5%) area adults have chronic obstructive pulmonary disease (COPD).
 - ❖ The disease is more common in adults who are older (55+) and/or have the lowest incomes
 - ❖ It is also more prevalent in adults living in the northeast region compared to those in the west or the southern regions

Ever Told Have COPD* (Total Sample)



Told Have COPD by Demographics



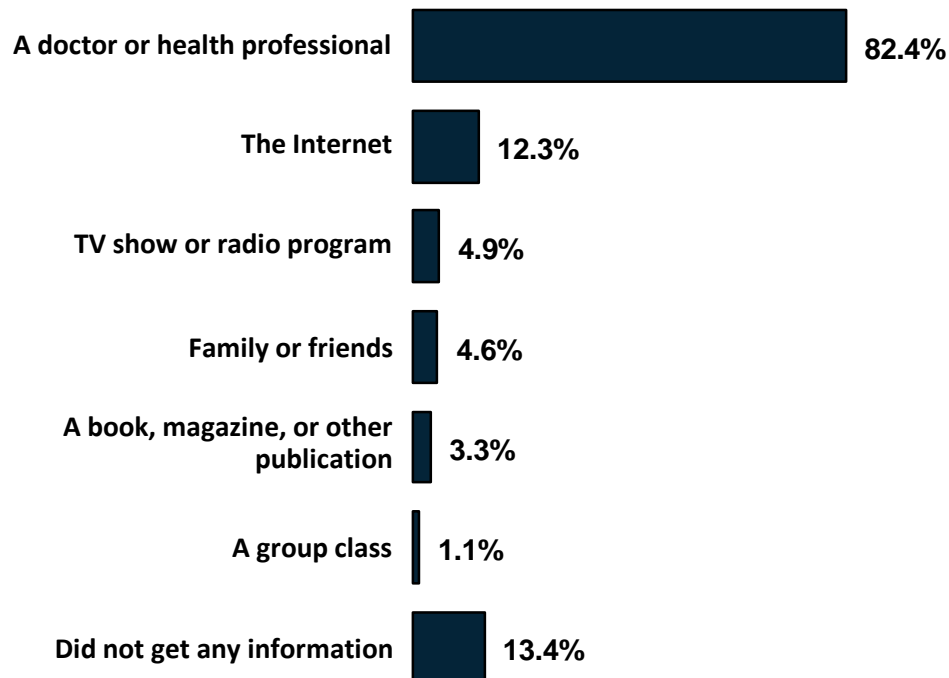
*Among all adults, the proportion who reported that they were ever told by a doctor that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis



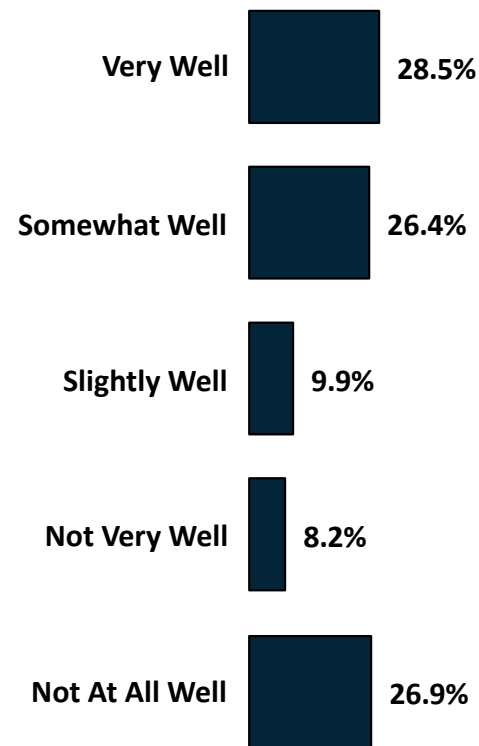
Management of COPD

- Almost nine in ten (86.6%) St. Clair County adults with COPD received some source of information over the past year regarding managing their condition.
 - ❖ The most common source used, by far, is physicians or other health professionals
- Half (54.9%) of area adults with COPD believe the existing community programs and services help them manage their condition well; **however, 26.9% say they do not help them at all.**

Information Sources for Managing COPD



Extent to Which Existing Community Programs and Services Help Manage COPD

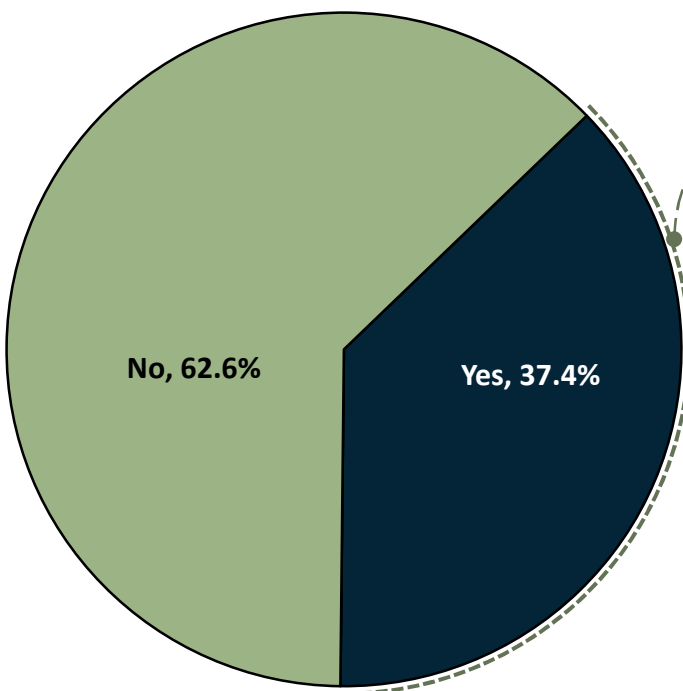




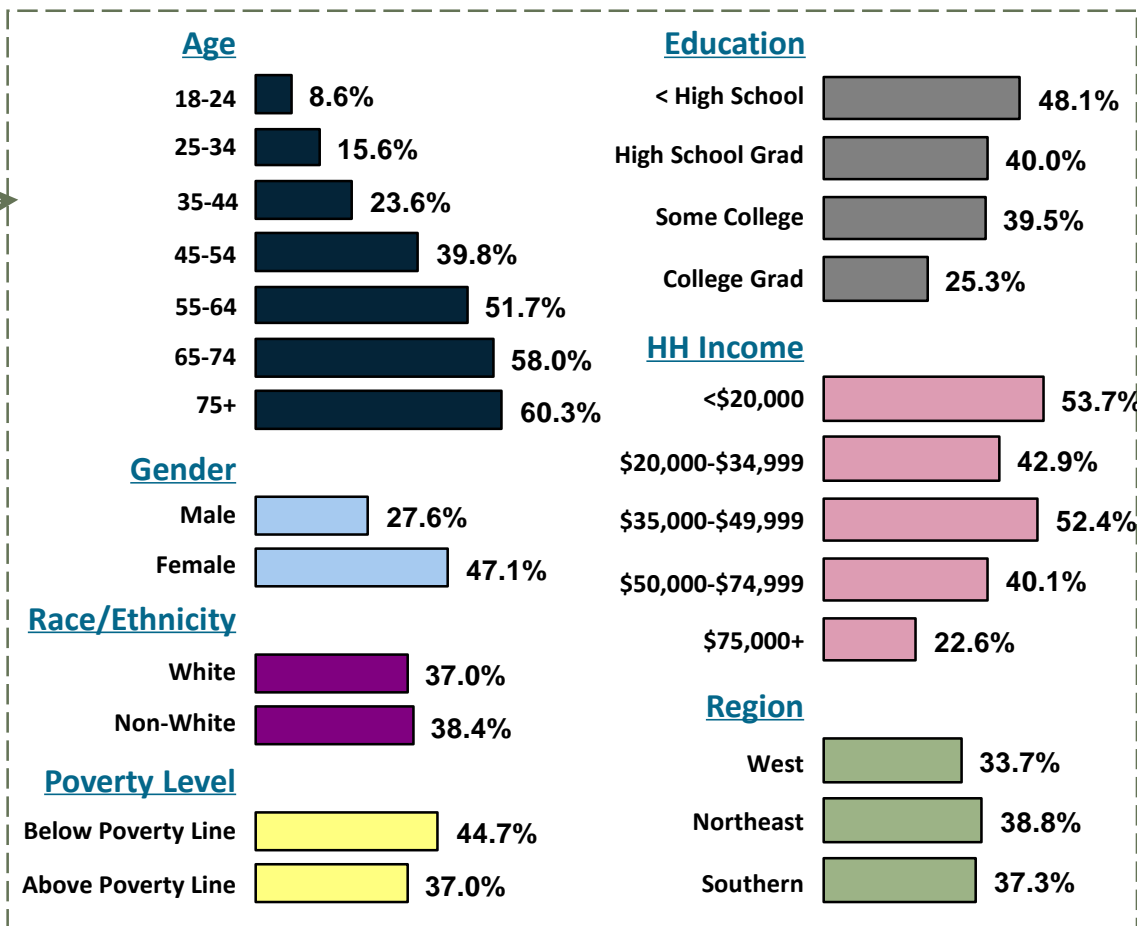
Prevalence of Arthritis

- More than one-third (37.4%) of area adults have arthritis, and this is largely a condition that comes with age.
 - ❖ The disease is also far more common in women than men
 - ❖ It is least common in adults with the highest levels of education and/or the highest household incomes

Ever Told Have Arthritis* (Total Sample)



Told Have Arthritis by Demographics



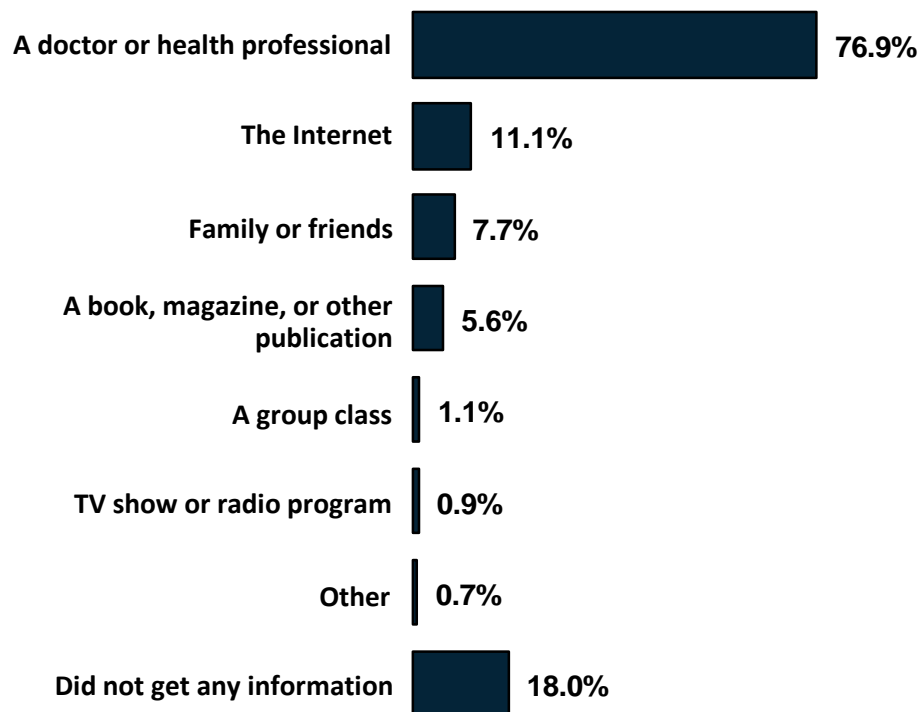
*Among all adults, the proportion who reported ever being told by a health care professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia



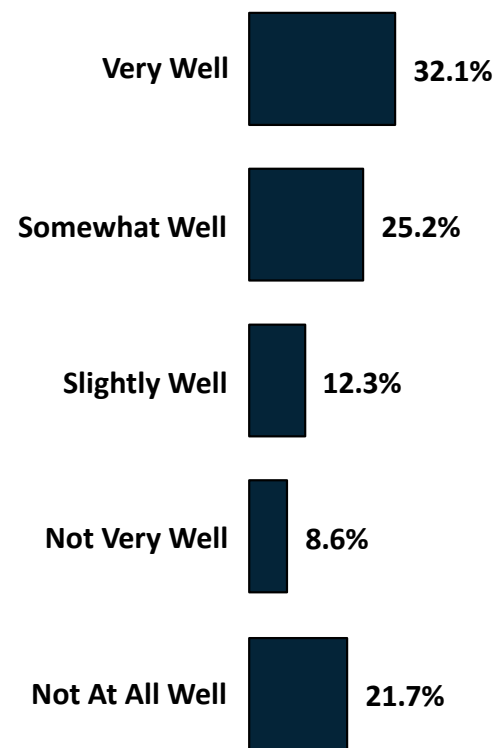
Management of Arthritis

- More than eight in ten (82.0%) area adults with arthritis received some source of information over the past year regarding managing their condition.
 - ❖ The most common source used, by far, is physicians or other health professionals
- Over half (57.3%) of area adults with arthritis believe the existing community programs and services help them manage their condition well; **however, 21.7% report they do not help at all.**

Information Sources for Managing Arthritis



Extent to Which Existing Community Programs and Services Help Manage Arthritis

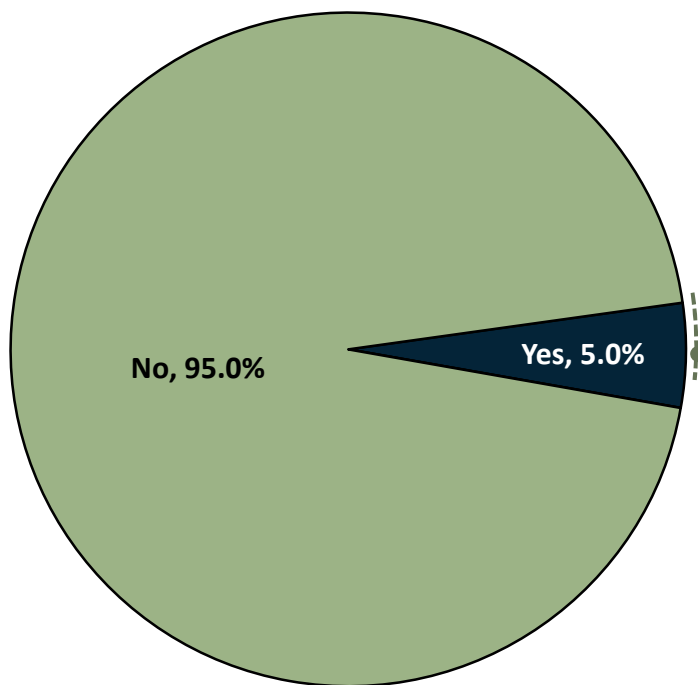




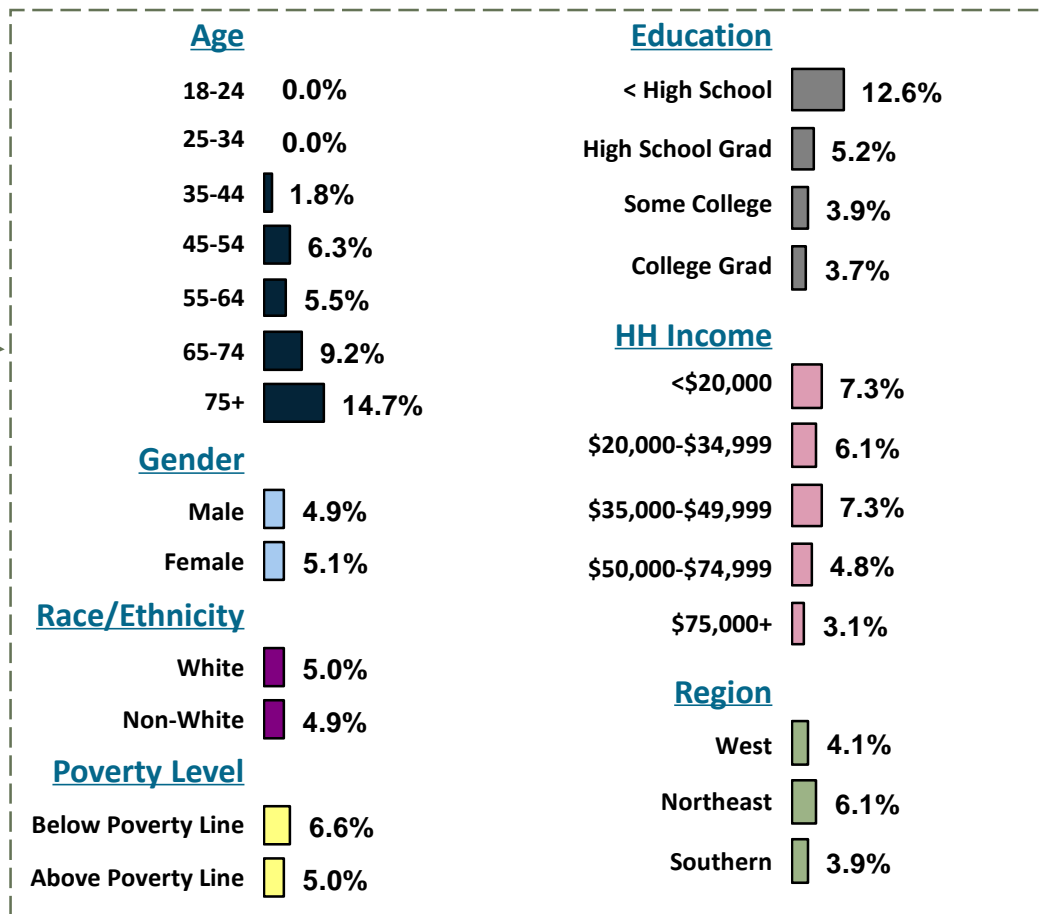
Prevalence of Heart Attack

- One in twenty (5.0%) St. Clair County adults have been told by a health care professional that they had a heart attack.
 - ❖ The disease is more common in adults who are older (65+) and/or have less than a high school degree

Ever Told Had Heart Attack* (Total Sample)



Told Had Heart Attack by Demographics



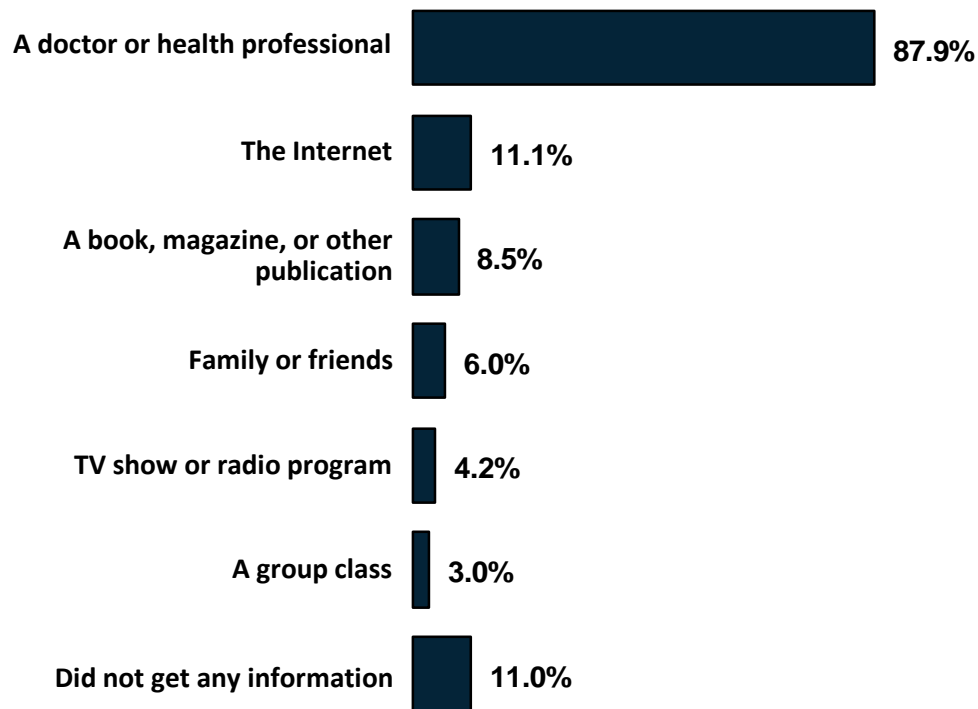
*Among all adults, the proportion who reported that they were ever told by a doctor that they have had a heart attack or myocardial infarction.



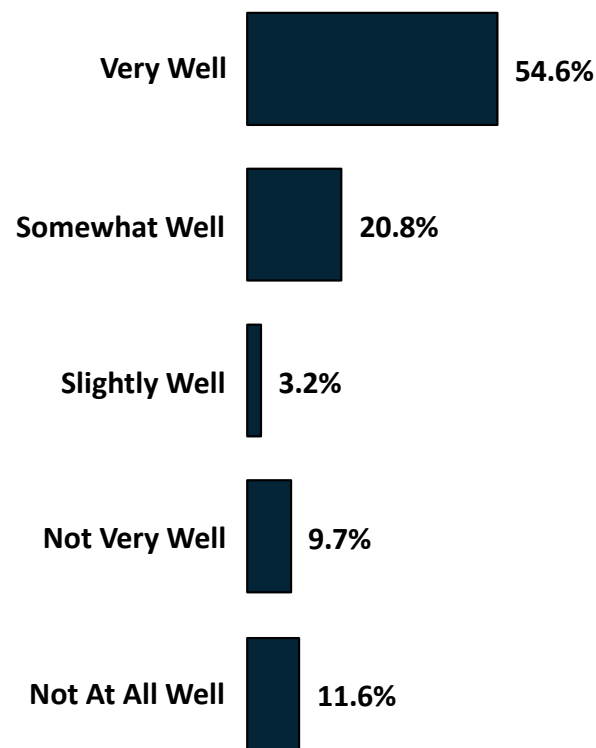
Management of Heart Attack

- Almost nine in ten (89.0%) St. Clair County adults who have had a heart attack received some source of information over the past year regarding managing their condition.
 - ❖ The most common source used, by far, is physicians or other health professionals
- Three-fourths (75.4%) of area adults who had a heart attack believe the existing community programs and services help them manage their condition well.

Information Sources for Managing Heart Attack



Extent to Which Existing Community Programs and Services Help Manage Heart Attack

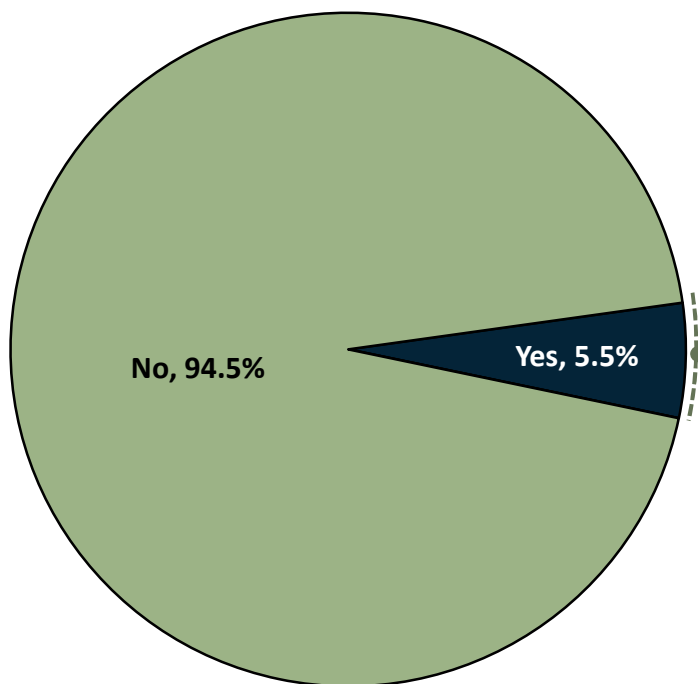




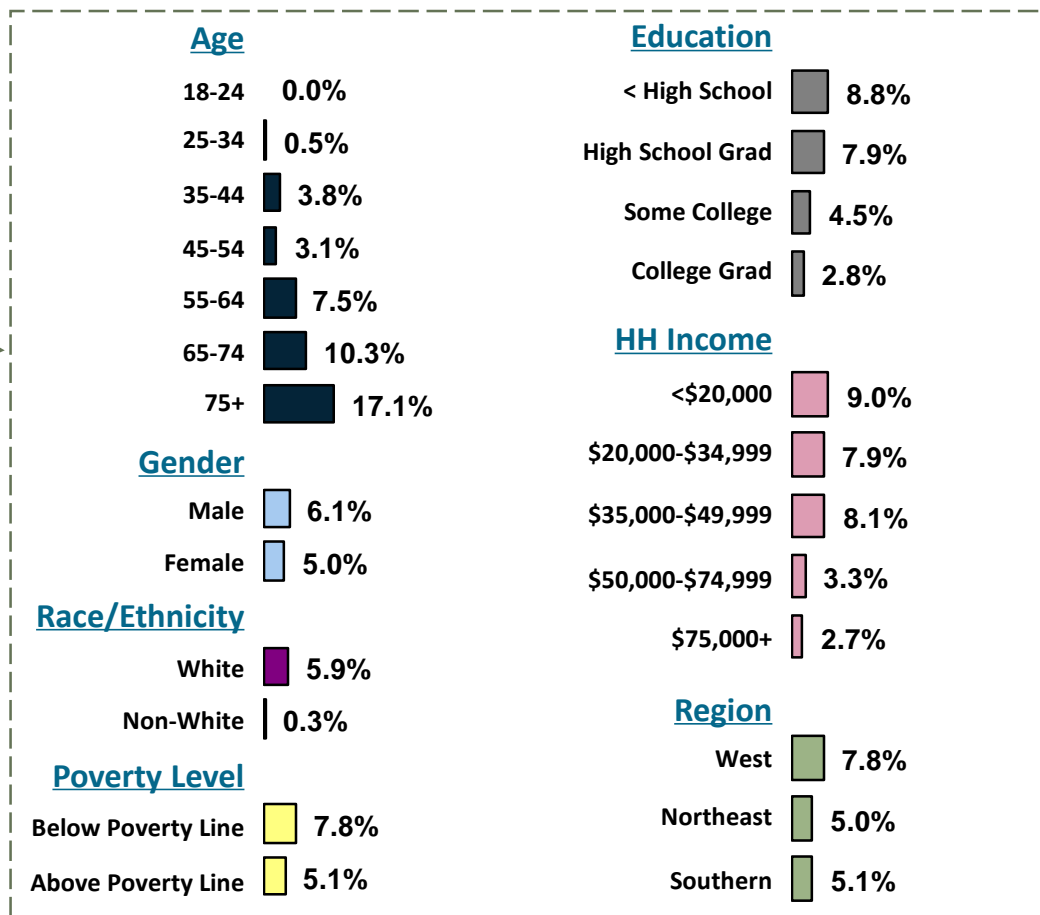
Prevalence of Angina or Coronary Heart Disease

- A small proportion (5.5%) of St. Clair County adults have angina or coronary heart disease.
 - ❖ The disease is more common in adults who are older (55+), have the lowest incomes, and/or have less than a college education
 - ❖ It is also more common in White adults than non-White adults

Ever Told Have Angina/CHD* (Total Sample)



Told Have Angina/CHD by Demographics



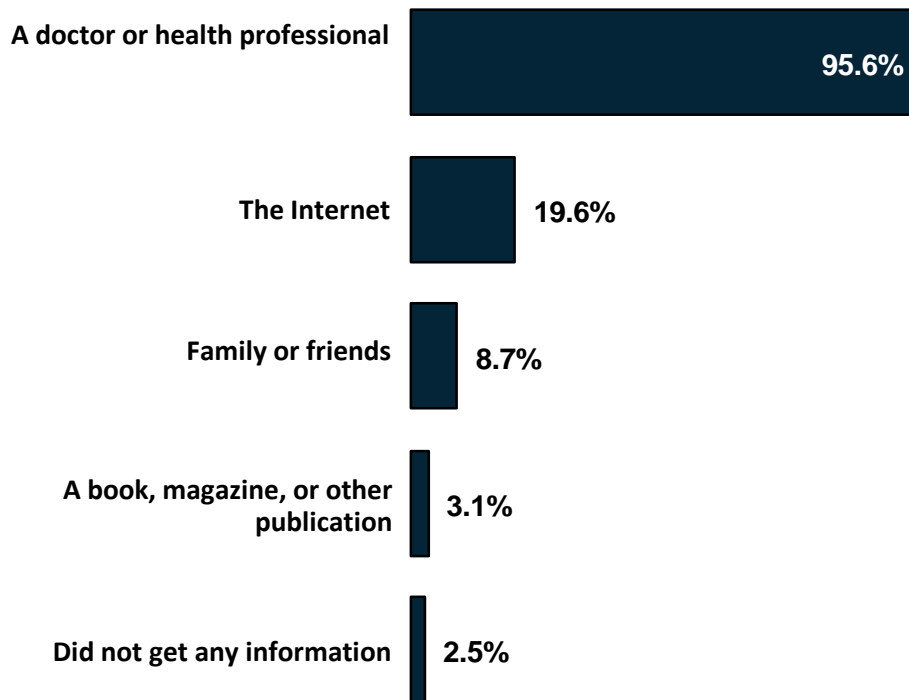
*Among all adults, the proportion who reported that they were ever told by a doctor that they have angina or coronary heart disease.



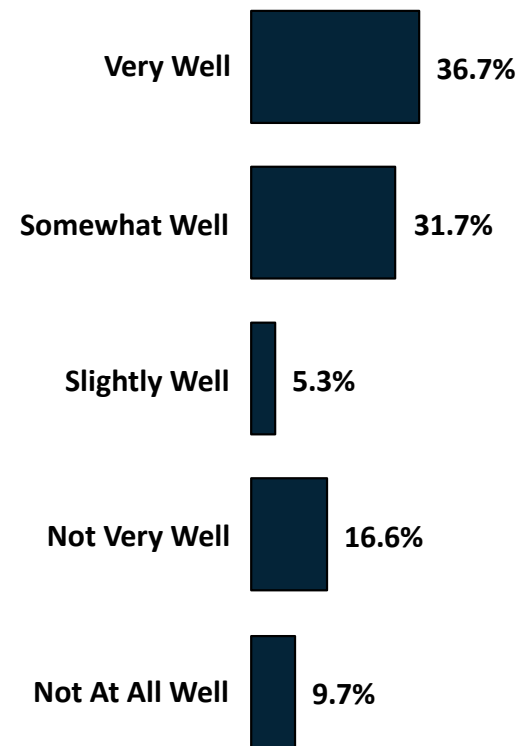
Management of Angina or Coronary Heart Disease

- Almost all (97.5%) St. Clair County adults with angina or coronary heart disease received some source of information over the past year regarding managing their condition.
 - ❖ The most common source used, by far, is physicians or other health professionals; one in five also use the Internet
- Two-thirds (68.4%) of area adults with angina or CHD believe the existing community programs and services help them manage their condition well.

Information Sources for Managing Angina/CHD



Extent to Which Existing Community Programs and Services Help Manage Angina/CHD

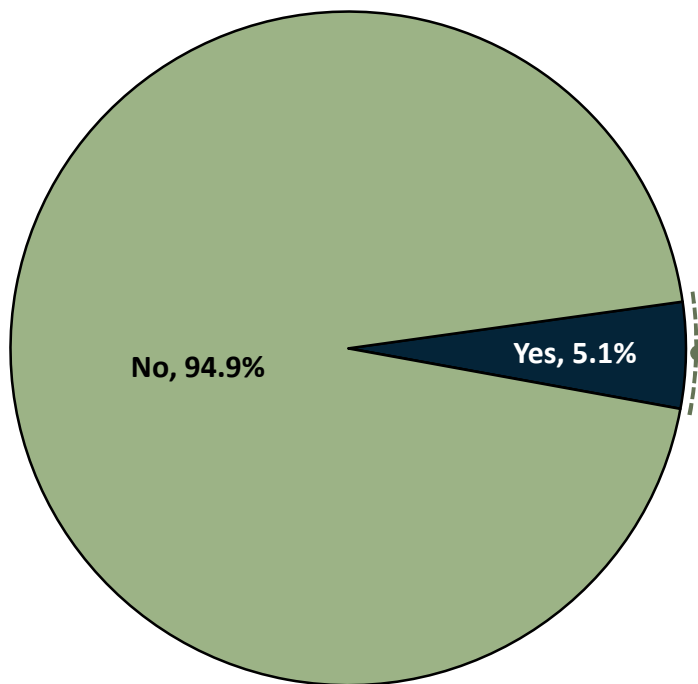




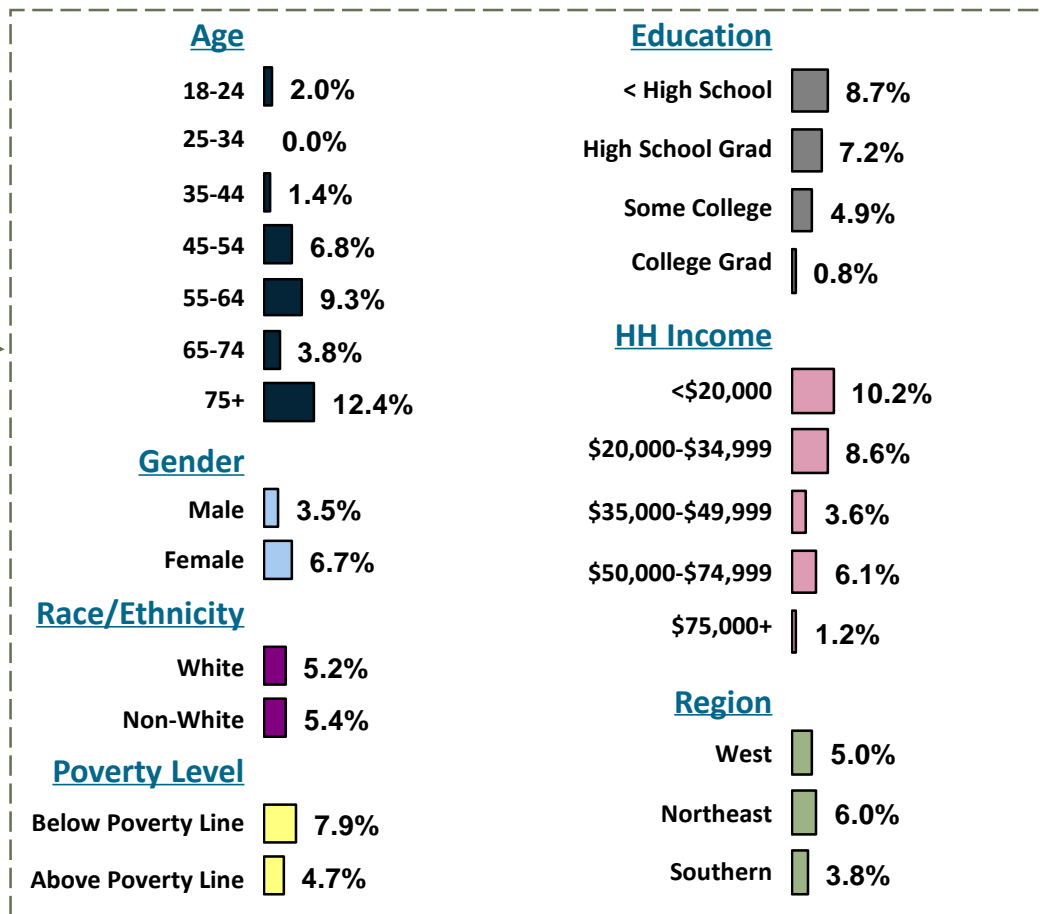
Prevalence of Stroke

- One in twenty (5.1%) St. Clair County adults have had a stroke.
 - ❖ The disease is more common in adults who are older (45+), have the lowest incomes, and/or have less than a college education

Ever Told Had Stroke* (Total Sample)



Told Had Stroke by Demographics



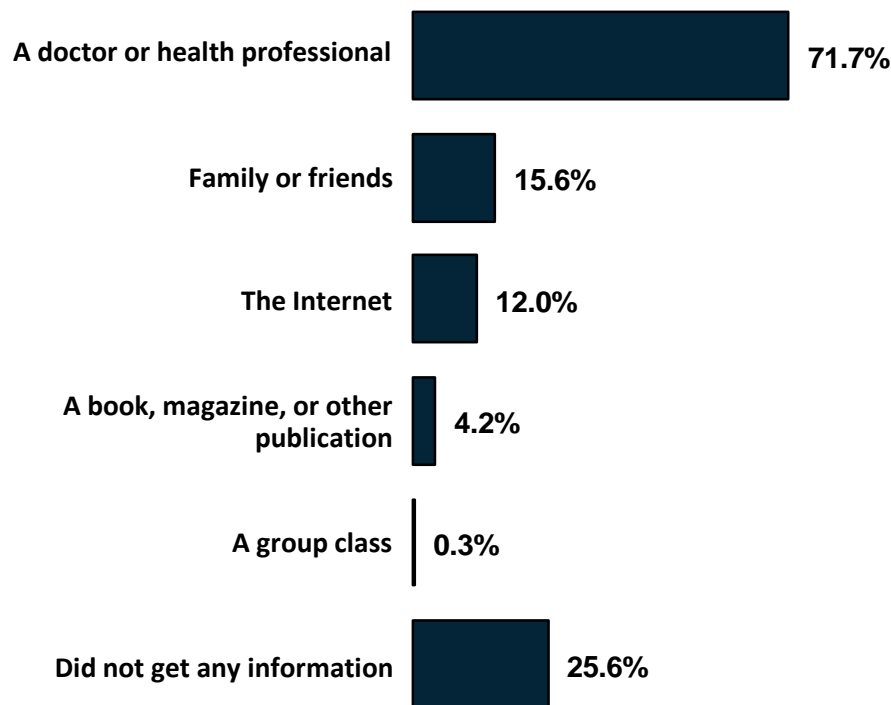
*Among all adults, the proportion who reported that they were ever told by a doctor that they had a stroke.



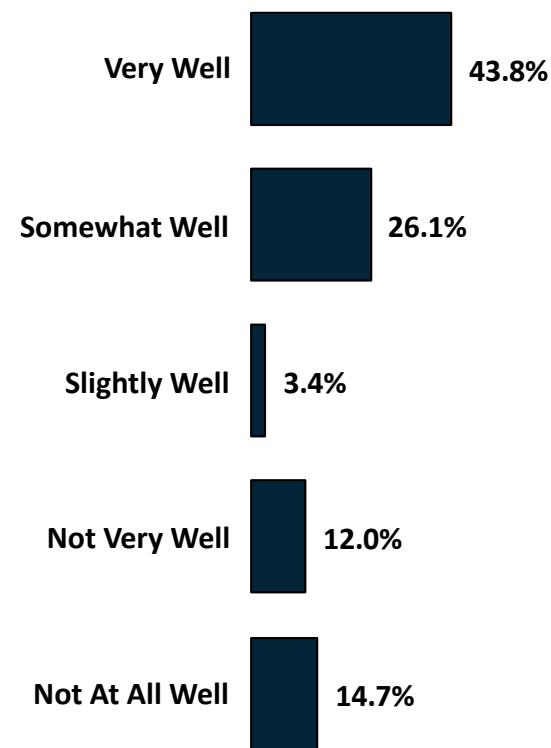
Management of Stroke

- Three-fourths (74.4%) of area adults who have had a stroke received some source of information over the past year regarding managing their condition; **however, 25.6% did not receive any information.**
 - ❖ The most common source used, by far, is physicians or other health professionals
- Seven in ten (69.9%) of area adults who had a stroke believe the existing community programs and services help them manage their condition well.

Information Sources for Managing Stroke



Extent to Which Existing Community Programs and Services Help Manage Stroke

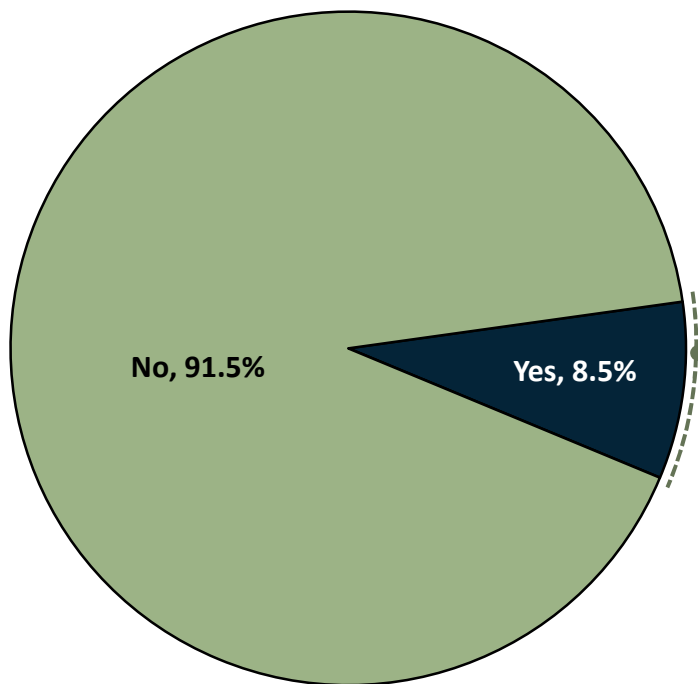




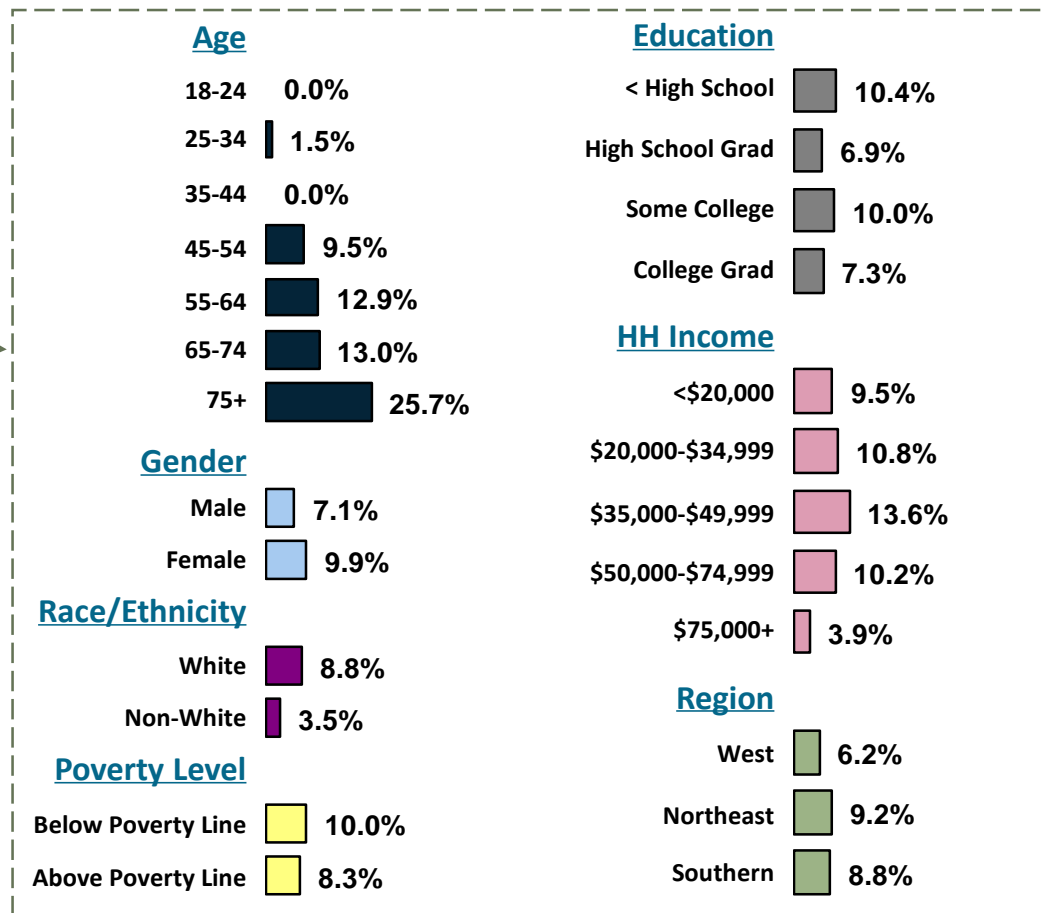
Prevalence of Skin Cancer

- One in twelve (8.5%) St. Clair County adults has skin cancer.
 - ❖ The disease is more common in adults who are older (55+), especially those 75 years or older

Ever Told Have Skin Cancer* (Total Sample)



Told Have Skin Cancer by Demographics



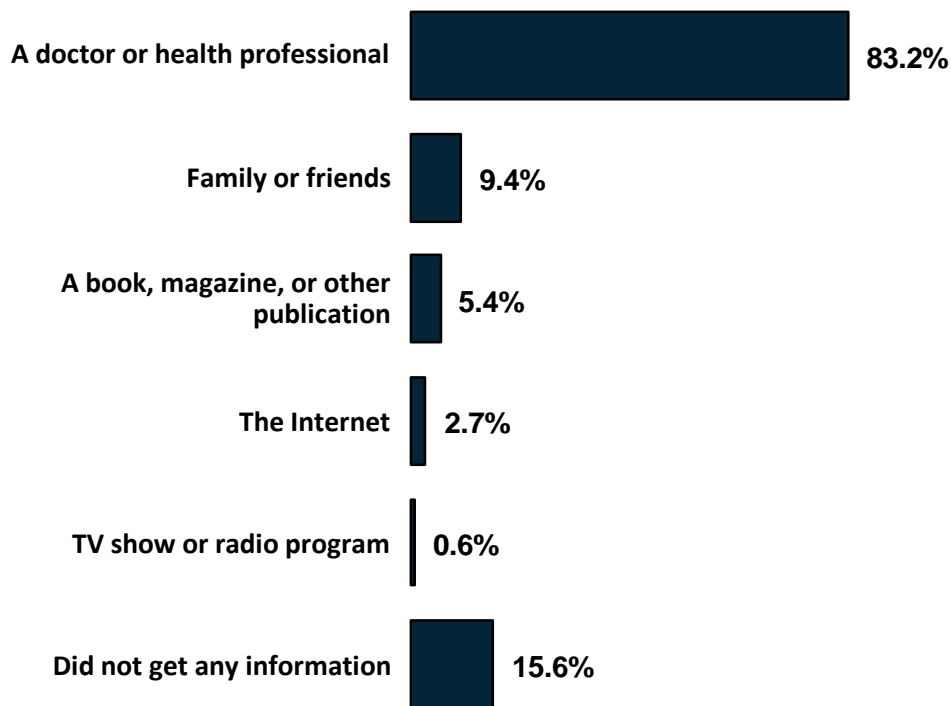
*Among all adults, the proportion who reported that they were ever told by a doctor that they have skin cancer.



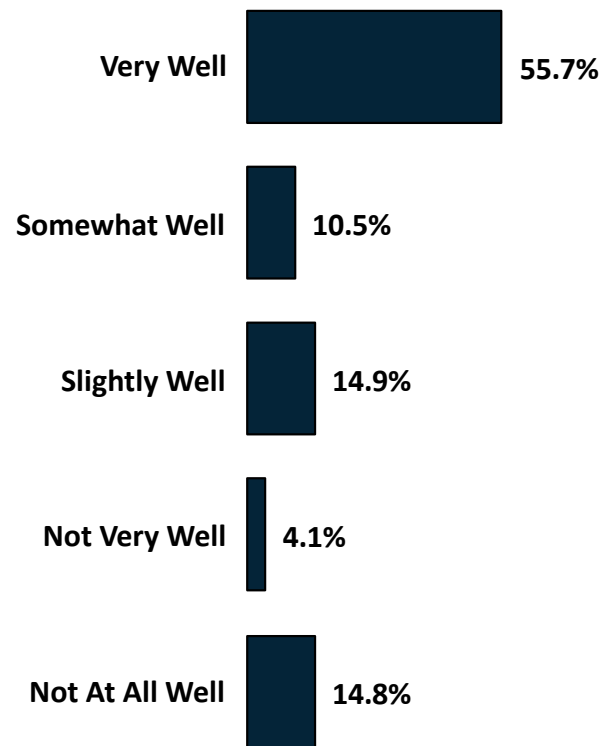
Management of Skin Cancer

- More than eight in ten (84.4%) St. Clair County adults with skin cancer received some source of information over the past year regarding managing their condition.
 - ❖ The most common source used, by far, is physicians or other health professionals
- Two-thirds (66.2%) of area adults with skin cancer believe the existing community programs and services help them manage their condition well; **55.7% say “very well.”**

Information Sources for Managing Skin Cancer



Extent to Which Existing Community Programs and Services Help Manage Skin Cancer

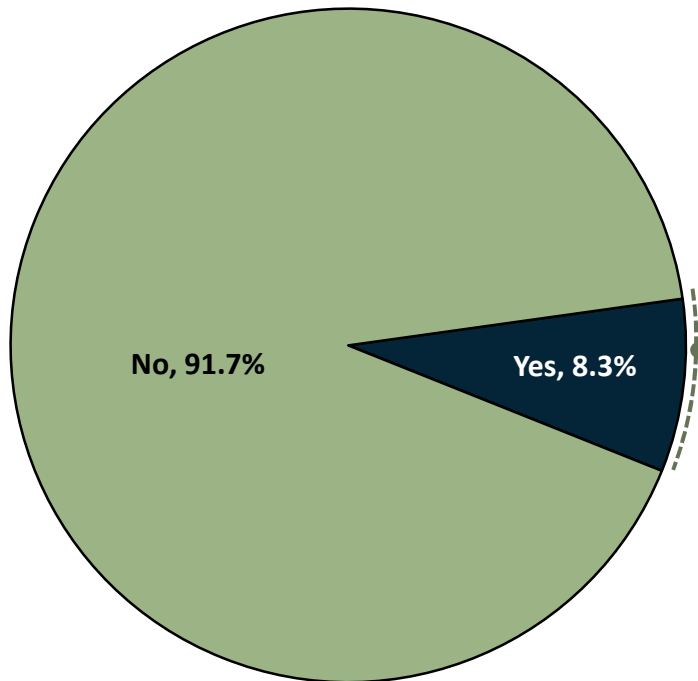




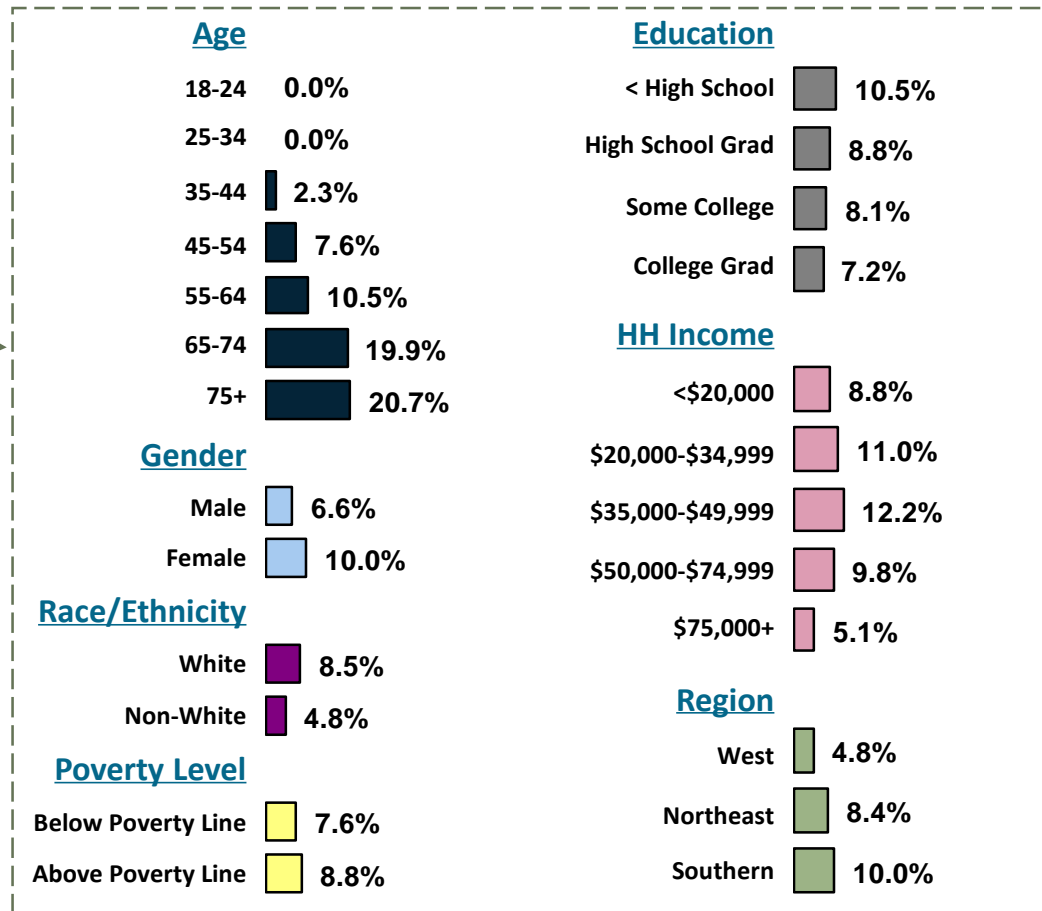
Prevalence of Other Cancer (Non-Skin)

- One in twelve (8.3%) area adults have been told by a health care professional that they have cancer (non-skin).
 - ❖ The disease is more common in adults who are older (55+), especially those 65 years or older
 - ❖ It is more prevalent in White adults than non-White adults

Ever Told Have Other Cancer* (Total Sample)



Told Have Other Cancer by Demographics



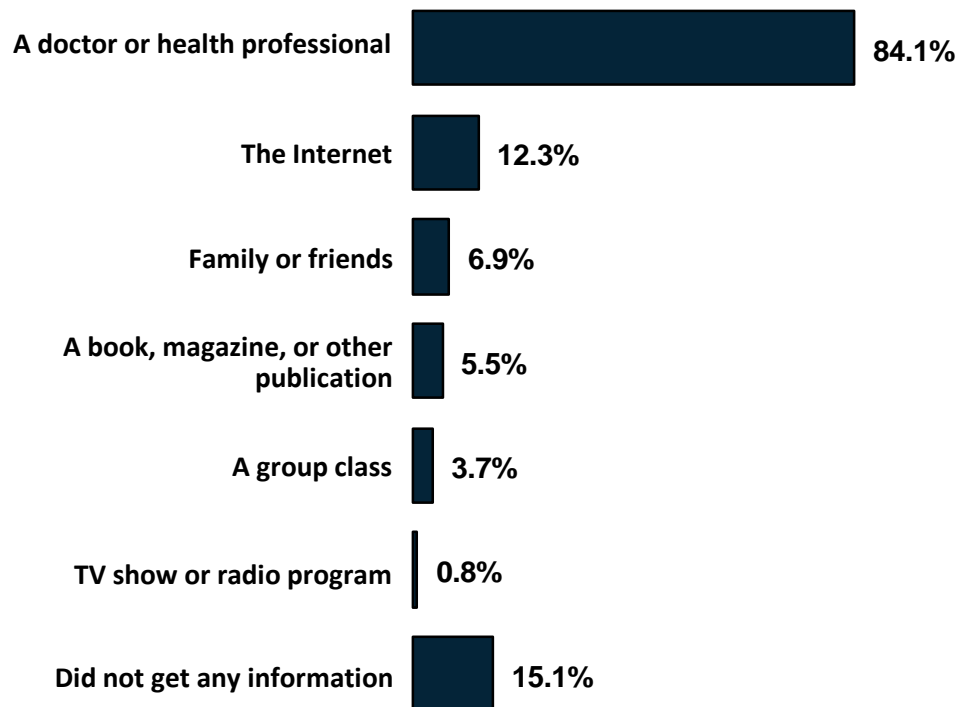
*Among all adults, the proportion who reported that they were ever told by a doctor that they have another form of cancer (non-skin).



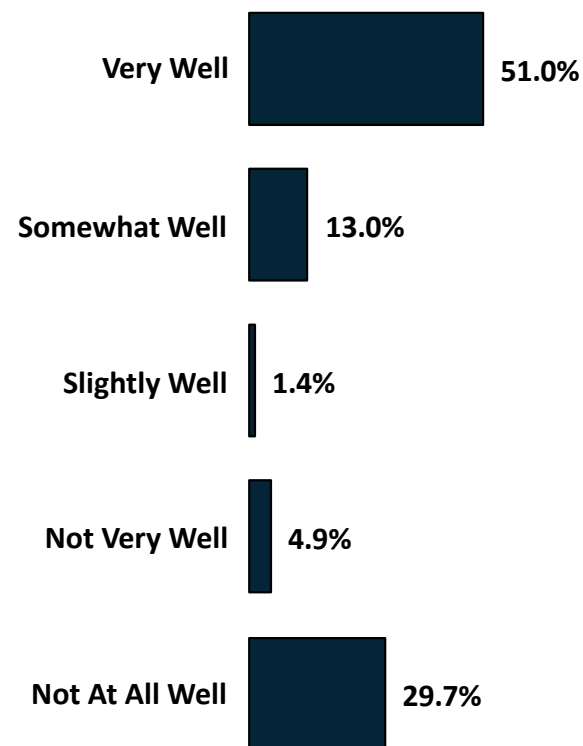
Management of Other Cancer

- More than eight in ten (84.9%) of area adults with cancer (non-skin) received some source of information over the past year regarding managing their condition.
 - ❖ The most common source used, by far, is physicians or other health professionals
- Almost two-thirds (64.0%) of area adults with cancer believe the existing community programs and services help them manage their condition well.

Information Sources for Managing Other Cancer



Extent to Which Existing Community Programs and Services Help Manage Other Cancer

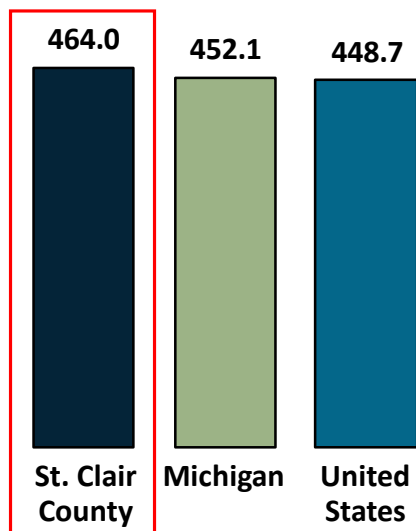




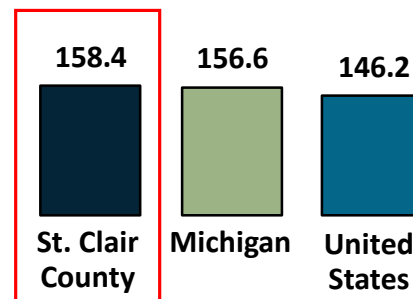
Cancer Diagnosis and Death Rates

- Compared to state and national rates, cancer diagnosis and death rates are higher for St. Clair County residents.

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



Overall Cancer Death Rate
Per 100,000 Population

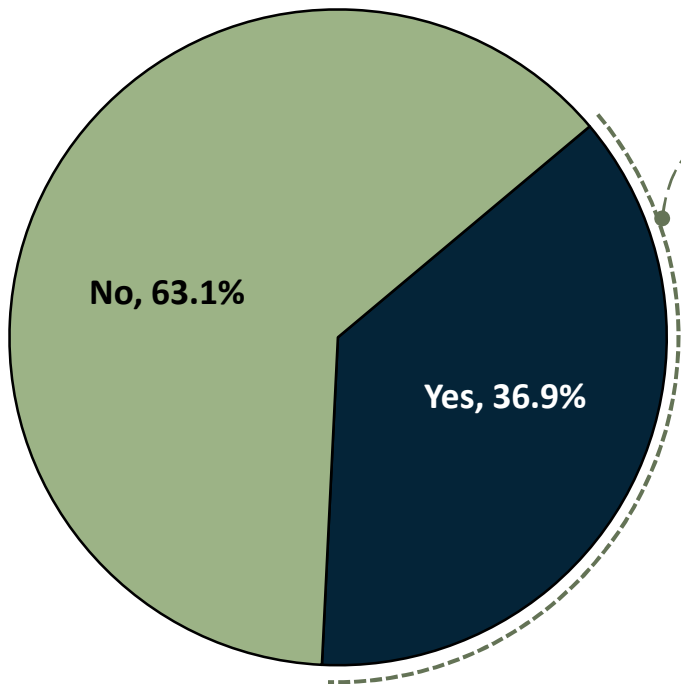




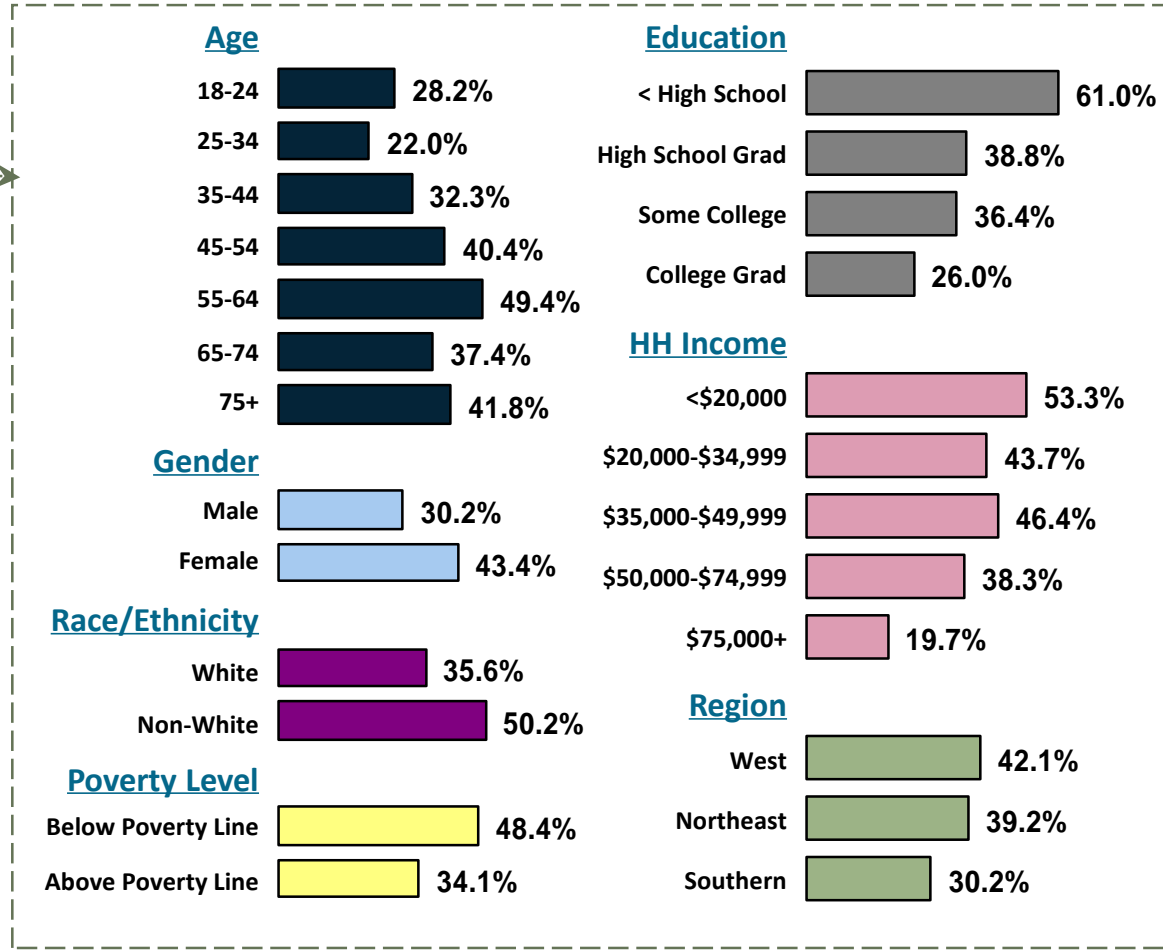
Chronic Pain

- More than one-third (36.9%) of St. Clair County adults suffers from chronic pain.
 - ❖ Having chronic pain is inversely related to level of education and income.
 - ❖ Chronic pain is more prevalent among non-White adults and women compared to White adults and men, respectively
 - ❖ It is also more common in adults age 45 or older compared to younger adults

Suffer from Chronic Pain



Suffer from Chronic Pain by Demographics

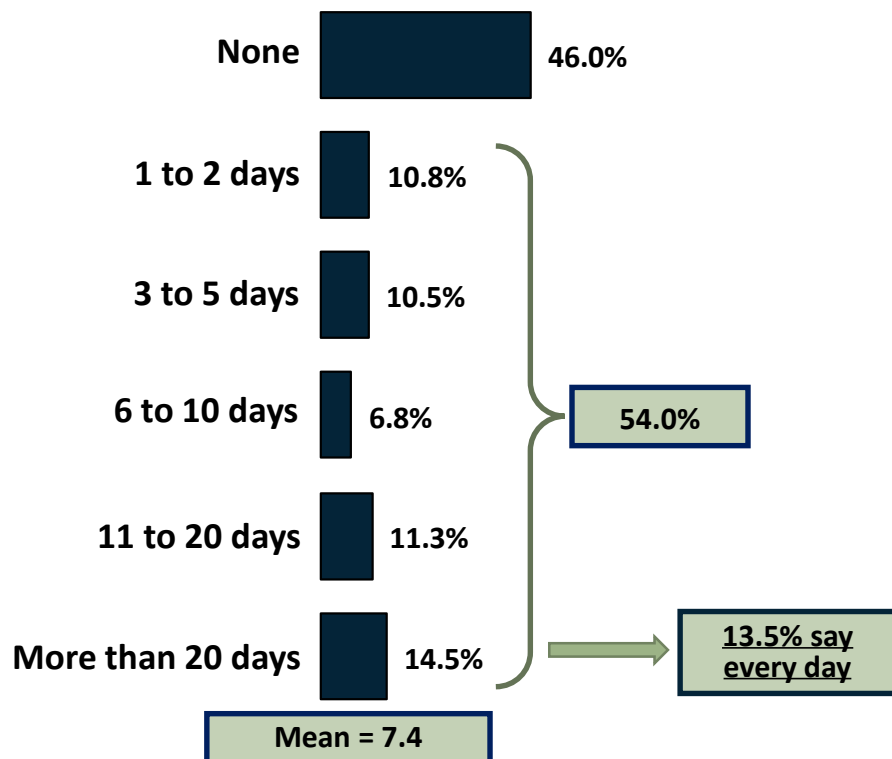




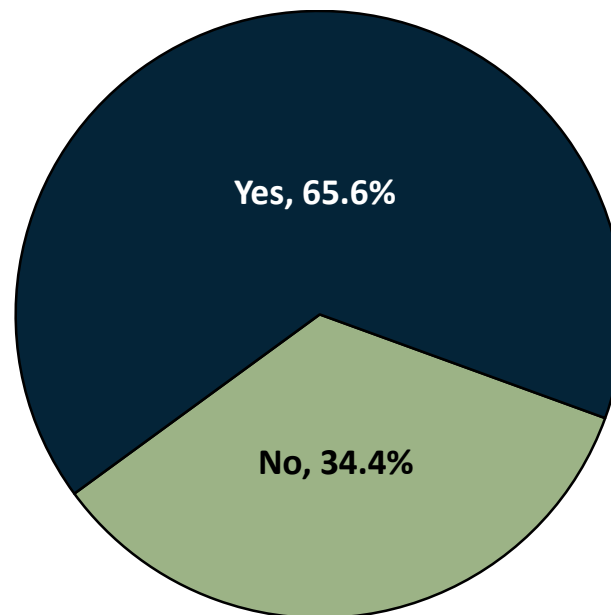
Chronic Pain Management

- Almost half (46.0%) of St. Clair County adults who suffer from chronic pain say the pain does **not** prevent them from doing their usual activities.
 - ❖ However, chronic pain sufferers average 7.4 days per month where their pain prevents from doing their usual activities; 13.5% say this occurs every day
- One-third (34.4%) of adults who suffer from chronic pain say their pain is not well managed.

Number of Days Pain Kept You From Doing Usual Activities in the Past Month



Pain is Well Managed

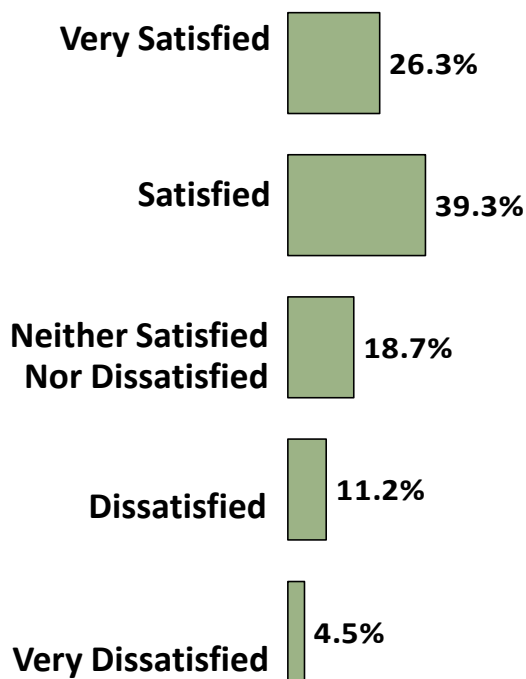




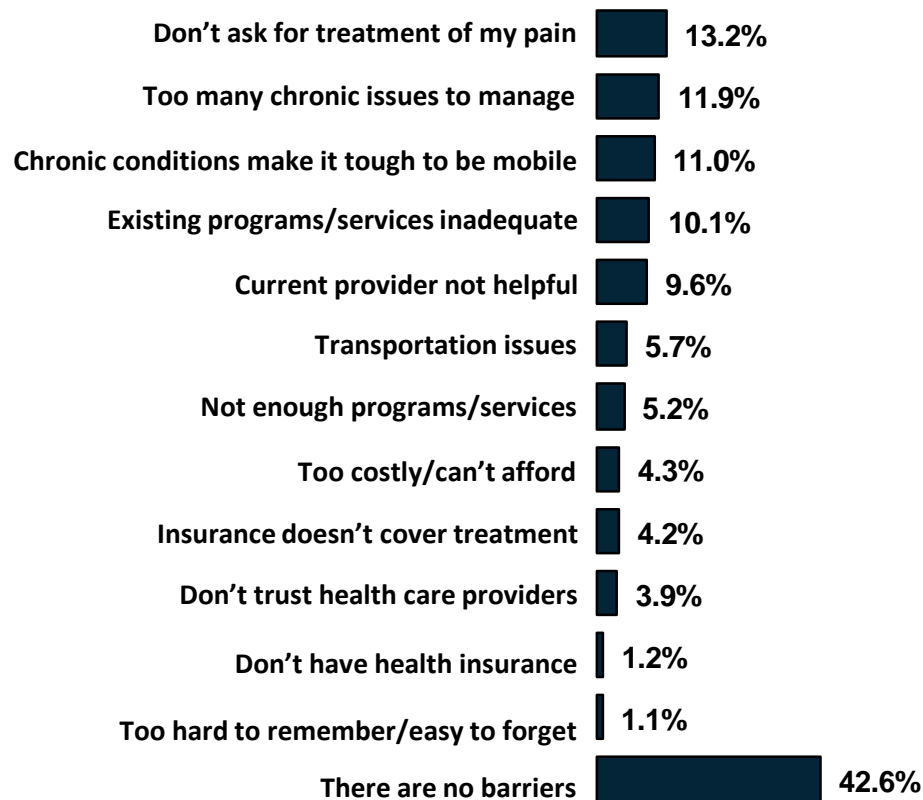
Chronic Pain Management (Continued)

- Two-thirds (65.6%) of area adults with chronic pain say they are satisfied with how their health care provider is helping them manage their pain; however, 34.4% are less than satisfied.
- More than half (57.4%) of those with chronic pain report myriad barriers to treating their pain, including having too many chronic conditions to manage, lack of mobility, and inadequacy of existing programs and services.
- Almost one in eight (13.2%) say they do not seek treatment for their pain.

Overall Satisfaction with Health Provider Helping Manage Pain



Barriers to Treating Pain



Source: BRFSS – Q9.4: How satisfied are you with how your health care provider is helping you manage your pain? (n=375); BRFSS – Q9.5: What are some of the barriers to treating your pain? (n=309)

Solutions and Strategies



Strategies Implemented to Address Gaps in Services

(Key Stakeholders) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- According to Key Stakeholders, several strategies emerged out of the results of the CHNA conducted five years ago, including a broad focus on mental health issues where funds were directed and grants were secured to alleviate some of the problems associated with mental health (e.g., lack of access to treatment, reducing stigma).
- The data surrounding physical health and its indicators prompted many community leaders to take notice and use the information gathered in their strategic plans.

Mental health

I think there was **focus on the mental health challenges** the county has. So, I think the **county has done a pretty good job in allocating dollars and support for mental health**, whatever they can do. They are not there yet, but I think they supported that.

Some of the stuff like **mental health being incorporated into our strategic plans**. We have that in there and some of it is just what I was talking about earlier that whole **marketing piece**.

Well, definitely the **mental health piece**. I don't know if it prompted them to go after that grant, but **I know the data helped them get the grant**, all that stuff. So, certainly that. The substance abuse work. That was predated. We were doing a lot of data on that.

Physical health

The overall **mortality data** still plagues me and that hasn't been really addressed as a whole, but I do think **it's prompted the conversation about the importance of including health as we talked about into the whole strategic plan of economic development of the community**. Certainly, having a strong database like that to indicate that everything isn't all great in St. Clair County and that we really need to look at this. I think that **that's made a difference in a lot of leadership attitudes**. I think they're all aware that we have these high mortality rates. Also, for the longest time everyone kept harping about our cancer rates being high, and I think this last CHNA really helped put a lid on that.



Strategies Implemented to Address Gaps in Services

(Key Stakeholders) (Continued) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Additional strategies focused on children’s services, lifestyle choices and their connection to negative physical outcomes, and the lack of affordable housing.
 - ❖ With regard to the latter, although funding has been directed toward the issue of the lack of affordable housing, and a work group has been created to work on this issue, there remains a dearth of affordable housing in the area
- One specific activity, or strategy, that grew out of last CHNA’s research findings was the creation of an adolescent services work group which examines barriers to services for children and attempts to find ways to reduce them.

Children’s services	Well, one of the things we did is we started to address the deficits identified in the last [CHNA] related to children's services . So we created an adolescent services work group out of our community service coordinating body. We looked at services for kids and what we could do to open up access and what other programs might be needed .
Lifestyle	The challenges with obesity and also with diabetes , these issues and things like that. Also, providing more educational kinds of things , do we have access to nutritional foods , do we have access to exercise facilities , I think those are some things that they are counting and addressed it.
Affordable housing	I do think there was the access to housing issue . We have a great housing work group but there's just nothing available. This community has been really good and successful at getting niche of funds and different kind of housing funding in our community . But right now there's just not enough affordable housing. People did look at that and we were meeting regularly , not every week, but maybe once a year or a couple times a year in the beginning and then COVID happened and we stopped meeting. But I do think we took stuff from that assessment and tried to move forward with it .



Suggested Strategies to Address Specific Issues

(Key Informants) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- To combat the prevalence of substance use disorder, Key Informants suggest exploring ways to secure more funding and increase the options for treatment by constructing more clinics locally.
- This may be difficult to do with limited community resources, but area leaders need to find a way to better coordinate the resources that are already in place.
- Addressing poor lifestyle choices needs to begin at an early age and continue throughout the life cycle.

Substance Use Disorder

There is **no in-patient or out-patient rehab**. We **need more financial support**.

Very limited treatment options available. We **need a clinic within Port Huron**.

Substance abuse is so **prevalent** in our county. We **need more resources** to help stop drugs coming in to the county.

Lifestyle choices (exercise, diet)

Lifestyle choices encompasses all other problems. If we make better lifestyle choices as far as diet maybe we don't develop diabetes. If we make better financial choices we can afford better food to eat. If we are working and getting exercise maybe we won't develop obesity or heart disease. There **needs to be programs in the schools to teach kids what good life choices are from an early age** because most of them do not have good examples from their parents or grandparents. I think we should **have programs in the schools to help kids learn about good lifestyle choices**. They should be **age appropriate but encompass everything from diet, finances, careers/trades, exercise and mental health**. Kids **need to learn that there is a way out of the system**. They do not have to follow the lead of their parent or grandparent. They **need to know there are resources out there to help them achieve a better life**.

Poor choices continue to feed into the cycle of poor outcomes. We **need a network of mentors** that would be available to adults.

Limited community resources

Limited resources in terms of food, programs for elderly, children, and other vulnerable populations directly impacts both physical and mental health as well as **community growth and development**. **Better coordination of resources overall, improve/create more diverse resource opportunities**.

It's **going to take dollars to solve all the health related problems**. Right now **there is limited funding available**. **Needs to be more of a priority at the federal level**, so more federal dollars.



Suggested Strategies to Address Specific Issues

(Key Informants) (Continued) (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Key Informants offer suggested strategies on a number of additional issues such as **expanding insurance options to offset barriers to health care access** such high co-pays and deductibles that many residents cannot afford.
- Further, **focusing on chronic diseases from a multidisciplinary perspective**, utilizing the **advances in technology, increasing the use of telemedicine, using health coaches and involving more community leaders**, will all help residents **better manage their chronic conditions** ultimately preventing additional negative outcomes.

Out-of-pocket health care costs	Health insurance rates are expensive for working individuals in the healthcare system. Better insurance plans/coverage/out of pocket costs for those who work in the healthcare system and not just for those who work in government or county offices.
Health management (e.g., diabetes, HBP, chronic disease)	If chronic health conditions like diabetes, high blood pressure, asthma, obesity were appropriately managed it would have a significant impact on the health and well being of residents, reduce morbidity and mortality and reduce hospitalizations . Chronic disease management programs that leverage technology and telemedicine/telehealth , using the smart phone and home based monitoring with more frequent touch points will help. Use of health coaches . Need to address psychosocial and external barriers to care like access to healthy foods and access to safe spaces for physical activity. Need to involve stakeholders/community influencers . Training of community health workers.
Providers not accepting Medicaid	More access to physicians needed. Figure out methods to bring more (new) physicians to the area without being strictly tied to one of the other medical systems/hospitals .
Access to health care	Limited access to QUALITY healthcare in our area is an issue. Having to drive 30+ miles is difficult for many people . We need specialty clinics and to expand insurance coverage options .
Environmental issues (air/water quality, lead poisoning)	It is an international problem and St. Clair county should be a participant in the solution . Listen to the scientists who are the experts. High incidence of cancer in some areas of the county. We need clean air and water .

Source: KIOS – Q1b: Of the most pressing health issues or concerns you selected, which one do you think is the most critical? (n=39); KIOS – Q1c: Why do you think [INSERT ISSUE] is the most critical health issue or concern in St. Clair County? Please be as detailed as possible. (n=39); KIOS – Q1d: What ideas do you have, if any, to resolve this issue? Please be as detailed as possible. (n=39)



Strategies Specific To Mental Health (These are the perspectives of key stakeholders/key informants that have been surveyed. The views and opinions expressed are those of the informants and stakeholders only.)

- Area professionals offer a number of recommendations specific to addressing the issue of mental health, such as: (1) discovering additional funding opportunities to lure mental health professionals, especially psychiatrists, to the area, (2) utilizing telehealth more by employing mental health professionals outside of the area, (3) offering treatment from a holistic, integrated, or biopsychosocial perspective that focuses on the whole person, (4) developing concrete plans to build/create both in-patient and out-patient facilities, and (5) continue to educate everyone in order to reduce the stigma associated with mental illness and substance use disorder.

Have **federal state or local funds allocated to pay providers adequately to manage fully over time. Pay for missed appointments** so providers **don't terminate**. And, **pay to treat coexisting substance abuse**. These are complex care, high risk folks. – *Key Informant*

We need **grant funding** as a physician healthcare shortage area to **bring mental health providers to the area**. A **health portal** for making referrals would be helpful, but we **need providers on the other end of the portal**. I think that **telehealth can be part of the solution, but not entirely**, because we **need a cohesive team to provide mental health support** in our community. **Federal or State funding is absolutely essential** to building a network in our community. – *Key Informant*

Recruitment of additional psychiatrists to practice in the county. I think **the need is broader than our county** and the fundamental problem likely lies with the attractiveness or unattractiveness of the specialty. – *Key Informant*

Having a **psychiatric clinic** in the area **with both in-patient and out-patient** treatment. – *Key Informant*

We **should be able to use telehealth a little smarter** when dealing with the lack of availability of certain specialties like psychiatry. We can help by **recruiting psychiatrists even if they are not local**. – *Key Informant*

Get **more providers? Especially on-site** (in **primary care offices, schools, low income housing, etc.**) – *Key Informant*

Integrated healthcare is important because **you have to treat the whole person** and you **can't just look at their physical issues you can't just look at the mental health stuff** you need to **treat the whole person**. Somebody said that **your body doesn't stop at your neck**. It's not just physical healthcare, but **physical issues do definitely impact your mental health and vice versa**. It's super **important that we continue to provide better whole integrated health care for people**, but I think **the ones that aren't getting it as well are the underrepresented** or minority communities. – *Key Stakeholder*

Staff a psychiatrist who takes private insurance within the county. – *Key Informant*

APPENDIX

Respondent Profile

Key Stakeholder Interviews

Chief Executive Officer, Lake Huron Medical Center

Director, Blue Water Community Action Agency

Executive Director, Counsel on Aging

Executive Director, St. Clair County Community Mental Health

Medical Health Officer, St. Clair County Health Department

Key Informant Online Survey

Physician (3)	D.O. (Family Practice)
M.D. (2)	FNP-C
Pediatrician (2)	Healthcare Administrator
Semi-retired physician (2)	Nurse
Advisory BOH member	Optometrist
Community physician	Pharmacist
CRNA	Retired R.N
DDS	Vocational Rehabilitation Counselor

Underserved Resident Survey

	TOTAL
Gender	(n=332)
Male	10.2%
Female	89.5%
Transgender male to female	0.3%
Age	(n=332)
18 to 24	16.3%
25 to 34	41.3%
35 to 44	20.8%
45 to 54	6.0%
55 to 64	7.8%
65 to 74	5.1%
75 or Older	2.7%
Race/Ethnicity	(n=331)
White/Caucasian	85.8%
Black/African American	7.6%
Hispanic/Latino	2.7%
Asian	0.6%
Native American	0.0%
Other	3.3%
Adults in Household	(n=327)
One	26.6%
Two	59.6%
Three	7.3%
Four	4.3%
Five or more	2.1%

	TOTAL
Children in Household 6-17	(n=325)
None	60.0%
One	24.6%
Two	9.5%
Three	3.4%
Four	1.8%
Five or more	0.6%
Children in Household ≤6	(n=322)
None	23.0%
One	43.2%
Two	25.5%
Three	6.5%
Four or more	1.8%
Marital Status	(n=330)
Married	33.9%
Divorced	12.4%
Widowed	3.9%
Separated	3.3%
Never married	37.3%
Member of an unmarried couple	9.1%
Own or Rent	(n=313)
Own	40.3%
Rent	50.2%
Other	9.6%

	TOTAL
Education	(n=331)
Less than a 9 th grade education	1.2%
Grades 9-11 (some high school)	10.3%
Grade 12 or GED (high school grad)	37.2%
College 1 to 3 years (some college)	37.2%
College 4 years or more (college grad)	14.2%
Employment Status	(n=332)
Employed for wages	38.9%
Self-employed	5.4%
Out of work less than 1 year	10.2%
Out of work 1 year or more	10.2%
Homemaker	15.4%
Student	1.2%
Retired	9.0%
Unable to work/disabled	9.6%
Household Income	(n=327)
Less than \$10K	21.4%
\$10K to less than \$15K	14.7%
\$15K to less than \$20K	13.5%
\$20K to less than \$25K	10.7%
\$25K to less than \$35K	15.3%
\$35K to less than \$50K	11.6%
\$50K to less than \$75K	7.6%
\$75K or more	5.2%

Behavioral Risk Factor Survey

	TOTAL	A. West	B. Northeast	C. Southern
Gender	(n=1000)	(n=145)	(n=586)	(n=267)
Male	49.8%	55.0%	46.7%	51.4%
Female	50.2%	45.0%	53.3%	48.6%
Age	(n=1000)	(n=145)	(n=586)	(n=267)
18 to 24	10.7%	6.3%	10.7%	12.9%
25 to 34	14.7%	17.6%	15.8%	11.0%
35 to 44	13.6%	11.4%	13.7%	14.8%
45 to 54	18.4%	19.7%	20.8%	14.2%
55 to 64	20.6%	25.4%	19.3%	20.1%
65 to 74	13.5%	11.9%	12.2%	16.7%
75 or Older	8.4%	7.6%	7.5%	10.3%
Race/Ethnicity	(n=979)	(n=141)	(n=575)	(n=261)
White, non-Hispanic	90.9%	95.2%	85.2%	97.4%
Black, non-Hispanic	2.6%	0.0%	5.2%	0.0%
Other, non-Hispanic	3.0%	2.8%	3.7%	2.0%
Hispanic	3.5%	2.0%	5.9%	0.6%
Region of St. Clair County	(n=998)	(n=145)	(n=586)	(n=267)
West (Rural)	17.5%	100%		
Northeast (Urban)	50.3%		100%	
Southern (Downriver)	32.2%			100%

Behavioral Risk Factor Survey (Continued)

	TOTAL	A. West	B. Northeast	C. Southern
Marital Status	(n=997)	(n=144)	(n=585)	(n=267)
Married	49.9%	66.5%	42.7%	52.4%
Divorced	12.0%	7.9%	15.4%	8.7%
Widowed	5.6%	5.4%	4.7%	7.1%
Separated	0.9%	1.8%	0.9%	0.4%
Never married	26.7%	17.4%	29.9%	26.5%
A member of an unmarried couple	4.9%	0.9%	6.4%	4.9%
Number of Children Less Than Age 18 At Home	(n=998)	(n=145)	(n=585)	(n=267)
None	70.5%	74.0%	67.0%	74.4%
One	13.9%	11.5%	15.1%	13.0%
Two	8.7%	1.9%	12.1%	7.3%
Three or more	6.8%	12.6%	5.9%	5.3%
Number of Adults and Children in Household	(n=998)	(n=145)	(n=585)	(n=267)
One	18.8%	21.8%	19.3%	16.6%
Two	32.9%	29.5%	29.4%	40.3%
Three	21.9%	17.8%	24.3%	20.4%
Four	13.8%	14.6%	14.5%	11.8%
Five	7.2%	12.1%	6.6%	5.4%
More than five	5.5%	4.2%	5.8%	5.5%

Behavioral Risk Factor Survey (Continued)

	TOTAL	A. West	B. Northeast	C. Southern
Education	(n=993)	(n=143)	(n=582)	(n=266)
Grades 1-8 (Elementary)	1.5%	2.3%	1.7%	0.7%
Grades 9-11 (Some high school)	6.9%	5.8%	8.8%	4.5%
Grade 12 or GED (High school graduate)	31.4%	33.5%	32.8%	28.2%
College 1 year to 3 years (Some college)	38.9%	47.8%	38.3%	35.1%
College 4 years or more (College graduate)	21.4%	10.6%	18.5%	31.5%
Employment Status	(n=996)	(n=145)	(n=582)	(n=267)
Employed for wages	44.0%	46.5%	41.6%	46.3%
Self-employed	5.9%	6.2%	5.4%	6.7%
Out of work for a year or more	4.1%	0.0%	7.1%	1.6%
Out of work for less than a year	2.8%	3.8%	3.2%	1.6%
A homemaker	5.6%	7.7%	4.5%	6.1%
A student	3.9%	1.6%	4.2%	4.2%
Retired	23.2%	20.0%	21.7%	27.5%
Unable to work	10.5%	14.1%	12.2%	5.9%

Behavioral Risk Factor Survey (Continued)

	TOTAL	A. West	B. Northeast	C. Southern
Household Income	(n=909)	(n=131)	(n=525)	(n=252)
Less than \$10,000	3.5%	2.9%	4.5%	2.1%
\$10,000 to less than \$15,000	5.3%	4.6%	7.6%	2.3%
\$15,000 to less than \$20,000	5.6%	0.4%	6.7%	6.7%
\$20,000 to less than \$25,000	10.4%	7.1%	13.5%	7.5%
\$25,000 to less than \$35,000	10.4%	10.4%	12.5%	7.5%
\$35,000 to less than \$50,000	13.6%	12.3%	15.8%	11.0%
\$50,000 to less than \$75,000	16.8%	25.7%	12.7%	18.4%
\$75,000 or more	34.4%	36.6%	26.7%	44.5%
Poverty Status	(n=908)	(n=131)	(n=524)	(n=252)
Income under poverty line	14.4%	12.6%	20.7%	5.9%
Income over poverty line	85.6%	87.4%	79.3%	94.1%
Home Ownership	(n=986)	(n=144)	(n=577)	(n=263)
Own	79.7%	89.4%	73.0%	84.8%
Rent	17.0%	8.1%	23.4%	12.1%
Other Arrangement	3.3%	2.5%	3.6%	3.2%
Transgender	(n=979)	(n=144)	(n=571)	(n=262)
Transgender, male to female	0.2%	0.0%	0.1%	0.5%
Transgender, female to male	0.2%	0.0%	0.3%	0.0%
Transgender, gender nonconforming	0.1%	0.0%	0.2%	0.0%
Not transgender	99.5%	100.0%	99.4%	99.5%