

Caring for Our Community



2016 Community Health Needs Assessment

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Executive Summary

Through a newly formed collaboration with over 15 Macomb County agencies, a robust community health assessment was conducted through active engagement and outreach to Macomb County residents. The Community Health Needs Assessment (CHNA) Collaborative surveyed several population groups to assess health care needs, concerns and access to care. The surveys and focus groups were conducted over a nine-month period. These needs were compared to county and state reported statistics for a community level view of Macomb County's needs. McLaren Macomb analyzed the needs based upon both primary and secondary data to determine the prioritized health issues. These conditions emerged as the top health care concerns:

- High Blood Pressure/Heart Disease
- Diabetes
- Cancer
- Trauma/Unintentional Accidents
- Obesity

Health findings were prioritized based upon the secondary data gathered. Those that resulted in over 250 deaths in Macomb County per year and with death rate occurrences higher than the State of Michigan death rates were given top priority. These prioritized health issues aligned with the data collected from our community target populations. Efforts to address these concerns include the following:

- Continue to offer educational materials and seminar talks at community sites, workplaces and at McLaren Macomb.
- Sponsor support groups that meet at McLaren Macomb to address particular concerns for the disease.
- Top health concerns will be featured articles in community newsletters promoting educational and screening opportunities.
- McLaren Macomb will participate in local cable and radio interviews to promote healthy living, prevention, screening and educational opportunities.

Survey and focus group opportunities will continue on a yearly basis to build and maintain a grass-root level relationship with our community. Through continued outreach in the community, McLaren Macomb will address to community needs when possible.

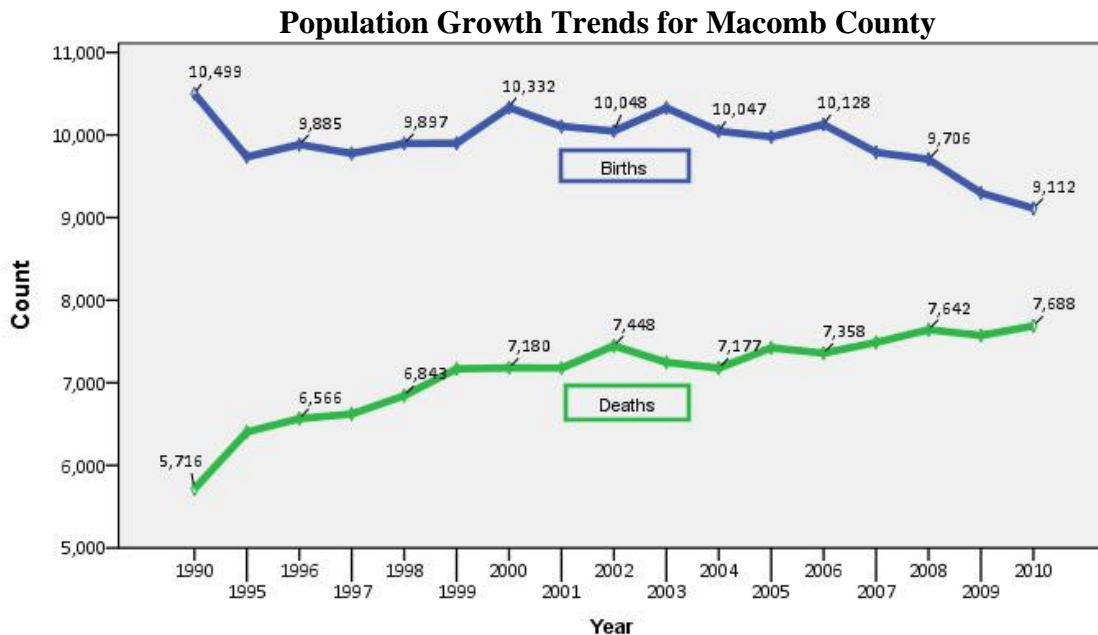
About McLaren Macomb:

In January 2012, Mount Clemens Regional Medical Center became McLaren Macomb. McLaren Macomb is a 288-bed acute care hospital located in Mount Clemens, Mich. More than 400 physicians and nearly 2,000 employees work at McLaren Macomb, making it one of Macomb County's top employers. McLaren Macomb provides a full range of services, including cancer and cardiovascular care. As Macomb County's first verified trauma center, the hospital operates the busiest emergency department in Macomb County and is also an accredited chest pain center. McLaren Macomb has a rich history of providing high quality, compassionate health care and holds a strong position in the community it serves. To learn more, visit www.mclaren.org/macomb.

Macomb County at a Glance: Demographics

Macomb County is located in southeastern Michigan and is considered the northeastern Detroit Metropolitan area. It is the third largest county in population and consists of 482 square miles. The leading industry for Macomb County is manufacturing, which employs approximately 1/3 of the workforce. An additional 1/3 of the workforce is employed by the service industry. The County has 94 industrial parks, eight community hospitals, a community college and a university center.

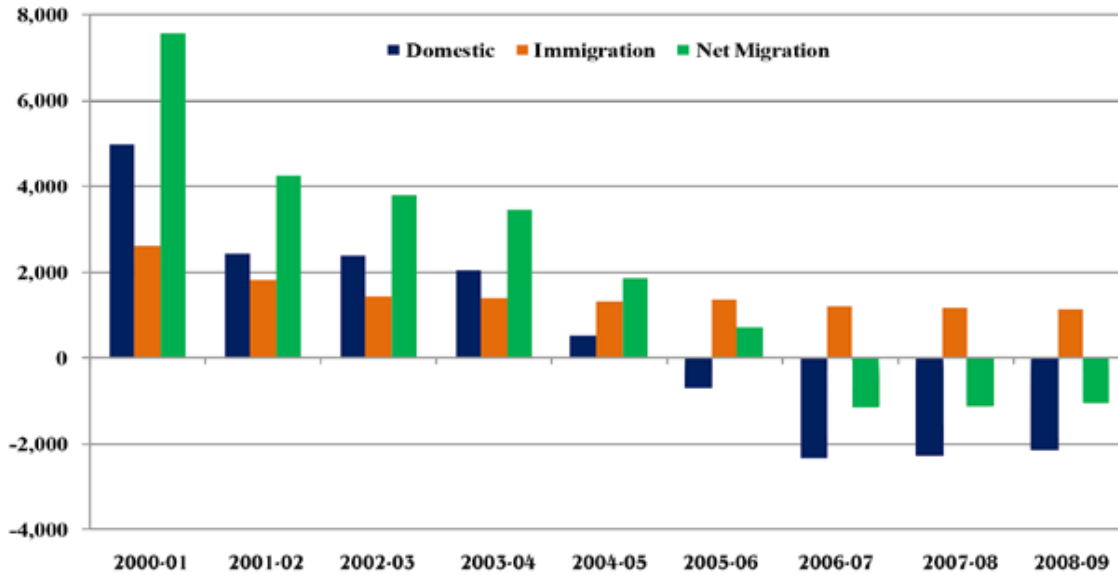
According to the 2010 U.S. Census, total population was 840,978, an increase of 6.7% over 2000. Macomb experienced a slowing of birth rates and an increasing of death rates, which resulted in a slower natural growth rate overall. It is projected that the population residing in Macomb County will reach 930,420 by the year 2030. Gender rates for Macomb County are 51.4% female to 48.6% male and have held consistent through the overall slow growth rate during the last 10 years.



Source: Michigan Department of Community Health as reported in the New Macomb Report.

Macomb County has also experienced a growth in domestic and international migrations over the past decade. Domestic immigrants mostly moved from Oakland County and Wayne County. International immigrants have come from Iraq, Albania and Southeast Asia. This net-migration decreased due to recent economic times and resulted in more people moving out of the County toward the end of the decade. Migrations from Oakland County slowed while Wayne County migration increased significantly.

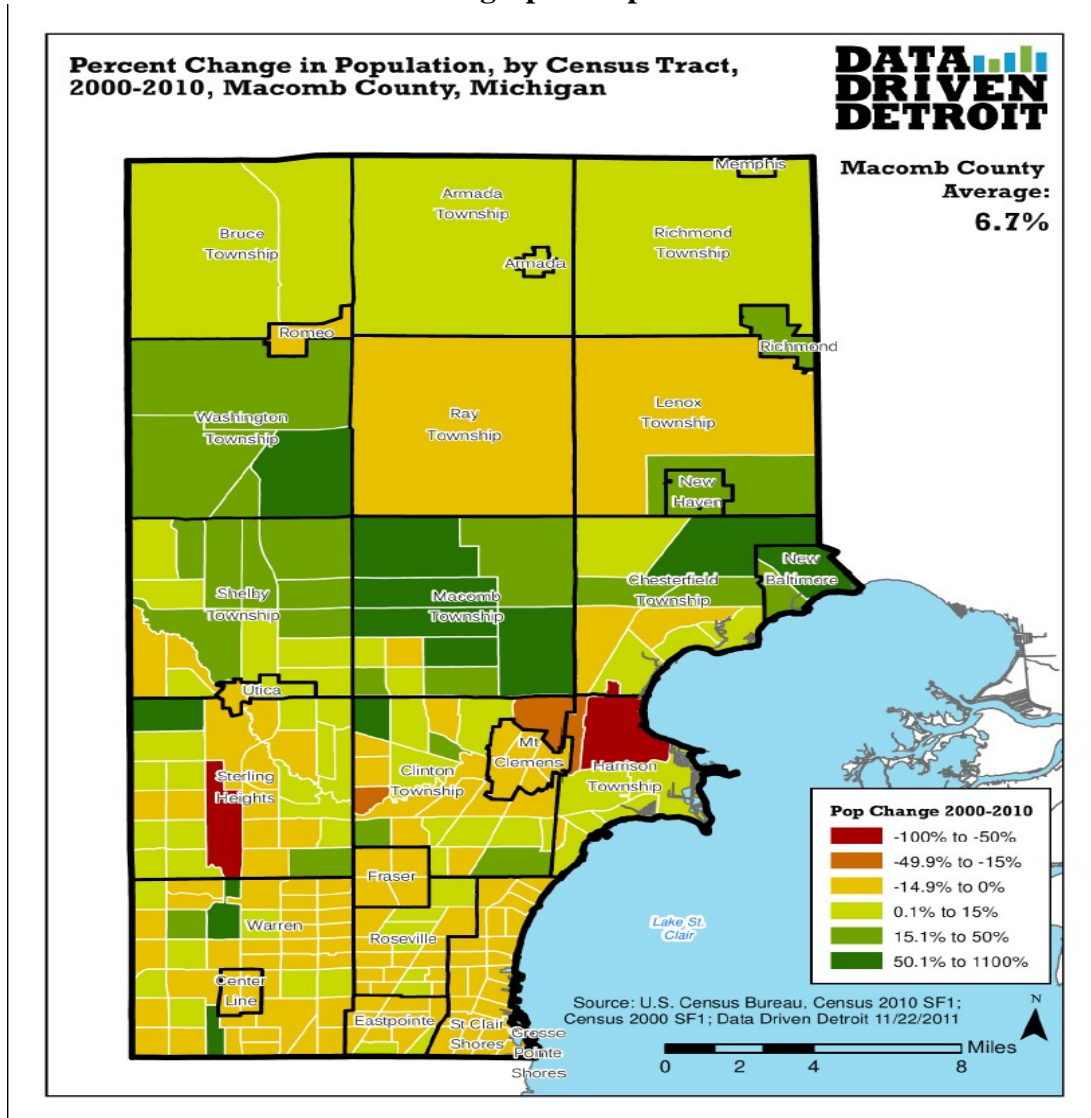
A Decade of Migration Trends for Macomb County



Source: Michigan Department of Community Health as reported in the New Macomb Report.

Population patterns throughout the county have varied, with the northern part of the county experiencing the most growth. The growth characterization is mostly younger than average families coming from Oakland County. The southern part of the county experienced a decline in population. Population trends are presented in the following map, which depicts the greatest growth in the northern part of the county.

Geographic Population Trend



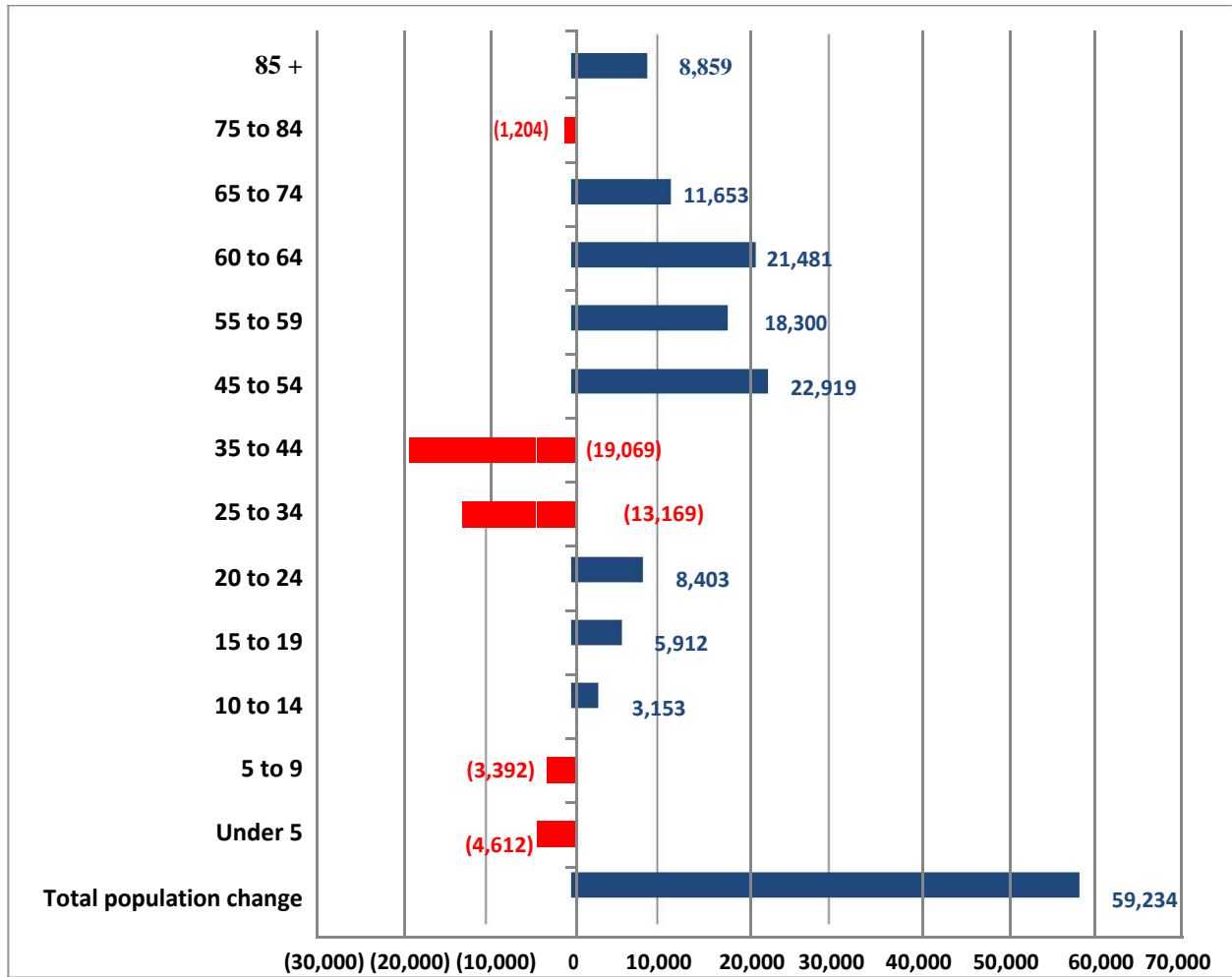
Source: New Macomb Report

Aging Demographics

Macomb County is in the midst of an aging trend. The Senior population (65+) grew by almost 12% from 2000-2010. In 2011, the Baby Boomer generation started approaching senior citizen status, and this aging trend within Macomb County is predicted to continue. With an increase in longevity, Macomb residents 85 years+ have seen a 54% population increase. The following graph shows age trends in Macomb County between 2000-2010.

Age Trends in Macomb County, 2000-2010

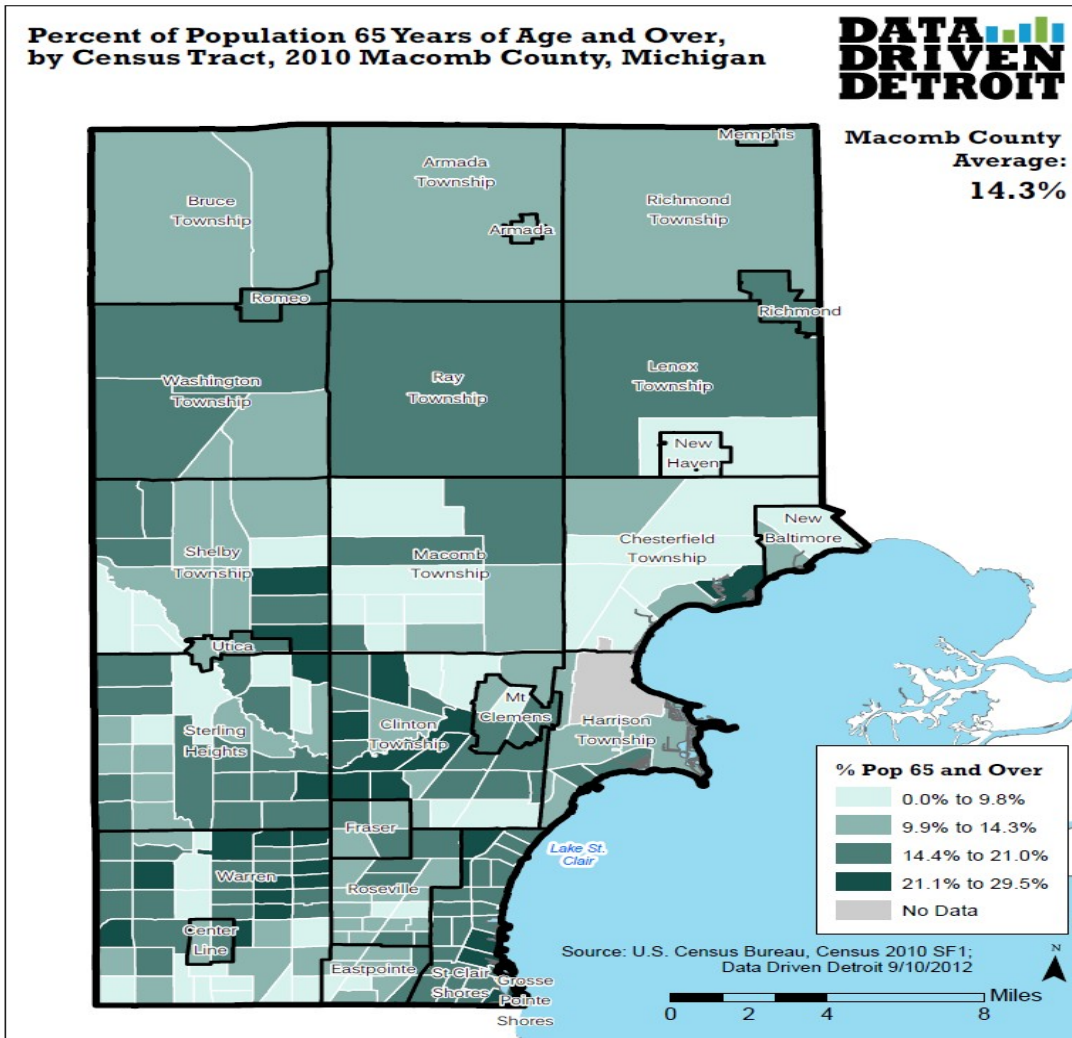
Source: U.S. Census Bureau



The largest fluctuation in the population occurred in those whose ages were above 45. From age 60 and above, the population grew by 40,789. The largest overall gain occurred in the 45 to 54 age category, while the greatest decline occurred in the 35 to 44 age category. Age groups showing a significant decline in numbers are Under 5, 5 to 9, 25-34, and 35-44, while those in the age category 75-84 showed a slight decline.

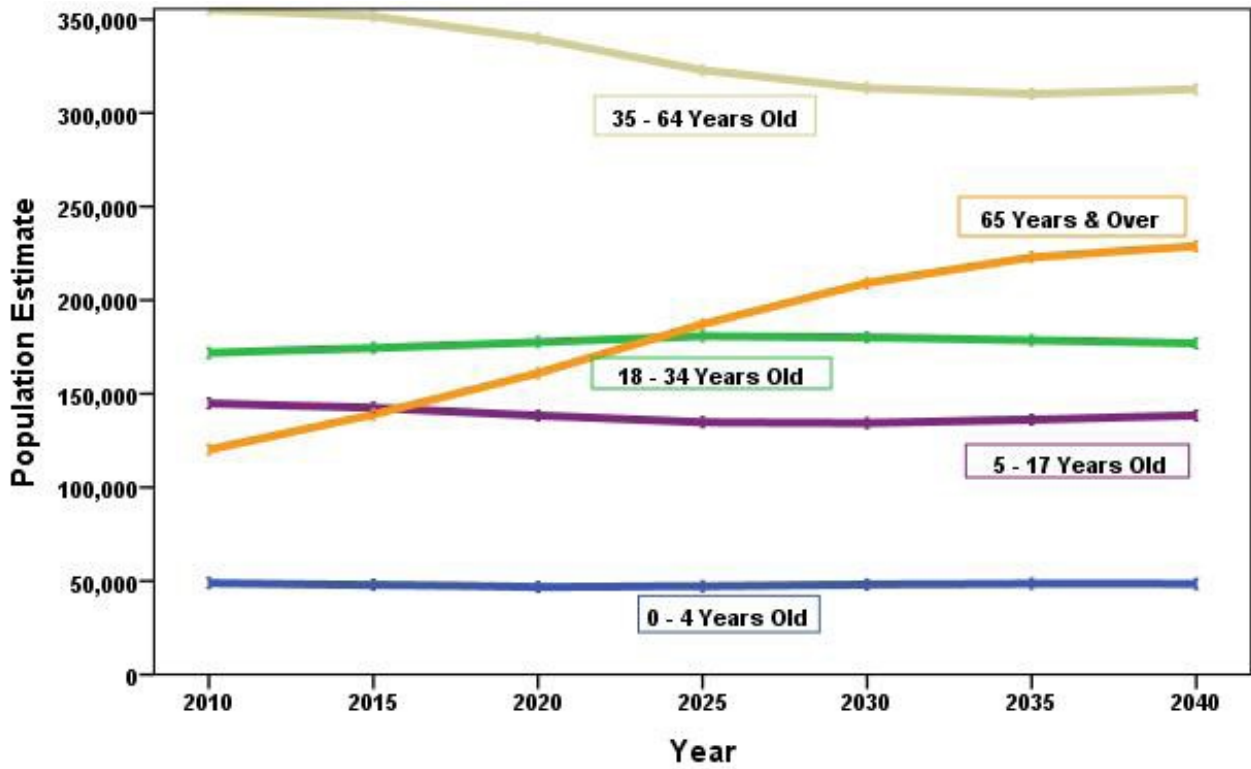
Percent of Population 65 Years of Age and Over- Geographic Dispersion

The Senior population in Macomb is widely distributed throughout all geographic areas. The map below shows the percent of population 65 years and older in each city/township of Macomb County.



A long-term population forecast for Macomb County was prepared by the Southeast Michigan Council of Government (SEMCOG). It forecasts a rapid increase in the senior population and no growth in the youngest population group.

Long Term Population Forecast – Macomb County (Present -2040)



Source: Southeast Michigan Council of Governments as published in the New Macomb Report.

Macomb County Race/Ethnic Groups

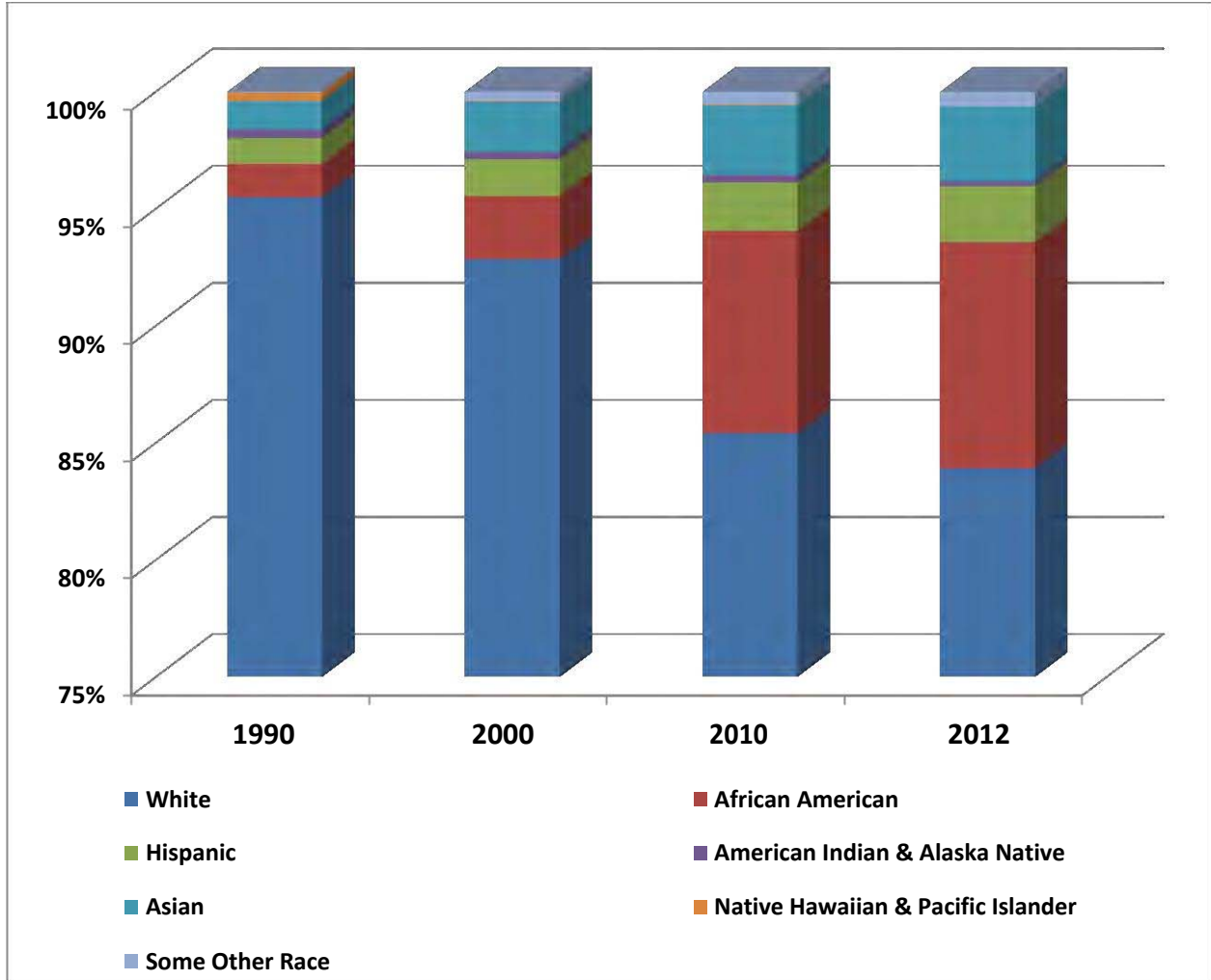
Racial diversity in Macomb County is on the rise and is predicted to continue growing, especially within the younger age groups. The three largest ethnic groups are White, African American and Asian, respectively.

Macomb County Race / Ethnic Group	Population in Numbers	Percentage
White	717,973	85%
African American	72,723	8%
Asian	25,063	2%
Hispanic	19,905	2%
Two or More Races	17,634	2%
Native American	2,646	Below 1%
Some Other Race	4,760	Below 1%
Pacific Islander	179	Below 1%
Three or More Races	1,155	Below 1%

Source: Suburban Stats: Population Demographics for Macomb County, Michigan in 2016 and 2015

The racial make-up of Macomb County has experienced a great deal of change in the last decade. Communities such as Warren, Eastpointe, Roseville, Sterling Heights and St. Clair Shores have experienced significant growth in racial diversity.

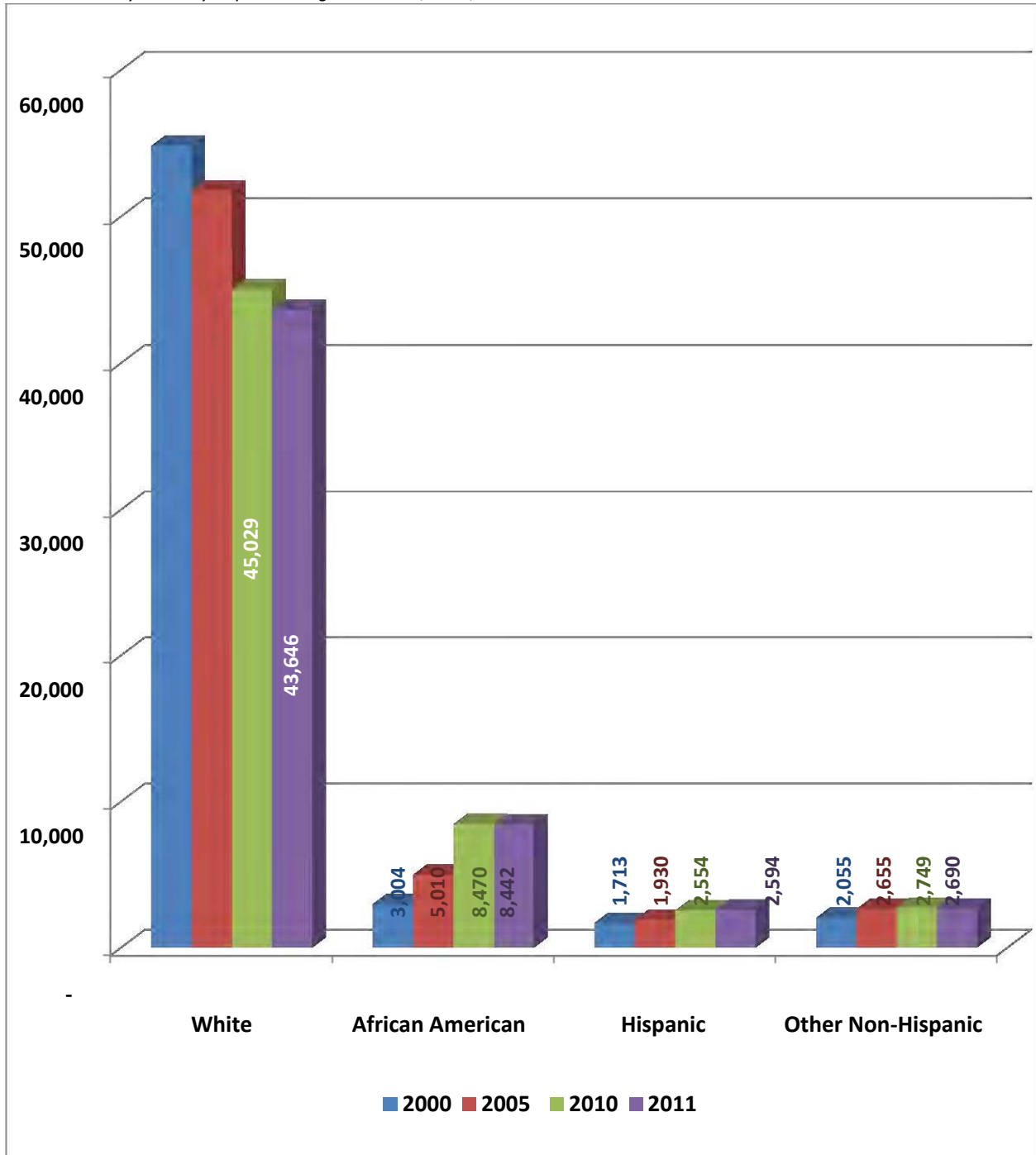
Figure 11 Macomb County Minority Population 1990, 2000, 2010 and 2012



Source: U.S. Census Bureau American Community Survey

Over the last 3 decades, there has been considerable change to the county’s racial and ethnic composition. Trends are showing a decrease in the White, American Indian and Alaska Native populations, while increases are reported among the African American, Asian and Hispanic populations.

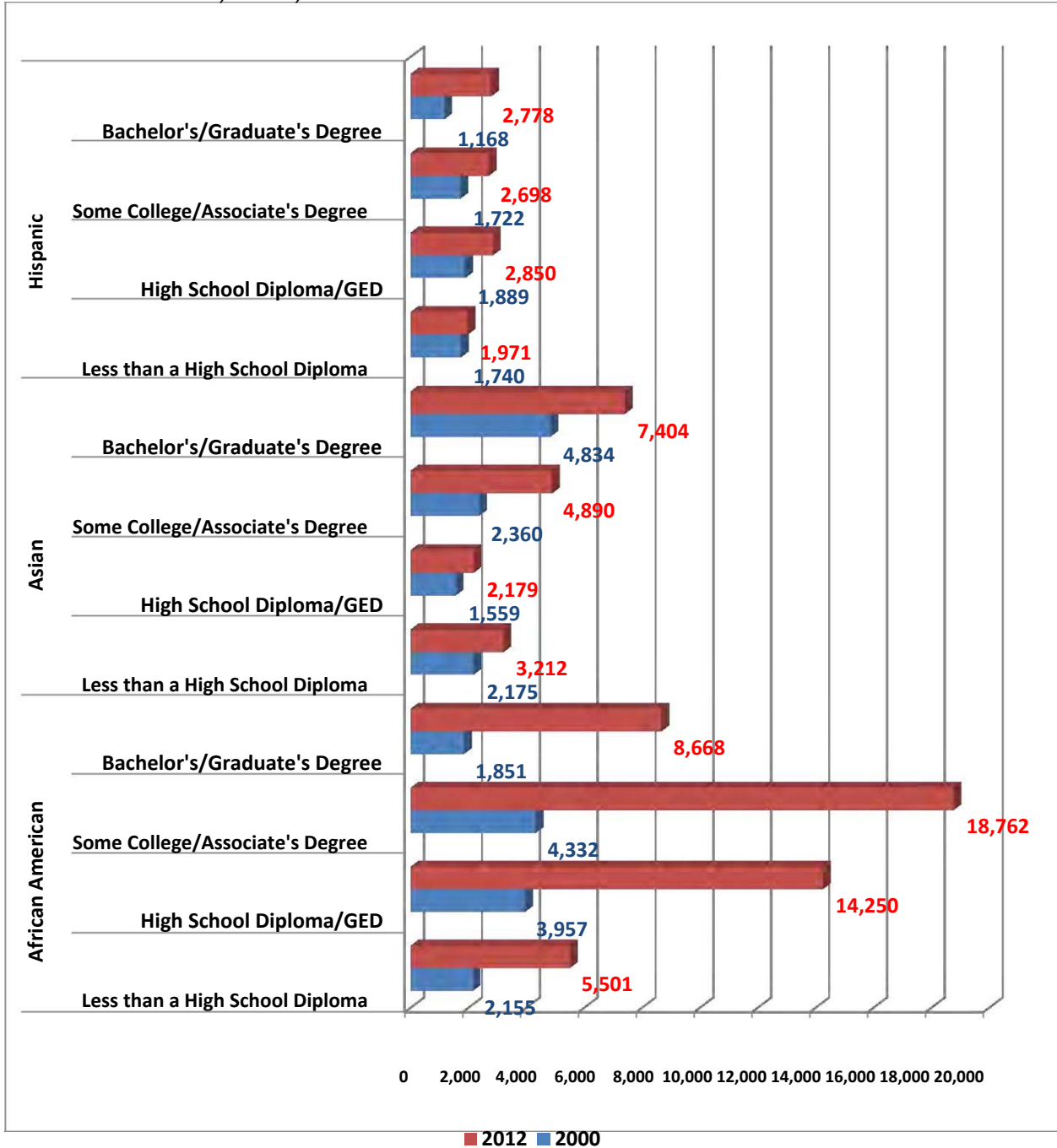
Macomb County Minority Population Ages 0-5 2000, 2005, 2010 and 2011



Source: U.S. Census Bureau American Community Survey

This chart illustrates the growth in racial groups for population ages 0-5, indicating the continual future growth for these populations in Macomb County.

Educational Attainment by Ethnicity 25 Years and Over 2000 and 2012

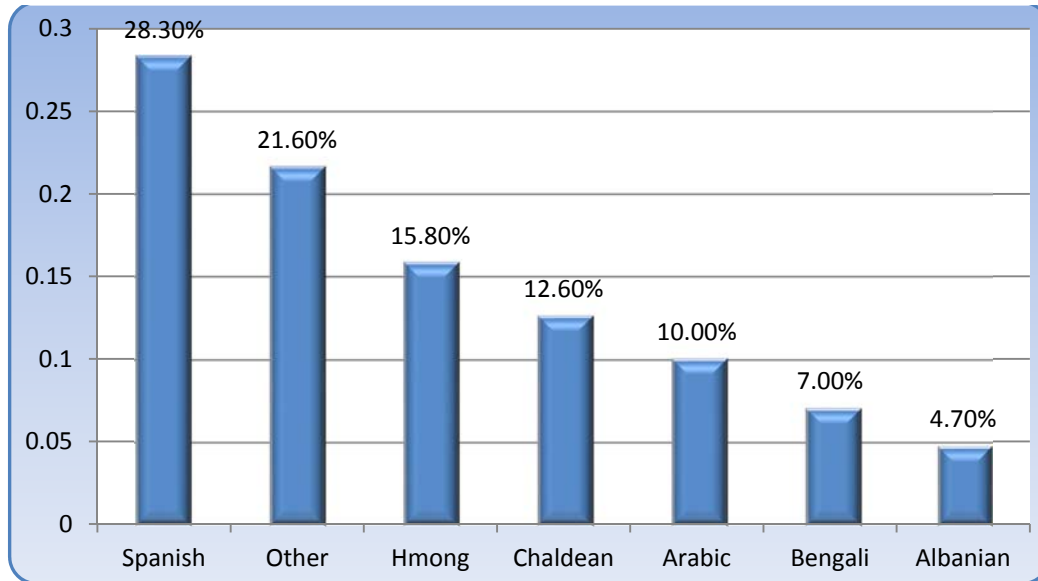


Source: U.S. Census Bureau American Community Survey

This table illustrates the educational achievement for the three largest racial groups in Macomb County in 2000 and 2012. All three racial groups showed a significant increase in educational achievement over the last 12 years, with the largest growth reported by African Americans.

Language Diversity

As the population of Macomb County continues to be more diverse, languages spoken throughout the county have witnessed a dramatic increase. Schools and businesses throughout the county will need to be prepared to serve the changing face and voice of the community.



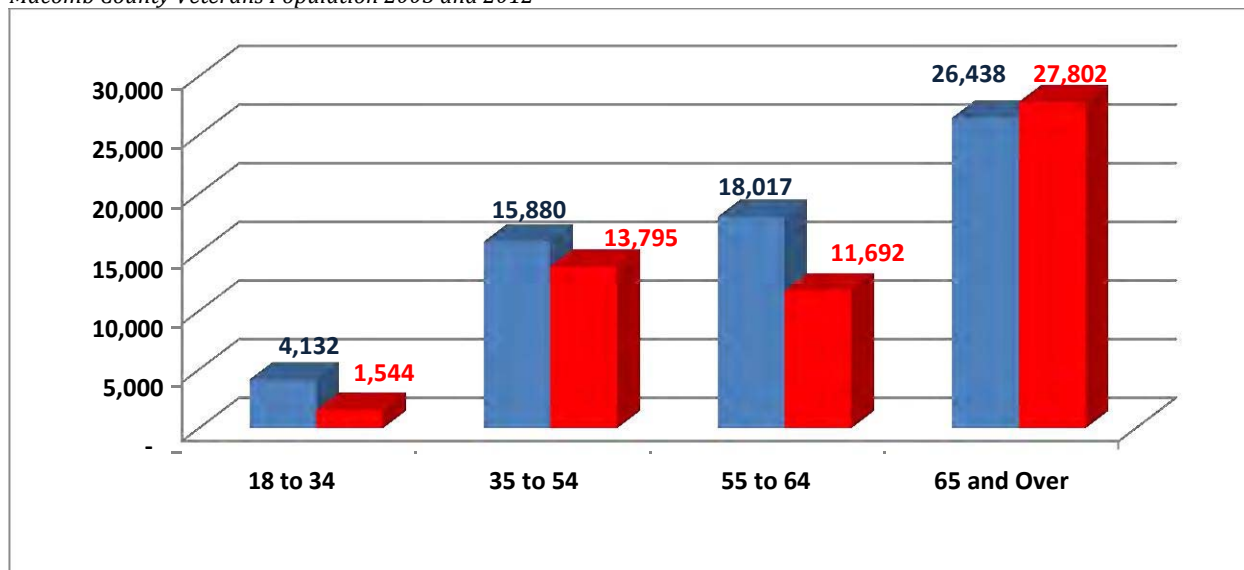
Source: Macomb Intermediate School District

Although many families and individuals speak a native language, Macomb County offers many programs to help these individuals learn English as a second language.

Veterans

Another population of interest in Macomb County is our veterans. The table below highlights the number of veterans in 2005 and 2012 by age categories. The total number of veterans has decreased from 2005 compared to 2012; however, an increase in veterans over the age of 65 has occurred.

Macomb County Veterans Population 2005 and 2012



Socioeconomic Characteristics

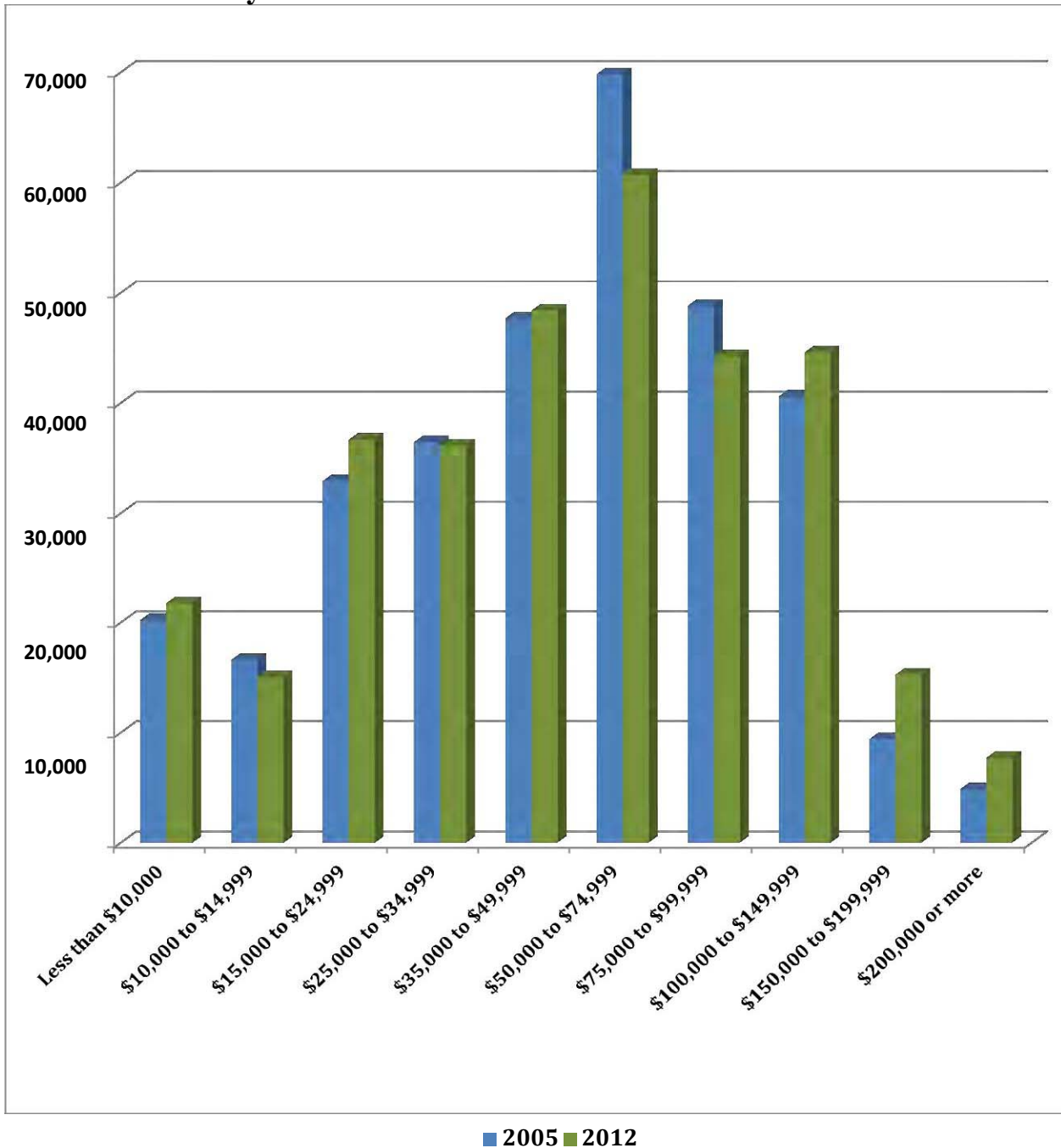
A significant trend in Macomb County household living arrangements has transpired in the last decade, with married couple families showing a decrease and households with 65+ showing the largest increase. The New Macomb Report identified the increase in single parent families can be attributed to increasing divorce rates, an increase in unwed births and the heavy migration of single-parent families from Wayne County into Macomb.

Household Living Arrangements for Macomb County Residents

Households by Type	2000	2012	Difference
Total households	309,203	330,541	21,338
Family households (families)	210,867	217,746	6,879
With own children under 18 years	96,131	92,505	-3,626
Married-couple families	167,806	161,265	-6,541
With own children under 18 years	75,332	64,625	-10,707
Male householder, no wife present, family	14,295	16,047	1,752
With own children under 18 years	N/A	6,915	-
Female householder, no husband present, Family	31,194	40,434	9,240
With own children under 18 years	15,678	20,965	5,287
65 years and over	31,815	40,737	8,922
Households with one or more people under 18 Years	102,755	102,026	-729
Households with one or more people 65 years and older	77,072	91,506	14,434
Average household size	2.52	2.54	.02
Average family size	3.09	3.19	.1
Marital Status			
Males 15 years and over	304,034	332,940	28,906
Never married	89,360	114,559	25,199
Now married, except separated	177,595	170,827	-6,768
Separated	2,421	3,776	1,355
Widowed	8,182	10,055	1,873
Divorced	26,476	33,341	6,865
Females 15 years and over	325,155	360,242	35,087
Never married	72,029	97,537	25,508
Now married, except separated	176,977	170,827	-6,150
Separated	3,101	5,416	2,315
Widowed	38,047	38,598	551
Divorced	35,001	47,864	12,863

Source: U.S. Census Bureau American Community Survey

Macomb County Household Income Level Trends 2005 and 2012

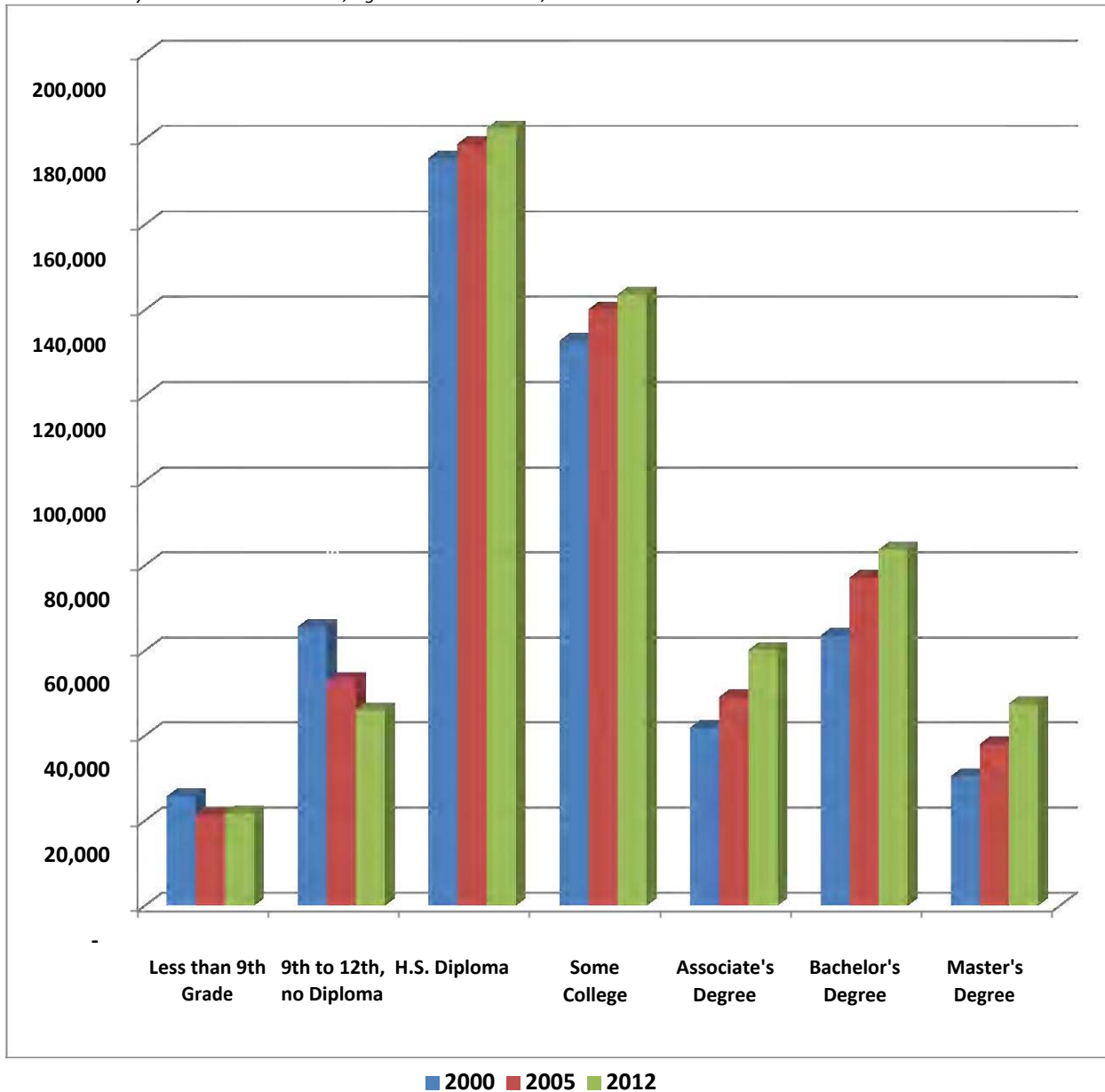


Source: U.S. Census Bureau American Community Survey

The household income distribution trends in 2005 and 2012 chart shows an increase in the number of households at the less than \$10,000, \$15,000-\$24,000, \$35,000-\$49,000, \$100,000-\$149,000, \$150,000-\$199,000 and \$200,000+ income levels, while the remaining income groups experienced a decrease in income.

An indicator of income levels results from educational levels attained. Macomb County is below the national average for attaining a Bachelor's degree or higher.

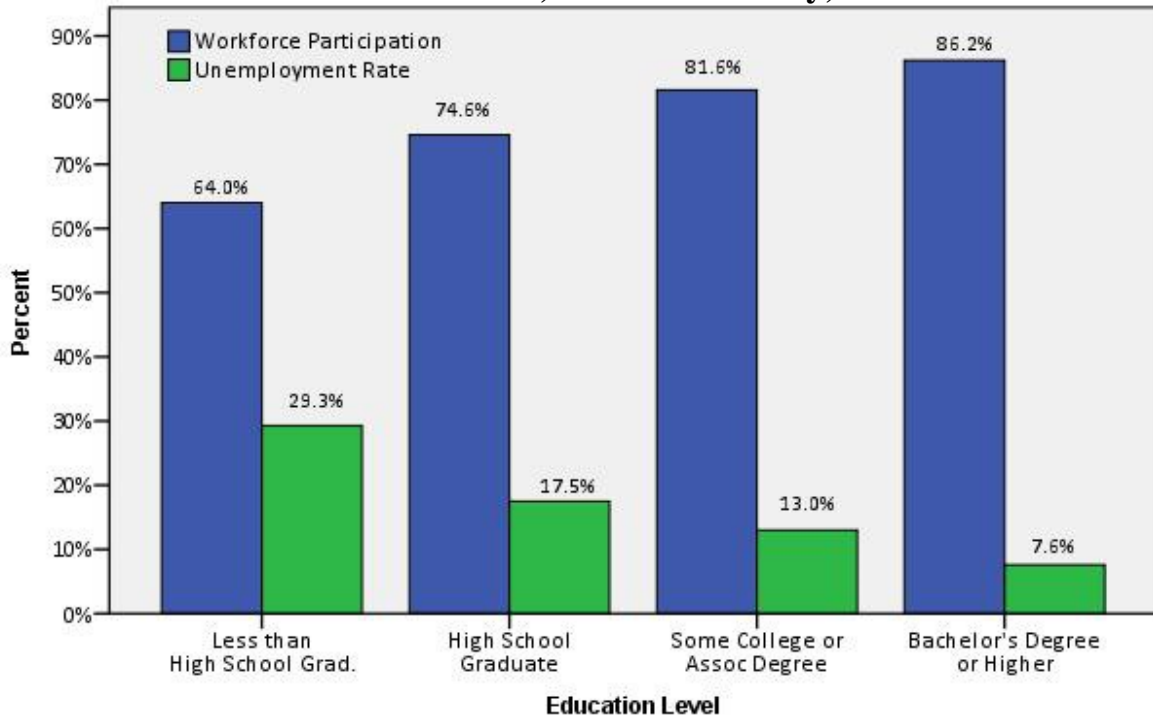
Macomb County Educational Attainment, Ages 25 and Over 2000, 2005 and 2012



Source: U.S. Census Bureau American Community Survey

This graph illustrates the number of individuals ages 25 and over and the level of education they received in the years 2000, 2005 and 2012. Those earning a high school diploma and higher all witnessed an increase in level of achievement. From 2000 to 2012, those with less than a high school diploma declined by almost 26%. Those with a high school diploma to some college rose by .005%, while those earning an associate's degree increased by over 30%. The number of individuals earning a bachelor's degree or greater increased by over 28% over the same period.

Workforce Participation and Unemployment Rates Compared With Education Level, Macomb County, 2010

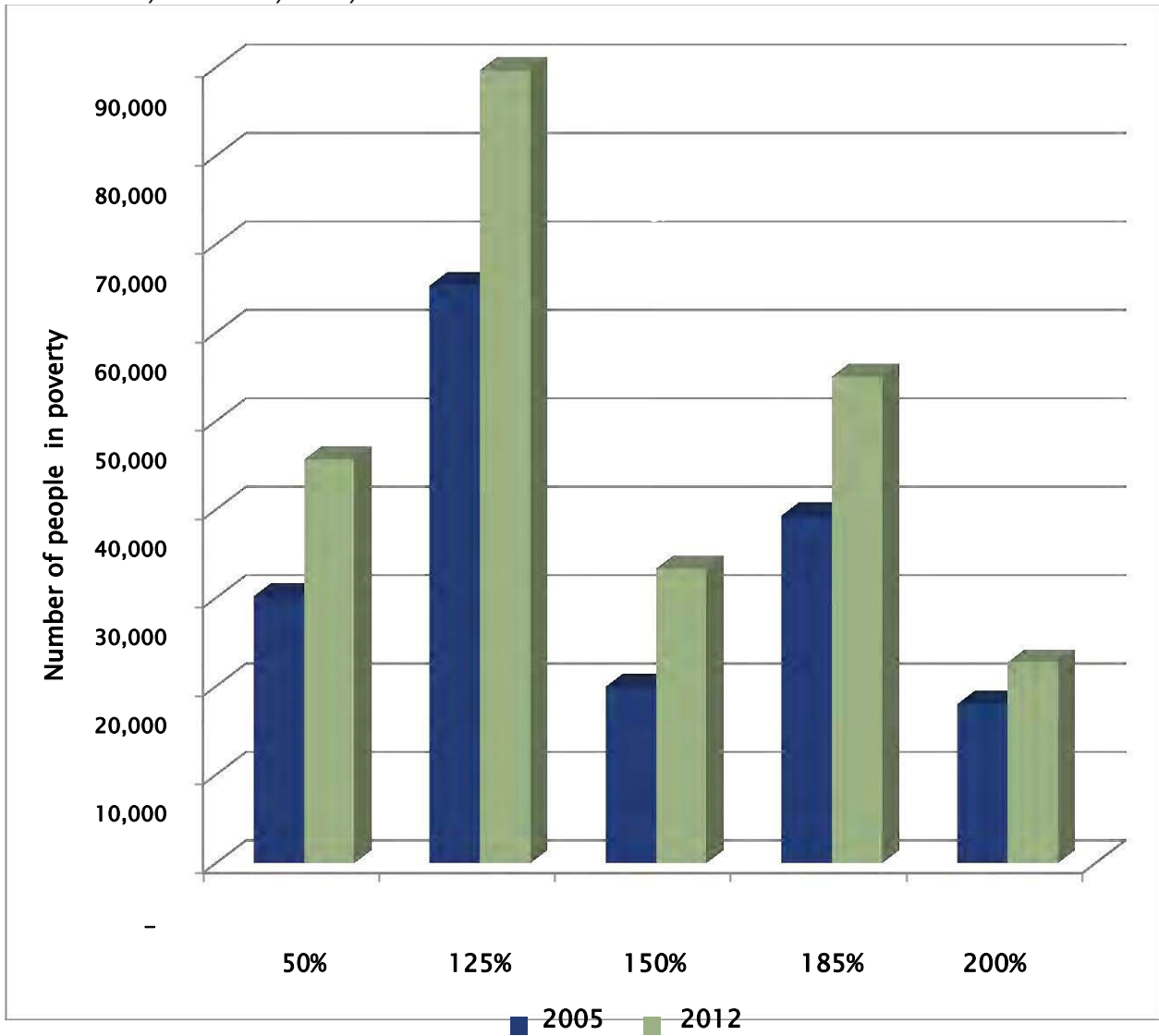


Source: New Macomb Report, 2012

Educational levels have a direct correlation with unemployment rates and poverty levels. The chart above demonstrates that lower levels of education have higher unemployment rates. Unemployment levels drop as educational levels increase.

Macomb County residents that are designated at the poverty level equates to 12.8% per the American Community Survey 2010-2014. The chart below represents each of the poverty guidelines categories representing 50%, 125%, 150%, 185% and 200%. From 2005 to 2012, the data demonstrates a 30% increase in individuals at the 200% poverty level. The largest group of individuals fell within the 125% level.

Macomb County Individuals by Poverty Guidelines 2005 and 2012



Source: U.S. Census Bureau American Community Survey

Deaths and Crude Death Rates for the Ten Leading Causes of Death, Macomb County Residents, 2014

Cause of Death	All Race			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All Causes of Death	981.4	982.9	979.9	1080.3	1078.0	1082.5	488.9	494.9	483.9
Heart Disease	255.1	257.4	252.8	284.4	287.9	281.1	110.7	94.2	124.7
Cancer	232.4	240.7	224.6	254.3	262.5	246.4	119.7	127.0	113.5
Chronic Lower Respiratory Diseases	52.6	46.9	57.9	58.4	52.2	64.3	23.1	21.9	24.2
Stroke	44.9	39.9	49.6	48.8	44.0	53.4	21.1	17.5	24.2
Unintentional injuries	50.6	67.9	34.2	55.6	74.2	37.7	31.2	41.6	22.3
Alzheimer's Disease	32.6	18.2	46.2	37.1	20.0	53.4	7.0	10.9	*
Diabetes Mellitus	33.9	39.0	29.2	34.6	39.2	30.1	34.2	39.4	29.8
Pneumonia/Influenza	18.8	19.6	18.1	20.8	20.9	20.6	8.0	13.1	*
Kidney Disease	17.8	14.8	20.6	20.2	16.7	23.6	*	*	*
Intentional Self-harm (suicide)	13.5	20.3	7.0	15.5	23.4	7.9	*	*	*
All other causes	229.3	218.2	239.7	250.7	236.8	264.0	127.8	124.8	130.3

Note: Rates are per 100,000 population. The causes of death are listed in order of the 10 leading causes of death for Michigan residents in 2014. Death records with race/sex not stated are included only in the "Total" column. * An asterisk (*) indicated that the data do not meet standards of reliability or precision. Data displayed are by the underlying cause of death, which is the condition giving rise to the chain of events leading to death. Causes of death are classified in accordance with the Tenth Revision of the International Classifications of Diseases (ICD-10), a coding structure developed by the World Health Organization. This revision has been used to classify deaths occurring on or after January 1, 1999. The ICD- 10 codes are grouped into broader categories for the causes listed in this table in order to classify these selected causes of death (e.g., ICD-10 codes COO-C97 are used to indicate deaths due to cancer).

Source: 2014 Michigan Death Certificate Registry. Division for Vital Records & Health Statistics, Michigan Department of Community Health & Human Services; Population Estimate (latest update 9/2014), National Center for Health Statistics, U.S. Census Populations with Bridged Race Categories.

The table ranks the health issues of Macomb County for all races male and female, the white population- male and female and the black population -male and female.

National Center for Health Statistics: Behavioral Risk Factor Surveillance System (BRFSS)

Background

In the early 1980s, scientific research clearly showed that personal health behaviors played a major role in premature morbidity and mortality. Although national estimates of health risk behaviors among U.S. adult populations had been periodically obtained through surveys conducted by the National Center for Health Statistics (NCHS), these data were not available on a state-specific basis. This deficiency was viewed as a critical obstacle to state health agencies trying to target resources to reduce behavioral risks and their consequent illnesses. National data may not be applicable to the conditions found in any given state; however, achieving national health goals required state and local agency participation.

About the same time as personal health behaviors received wider recognition in relation to chronic disease morbidity and mortality, telephone surveys emerged as an acceptable method for determining the prevalence of many health risk behaviors among populations. In addition to their cost advantages, telephone surveys were especially desirable at the state and local level, where the necessary expertise and resources for conducting area probability sampling for in-person household interviews were not likely to be available.

As a result, surveys were developed and conducted to monitor state-level prevalence of the major behavioral risks among adults associated with premature morbidity and mortality. The basic philosophy was to collect data on actual behaviors, rather than on attitudes or knowledge, that would be especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs.

The surveys began in 29 states during 1981-1983 and grew to a nationwide surveillance system in 1993. CDC developed a standard core questionnaire for states to use to collect data that could be compared across states. Initial topics included smoking, alcohol use, physical inactivity, diet, hypertension, and seat belt use. Optional modules—standardized sets of questions on specific topics—were implemented in 1988.

More than 500,000 interviews were conducted in 2011, making the BRFSS the largest telephone survey in the world. Also in 2011, new weighting methodology—raking, or iterative proportional fitting—replaced the post stratification weighting method that had been used with previous BRFSS data sets. In addition to age, gender, and race/ethnicity, raking permits more demographic variables to be included in weighting such as education attainment, marital status, tenure (property ownership), and telephone ownership. Details are provided in the June 8, 2012 issue of the *Morbidity and Mortality Weekly Report (MMWR)*, which highlights weighting effects on trend lines (www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a3.htm.)

BRFSS marks its 30th year in 2013 and remains the gold standard of behavioral surveillance. Currently data are collected monthly in all 50 states, the District of Columbia, American Samoa, Palau, Puerto Rico, the U.S. Virgin Islands, and Guam.

The latest BRFSS was completed in 2016; however, the results were not available for this report. The 2016 BRFSS data will be shared in the 2019 CHNA. The previous data from the BRFSS in Macomb County is from 2009. Below is a highlight of the topics covered and the data collected.

Macomb County Behavioral Risk Factor Data, 2009

Health Insurance Coverage: In 2009, an estimated 12.7% of adults aged 18–64 in Macomb County had no health care coverage. Health care coverage includes health insurance, prepaid plans, or government plans such as Medicare, Medicaid, or county health plans. Males were more likely than females to lack health care coverage. Younger adults and those with lower incomes were more likely to report lacking health care coverage.

Alcohol: In Macomb County in 2009, about 18.2% of adults reported binge drinking, that is, males who reported having five or more drinks of alcohol on a single occasion on one or more of the past 30 days, and females who reported having four or more drinks of alcohol on a single occasion on one or more of the past 30 days.

Tobacco Use: In 2009, about one-fifth (20.6%) of Macomb County adults were current smokers. The percentage of female adults in the county who were current smokers decreased since 2005.

Diet, Physical Activity, Obesity

Obesity: An estimated 25.7% of adults in Macomb County were obese in 2009, and about 37.7% of adults in the county were overweight. Males were more likely than females to be overweight and 18 to 24-year-olds were less likely to be overweight than adults in any other age category.

Physical Activity: In 2009, about a quarter of Macomb County adults reported not participating in any leisure time physical activity (i.e., physical activities or exercises such as jogging, swimming, bicycling, or walking for exercise) in the past month. An estimated 27.8% of adults in Macomb County met the U.S. Centers for Disease Control and Prevention recommendations for participation in moderate physical activity. An estimated 32.1% percent of Macomb County adults met recommendations for participation in vigorous physical activity.

Diet: Respondents to the 2009 Macomb County Behavioral Risk Factor Survey were asked how many separate servings of fruits and vegetables they ate per day. More than four-fifths (85.4%) reported eating fewer than five fruits and vegetables each day.

Screenings

Mammograms: Among Macomb County females in 2009, 56.8% had received a mammogram within the past two years, and 46.8% had received one within the past year. Overall, females aged 35 and older were more likely to have had a mammogram in the past two years than women aged 18–34.

Pap smear: In 2009, an estimated 89.3% of Macomb County adult females had received a Pap

test within the past three years. Females aged 75 and older were less likely to have received a Pap test in the past three years than females aged 54 and younger.

Self-Reported Non-Communicable Diseases

Diabetes: In Macomb County in 2009, an estimated 8.5% of adults had ever been told by a doctor, nurse, or other health professional that they had diabetes. Males were more likely than females to have ever been told they had diabetes. Adults aged 55 and older were more likely than adults aged 18–54 to have ever been told they had diabetes.

Asthma: In Macomb County, an estimated 14.9% of adults reported ever having been told they had asthma by a doctor, nurse, or other health professional. Younger adults were more likely than older adults to report ever having been told they had asthma.

Hypertension: In Macomb County, an estimated 30.8% of adults reported ever having been told they had high blood pressure. The prevalence of hypertension increases with age.

McLaren Macomb Community Health Assessment Results

In collaboration with the 15 organizations working on the Macomb CHNA Collaborative, we actively sought community input on the perceived health status and health care usage behaviors. Collection methods include:

- A questionnaire was created to capture thoughts from those who live or work in Macomb County on the current health status, the health needs and resources known and available. The survey was accessible through Survey Monkey and in paper form. The paper surveys were distributed at local health department sites, two Secretary of State offices, and other health care agencies. The Survey Monkey link was shared through health care organizations' newsletters, publications, webpages and Facebook pages. It was also shared with area chambers of commerce.
- An internal focus group consisted of health care agencies within the county that served on the CHNA committee. The committee participated in the same survey as community members to gather like data.
- Community outreach was extended to address specific populations within the county. Focus groups were held within various locations throughout Macomb County to conduct the survey and collect data. The sites for the focus groups were conducted in north, south, east and west Macomb County. Sites targeted underserved populations. Data gathering from surveys occurred during a nine-month period (Oct 2015-June 2016), and focus groups were conducted over a two-month period from May – June 2016.

The total number of responses from the survey was 4,071 and represented all cities within Macomb County. The significant demographics of total respondents were:

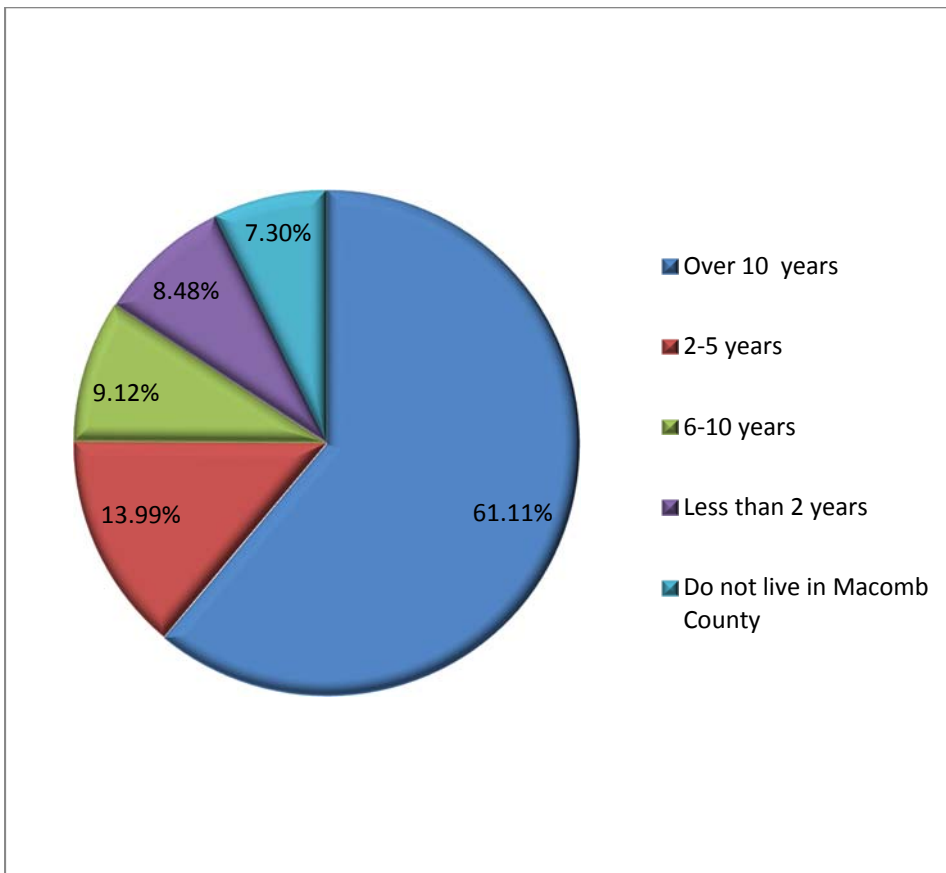
- 83% Female,
- 71% White,
- 92% Primary language – English,

- 20% Income level \$10,000-\$29,000, and
- 63.01% Earned less than \$50,000 per family.

Survey results were also segmented into different populations groups such as English vs. non-English speaking, men vs women, black vs. white and northern county (North of M-59) vs southern county (South of M-59). It is important to note that we chose to use language as a categorical identifier as it showed greater representation of the sample population due to census category confusion. Where significant results were identified with segmented populations, data was shared under the corresponding question.

The survey respondents were from all areas within the county, with only 7.16% identifying themselves as “I do not live in Macomb County”. The highest percentages of respondents were from Clinton Twp at 15.49%, Warren at 14.03% and Sterling Heights at 11.43%. The table below illustrates how long respondents have lived in Macomb County.

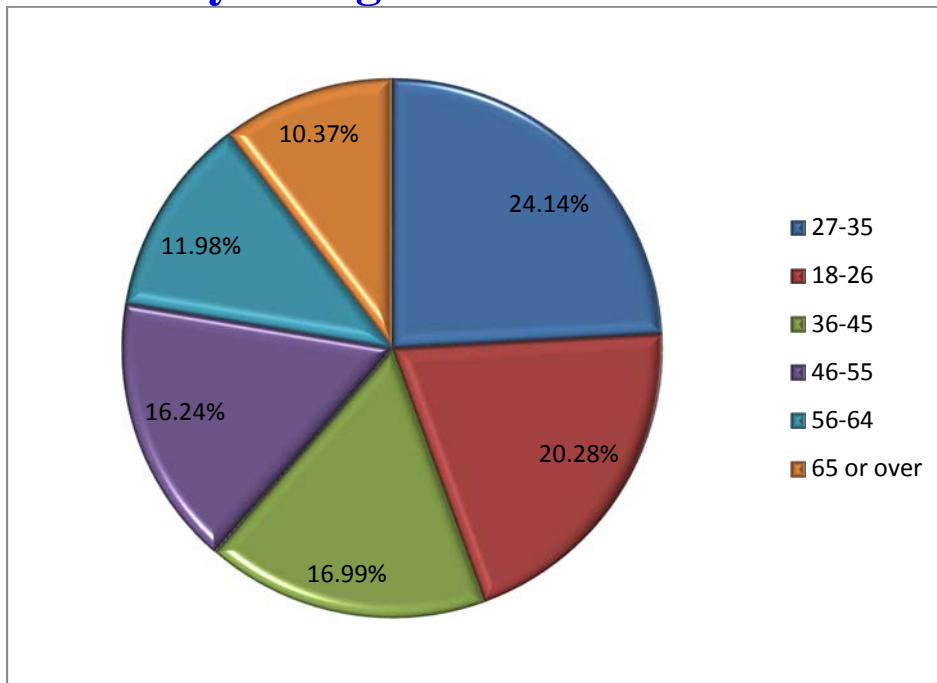
How long have you lived in Macomb County?



Sixty-one percentage of the respondents indicated that they lived in Macomb County for over 10 years. This percentage was consistent with the other population segments except non-English speaking and Black populations, whose highest category was living in Macomb County two to five

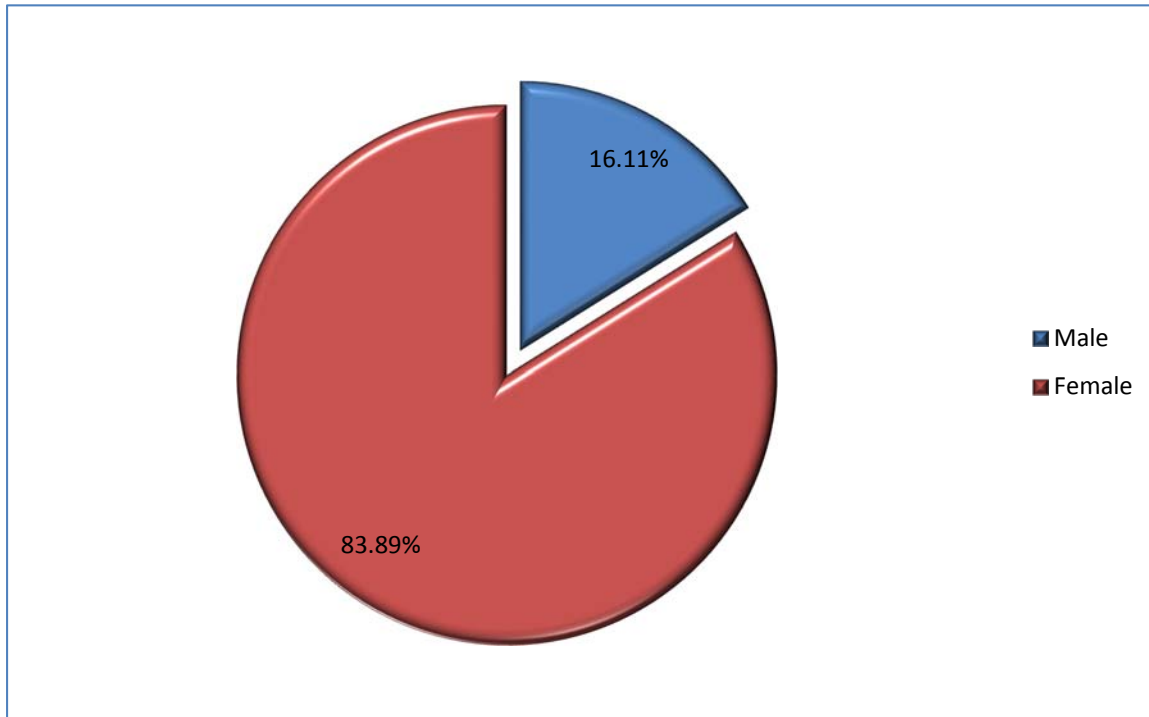
years. This supports other data showing the significant increase in Macomb County's racial/ethnic diversity.

What is your age?



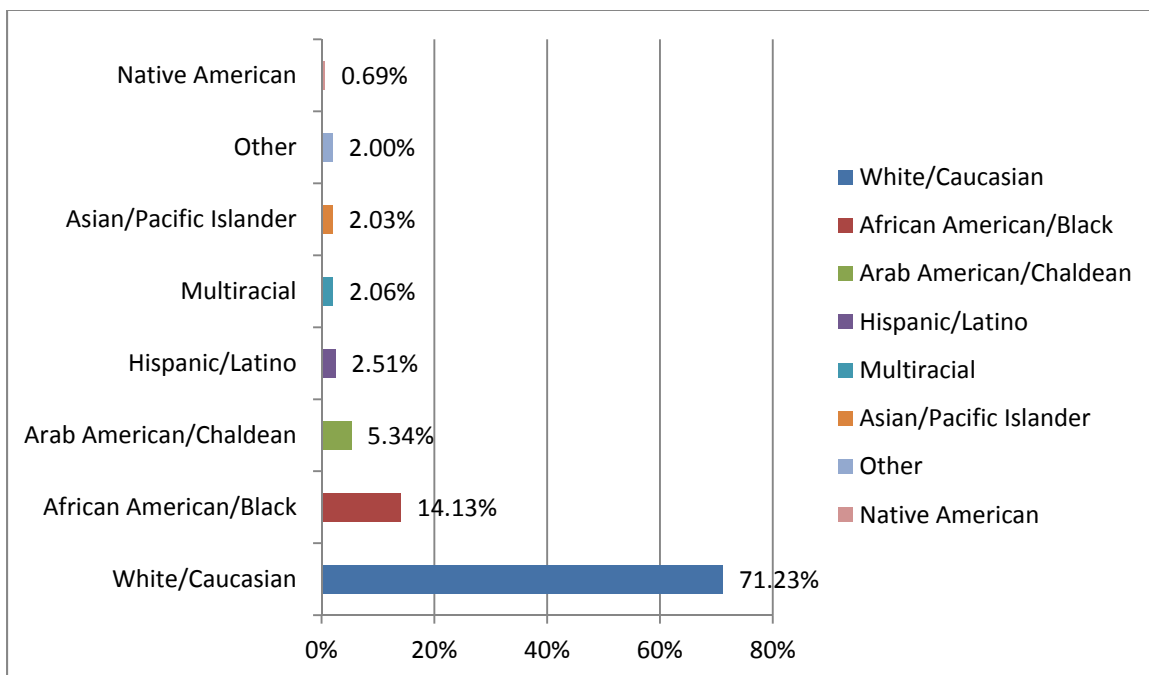
Of those who responded to our outreach survey, the largest age group was 27-35 years old at 24.14%, with those 65 years and older at 20.28%. The highest rate of respondents for population segments were between 27-35 years old for non-English speakers at 29.49%, southern county residents at 26.84%. Women represented 25.60% of the respondents and Whites represented 20.64%. The highest response age group for Blacks was 18-26 year olds at 34.69%, northern county residents at 36-45 years old were 19.94% of survey participants, and males at 46-66 years old represented 19.66%.

What is your gender?



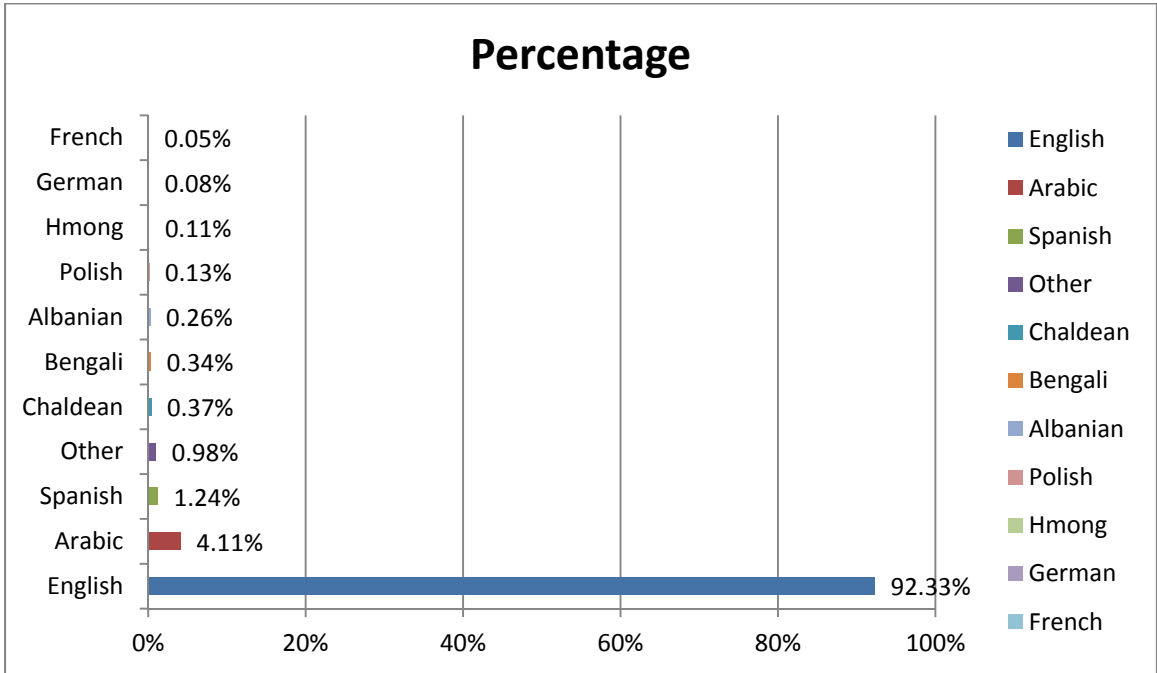
The respondents were largely female at 83.89%. The highest male respondent population was with the non-English speaking segment at 33.78%.

Race/ethnicity you most identify with



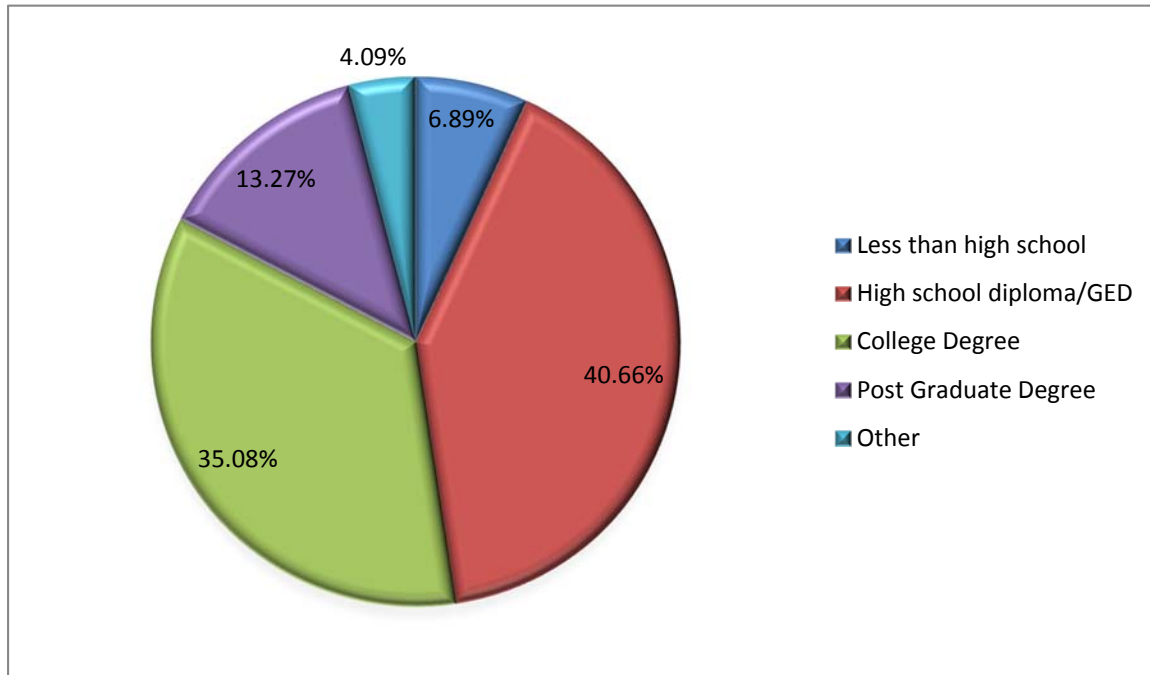
The race for the majority of the respondents was White/Caucasian at 71.23%, African American/Black at 14.13%, Arab American/Chaldean at 5.34% and Hispanic/Latino 2/51%. It should be noted that special efforts were made to reach out to the African American/Black, Arab American/Chaldean and Hispanic/Latino populations through concerted outreach and focus groups.

Primary Language



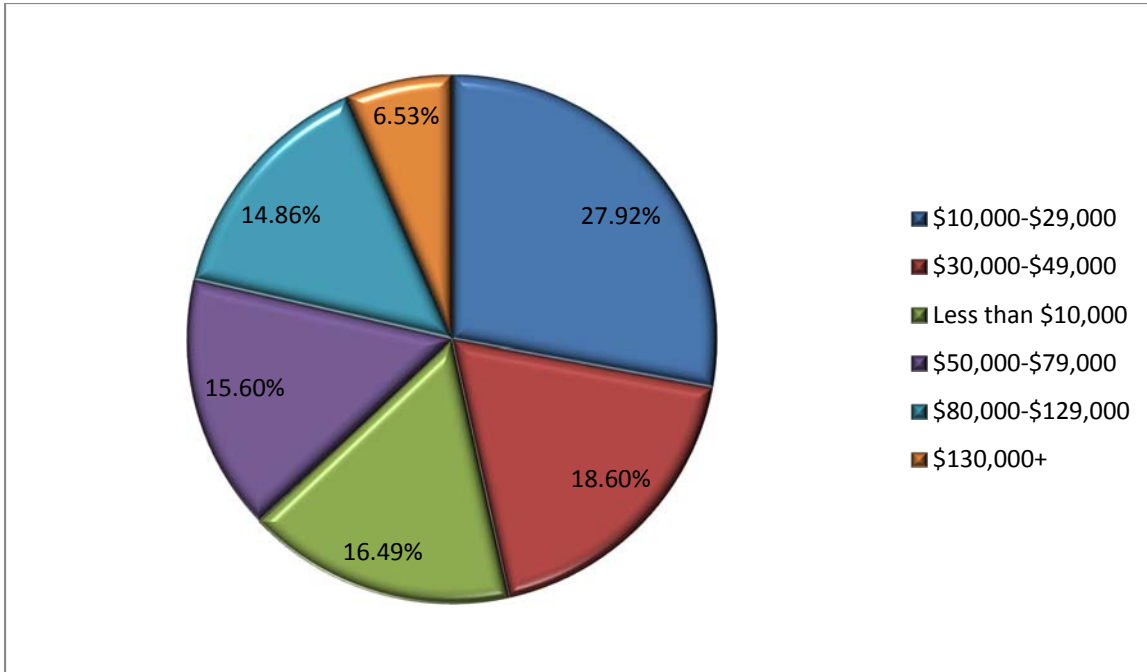
The majority of respondents spoke English at 92.33%. Arabic and Spanish were the next highest categories for primary language spoken at 4.11% and 1.24 respectively. When the data was segmented into English and non-English speaking populations, Arabic was 61.42% , Spanish 18.5%, Chaldean 5.51%, Bengali 5.12% and Albanian 3.94%.

Education level



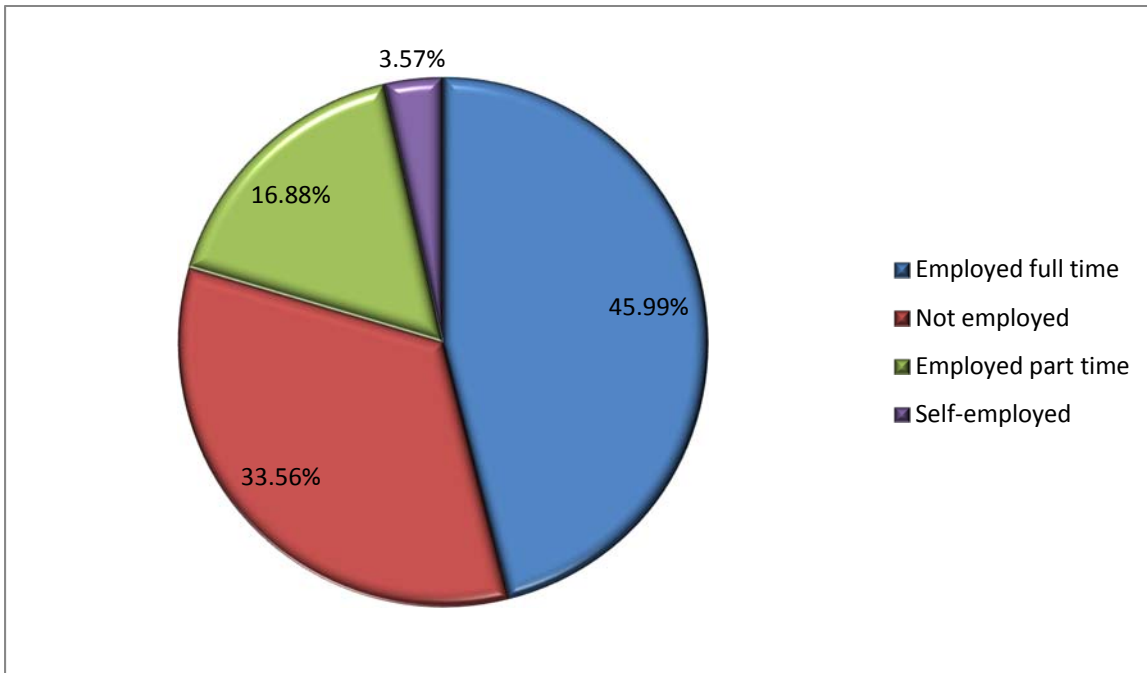
The largest level of education per the respondents was high school diploma at 40.66%, with college degree coming in at 35.08%. All population segments followed close trends in education with the exception of non-English speaking who had a third high scoring category of “less than high school” at 25.85%.

Annual Household Income



Annual household income scored the highest at \$10,000-\$29,000 for the total sample population and all segment populations except for northern county residents, whose highest scoring income bracket was \$80,000-\$129,000. This signifies a great gap in socioeconomic status between the northern and southern geographic areas of Macomb County.

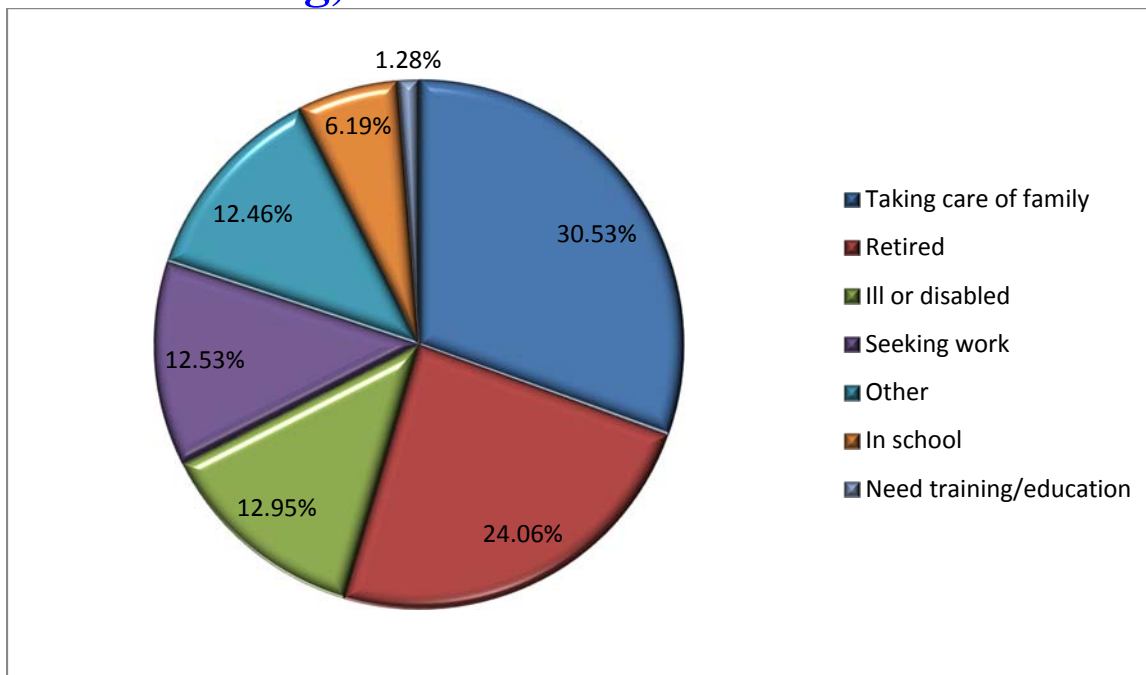
Are you currently employed?



Employed full time was the highest indicated category overall in the survey results, with two

segment populations showing not employed as the highest response. Those segmented populations of the sample with not employed as the highest category are Blacks (44.71%) and non-English speaking (43.29%) participants. The question and chart below explores the reason why participants are not employed.

If not working, what is the main reason?

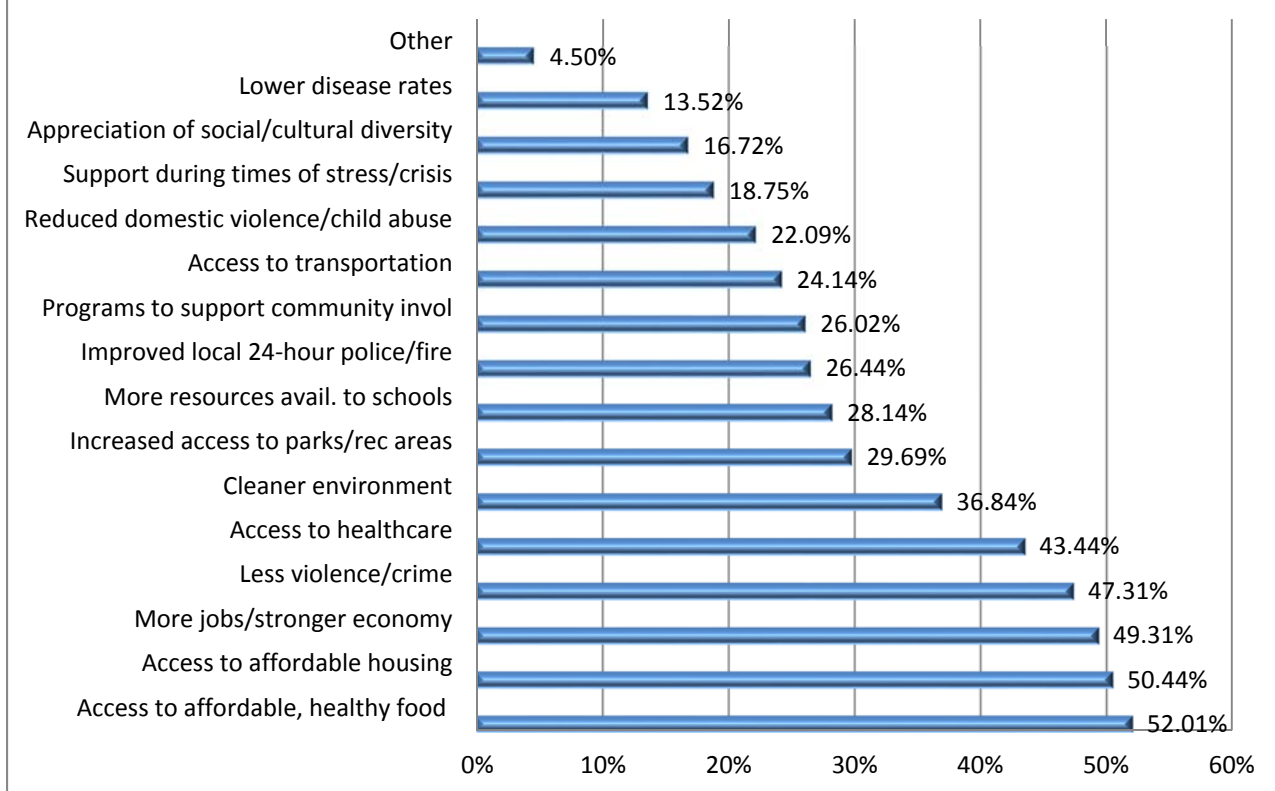


The majority of respondents who indicated they were not working provided the reason as taking care of family at 30.53% and retired at 24.06%. There was some variation within the segmented populations, with northern county residents showing retired at 35.24% and taking care of family at 31.11% while southern county indicated taking care of family 30.65% and retired at 20.44%. It is interesting to note that the northern county respondents also reported the highest income of all population segments. When analyzing the Black and White populations, Blacks provided not

employed reasons as taking care of family 22.63% and seeking work at 20.58%. Language segmented populations reported English speaking as taking care of family at 27.72% and retired at 265.64%. Non-English speaking reported taking care of family at 58.49%, ill or disabled at 11.32%, and seeking work at 11.32%.

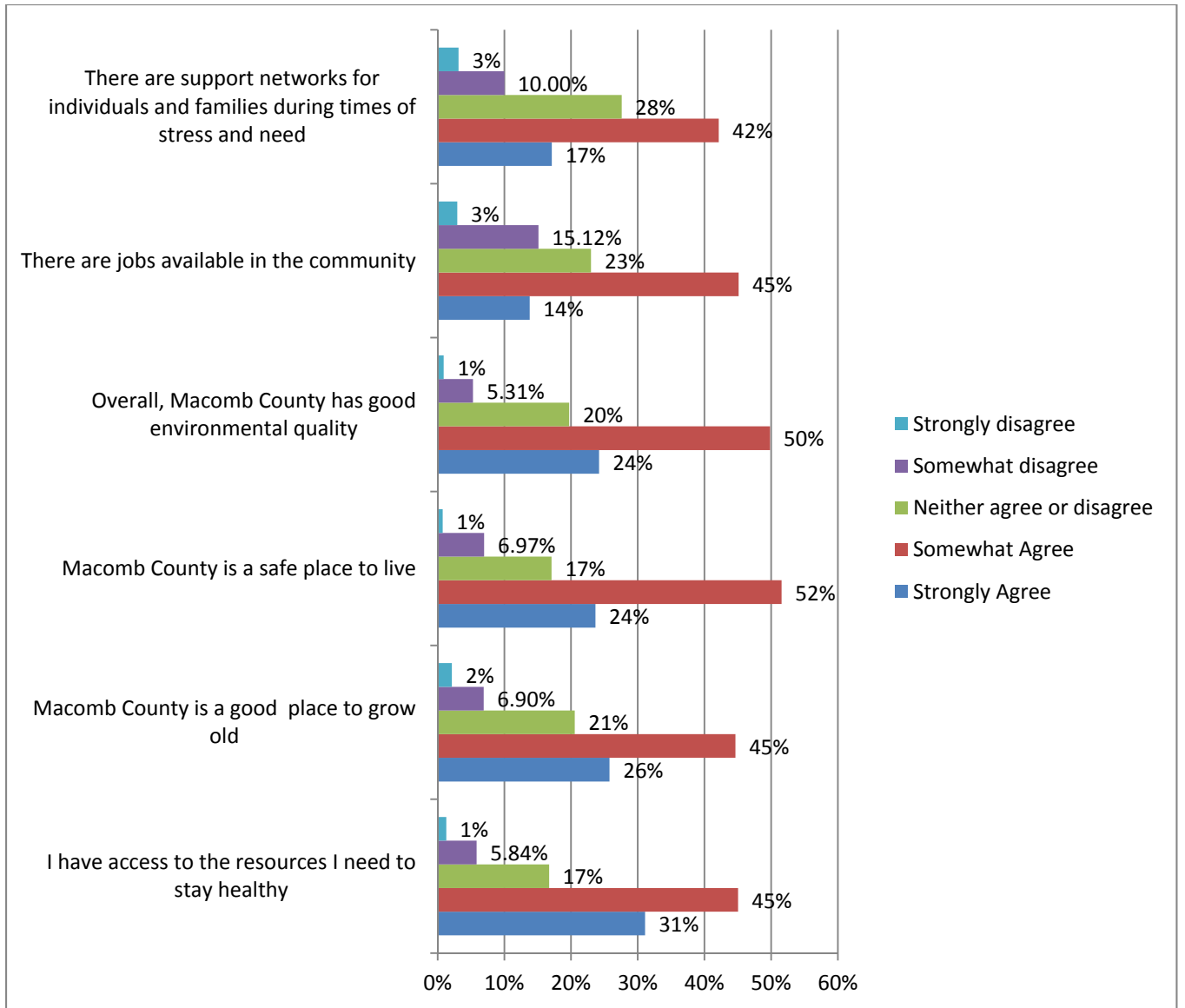
**What do you think are the most important factors that would improve the quality of life in Macomb County?
(Select up to five answers)**

Most Important Factors for Quality of Life in Macomb County



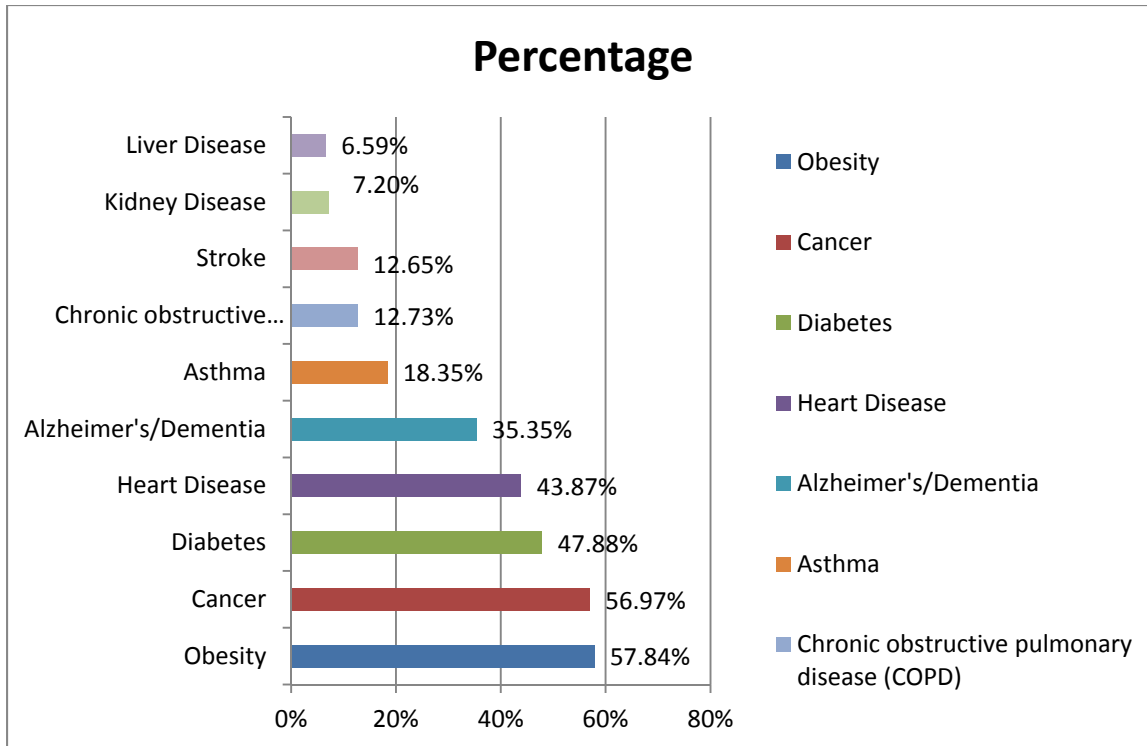
Overall, all populations felt that the top five most important factors for quality of life in Macomb County were access to affordable, healthy food (52.01%), access to affordable housing (50.44%), more jobs/stronger economy (49.31%), less violence/crime (47.31%) and access to healthcare (43.44%). All segment populations reported the same top five categories with varying order of importance among the top five, with the exception of the non-English speaking group who bumped less violence/crime (30.08%) for living in a cleaner and healthier environment (49.59%).

Considering the following community factors, please indicate your level of agreement with each of the following statements:



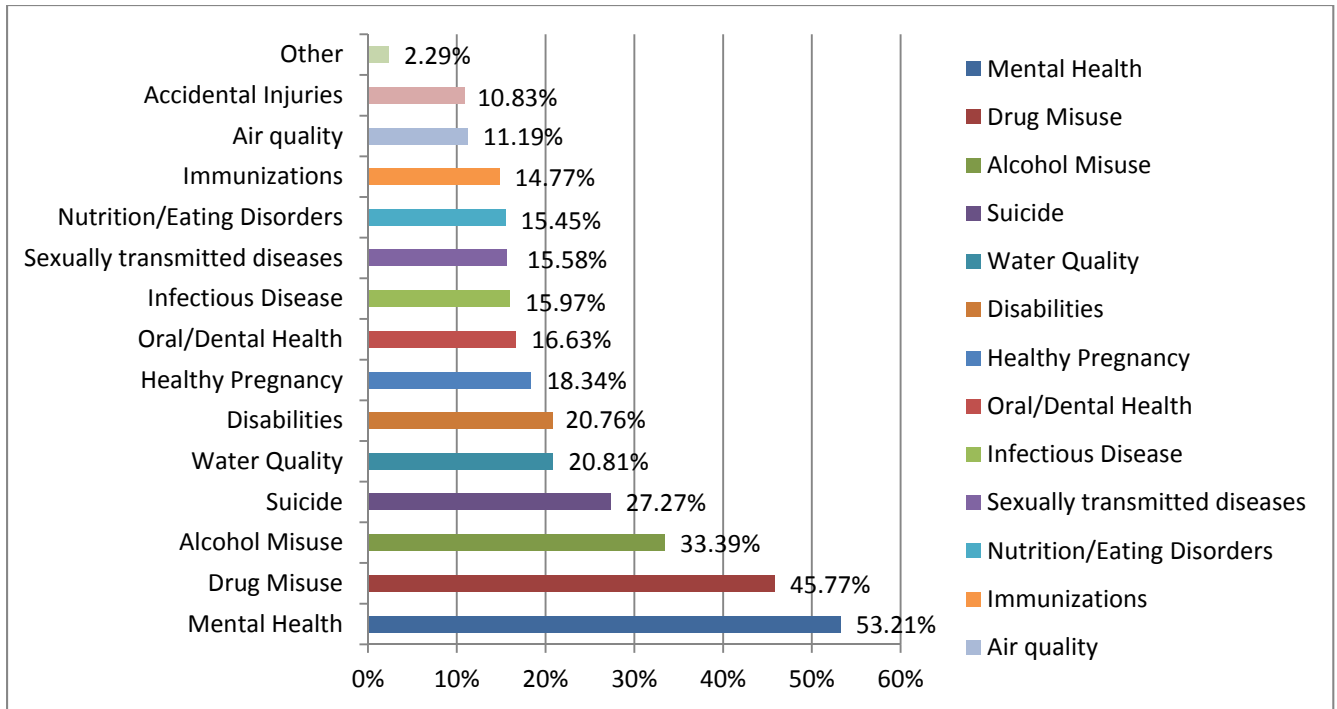
Most respondents answered somewhat agree as the highest percentage of answers for all the categories identified in the chart above, with the exception of non-English speaking who scored “Macomb is a safe place to live” at strongly agree as the highest (41.44%).

Which of these Medical conditions do you feel are most important and need to be addressed in Macomb County? (Select up to 3 options)



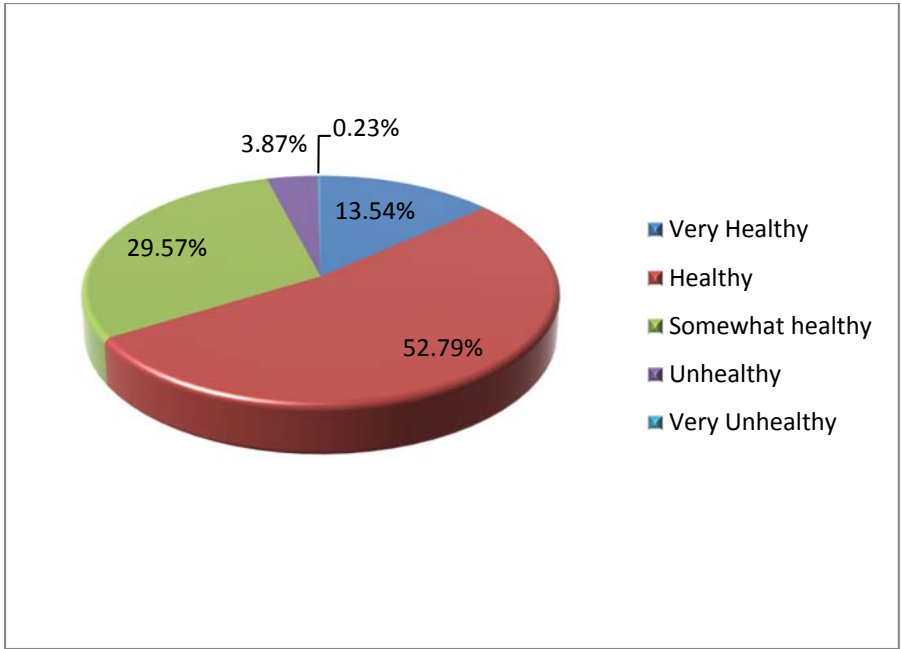
When asked about the medical concerns that most need to be addressed, overall the survey respondents identified the top three categories as obesity (57.84%), cancer (56.9%) and diabetes (47.88%). Heart disease was a close fourth position at 43.87%. When we look at population segments, most follow the same trend with a slight variation in order. Cancer was identified as the top area of concern for southern county respondents, Blacks, and non-English speaking groups. The Black population also identified diabetes as the second highest medical concern. Lastly, northern county rated heart disease as third and diabetes as fourth. This can be further supported from previously answered demographic information identifying this population with a higher percentages of retirees.

What other health issues do you feel are most important and should be addressed in Macomb County? (Select up to 3 options)



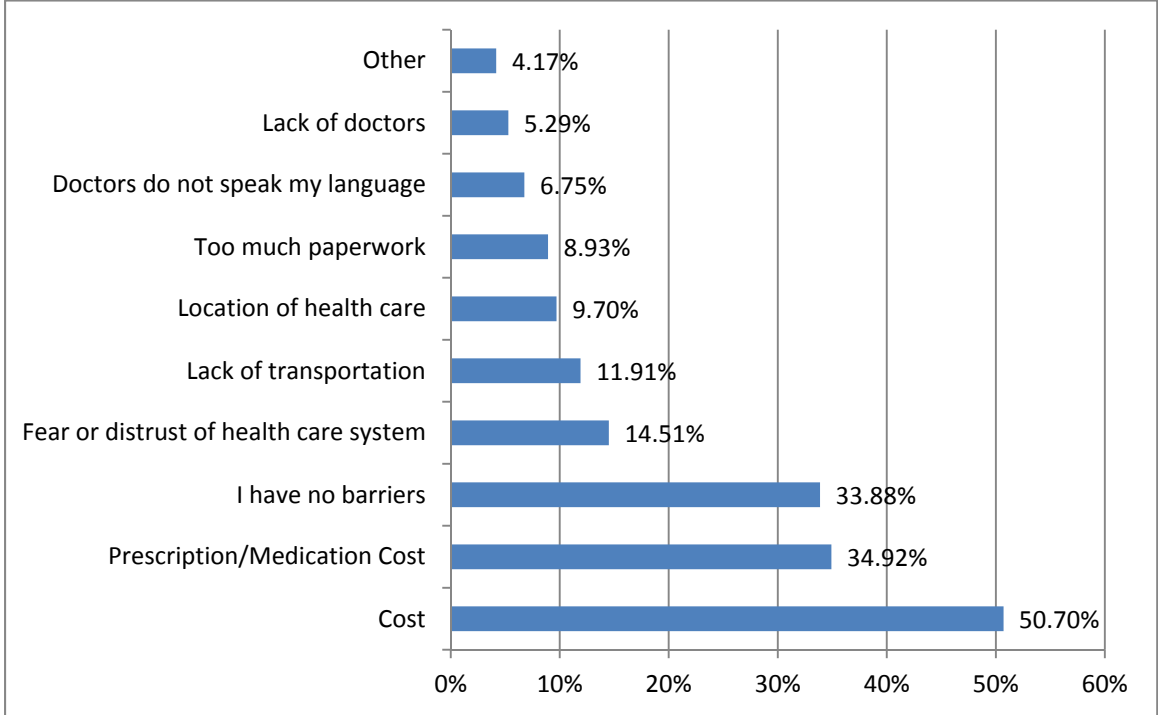
The top three other health issues identified by survey respondents that should be addressed are mental health (53.21%), drug use (45.77%) and alcohol misuse (33.39%). The Black survey respondents identified alcohol misuse as the second highest scoring category, while non-English speakers reported oral/dental health as the top issue.

How would you rate your own personal health?



Overall, respondents across all categories reported themselves as healthy (52.79%), somewhat healthy (29.57%), very healthy (13.54%), unhealthy (3.87%) and very unhealthy (.23%). Segmented populations showed the same trend in self-reported personal health.

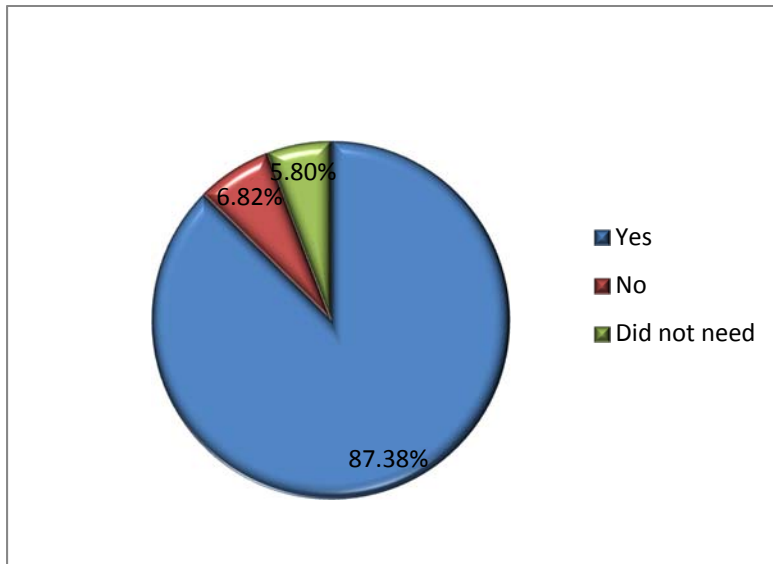
**What do you feel are the barriers to getting healthcare where you live?
(Select up to three options)**



The top three barriers to getting healthcare were cost (50.70%), prescription/medication cost (34.92%) and “I have no barriers” (33.88%). Fear or distrust of health care system was the fourth

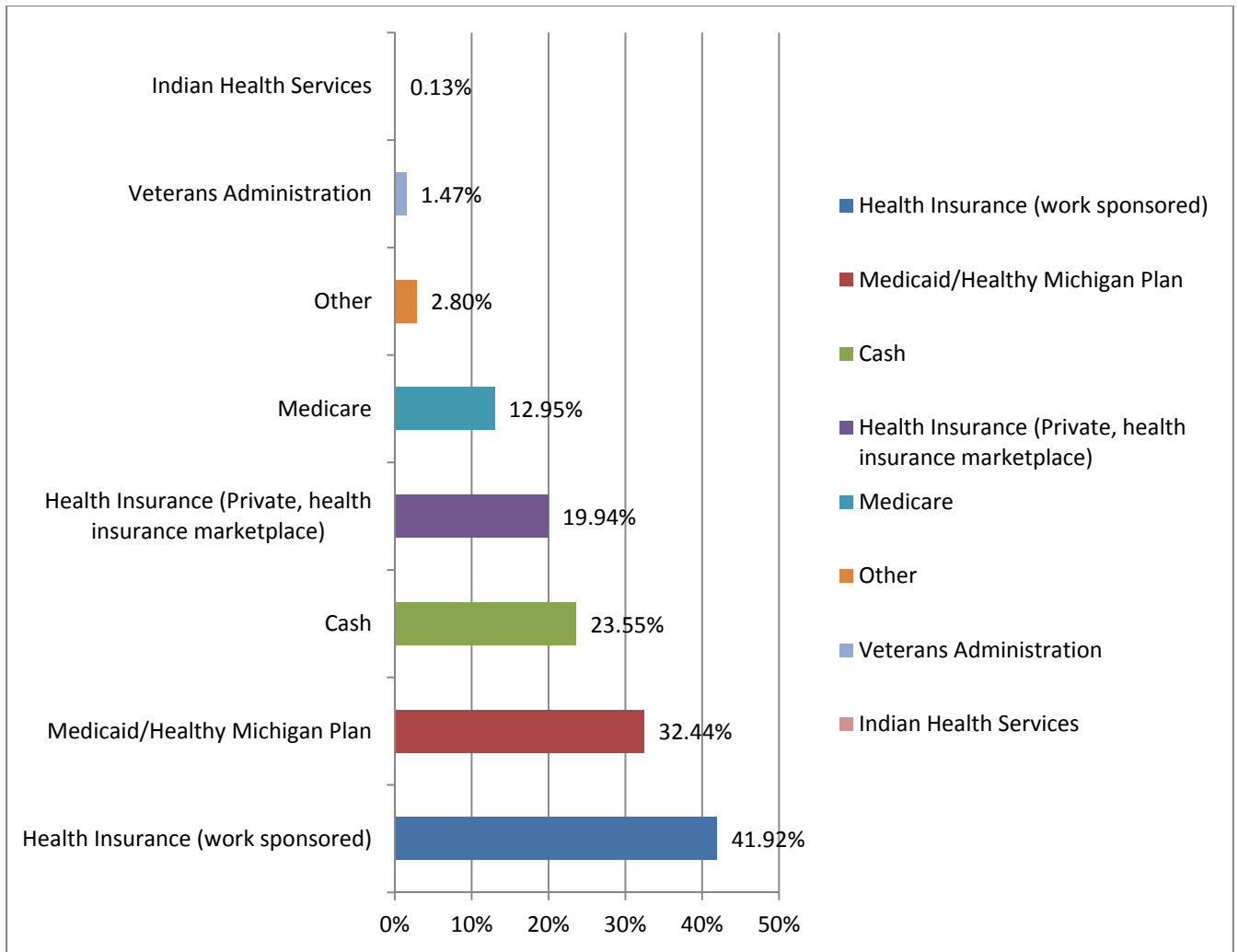
highest category at 14.51%. Segmented populations scored similar ratings, with slight variation in rankings of the top three. Northern county and the Black populations reported lack of transportation as the fourth barrier (10.74%). Non-English speakers reported “too much paperwork” as the third highest barrier (23.39%).

Within the past year, were you able to get needed health care?



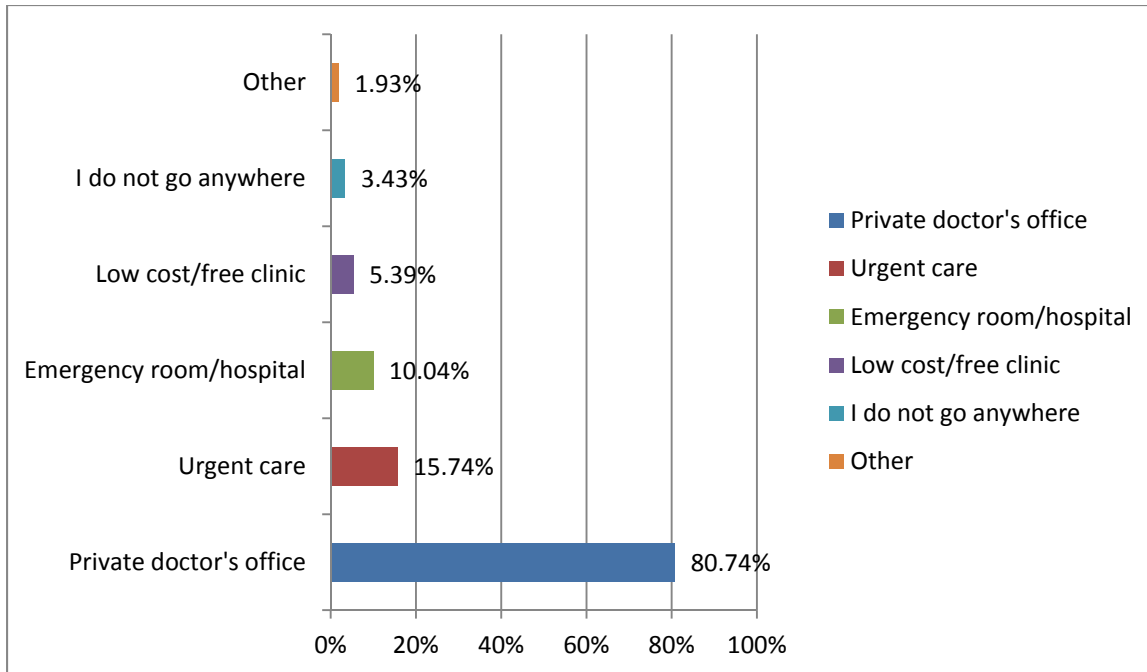
Overall, respondents felt they were able to get the healthcare they needed within the past year (87.38%). The greatest variance appeared in the non-English speakers, who reported yes at 67.93% versus no at 21.10%.

How do you pay for healthcare? Please check all that apply.



When asked how respondents pay for healthcare, the top four responses were work sponsored health insurance (41.92%), Medicaid/Healthy Michigan plans (32.44%), cash (23.55%) and private health insurance (19.94%). Medicare was the fifth highest response (12.95%). It is important to note that cash could also include co-pays or deductibles, as the question may have been too broad. When looking at the population segments, all reported work sponsored health insurance as the top response except for southern county, Blacks and non-English speakers, who reported Medicaid as the top pay option.

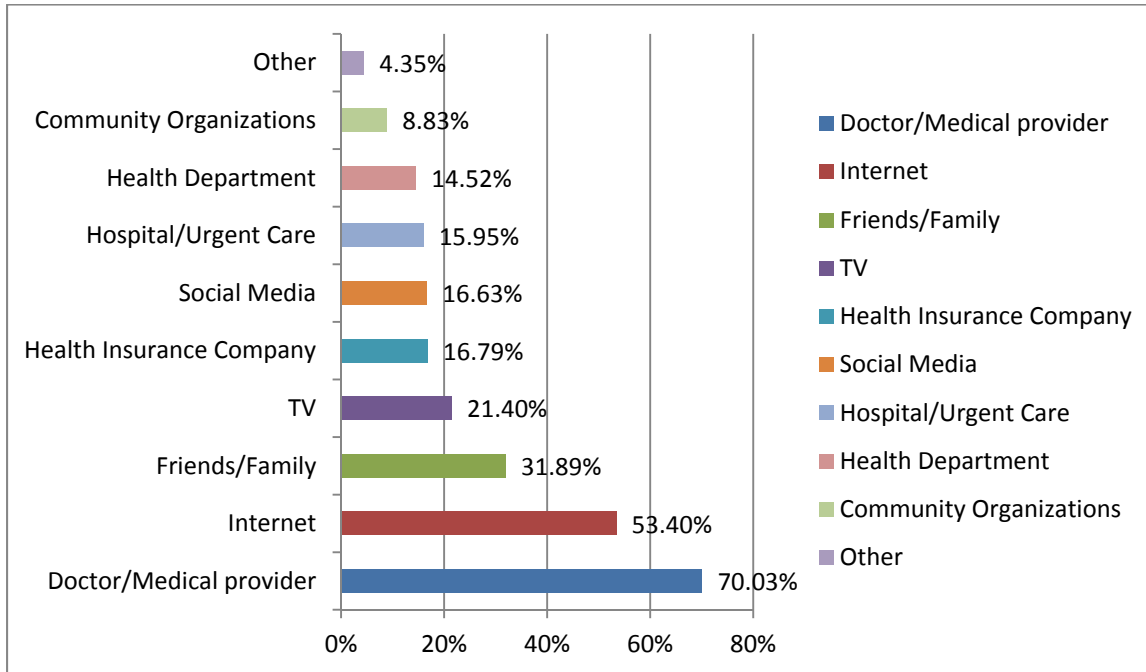
Where do you usually go for primary health services?



When respondents asked where they usually go for primary health services, the top three choices were private doctor's office (80.74%), urgent care (15.74%) and emergency room/hospital (10.04%). Variations occurred among the Black population, which reported emergency room second and urgent care third; while the non-English speaking population reported emergency room second and low cost/free clinic as third.

Where do you receive information about health-related topics? Please

select all that apply.



When asked where you receive information about health-related topics, respondents identified the top three as doctor/medical provider (70.03%), internet (53.04%) and friends/family (31.89%). This trend was witnessed across all population segments.

Macomb County Health Department Services

The Macomb County Health Department has three locations throughout the county and offers a wide range of services to the community. Below is a directory listing of locations and services offered.

CENTRAL HEALTH SERVICE CENTER - MT. CLEMENS	
43525 Elizabeth Road	
Mt. Clemens, Michigan 48043	
(586) 469-5235	
	<u>Communicable Disease Investigation (586) 783-8160</u>
	<u>Environmental Health (586) 469-5236</u>
	<u>Family Planning (586) 469-5491</u>
	<u>Health Data / Statistics (586) 469-5699</u>
	<u>HIPAA (586) 469-5699</u>
	<u>Immunizations (586) 469-5372</u>
	<u>Medical Examiner (586) 469-5214</u>
	<u>MICHILD/Healthy Kids (586) 469-5492</u>
	<u>Public Health Nursing Services (586) 469-5520</u>
	<u>Travel Health Information (586) 783-8190</u>
	<u>Tuberculosis Control (586) 469-5421</u>
	<u>Emergency Preparedness Program (586) 469-2110</u>
	<u>Emergency Medical Services (586) 469-5168</u>
	<u>HIV/AIDS Counseling & Testing (586) 465-8434</u>
	<u>Sexually Transmitted Diseases (586) 465-9217</u>
Southwest Health Center – Warren 27690 Van Dyke Warren MI 48093	
	<u>Dental Clinic (586) 465-9152</u>
	<u>Environmental Health (586) 465-8030</u>
	<u>HIV/AIDS Counseling & Testing (586) 465-8434</u>
	<u>Immunizations (586) 465-8537</u>
	<u>Public Health Nursing Services (586) 465-8090</u>

	<u>Sexually Transmitted Diseases (586) 465-9217</u>
	<u>Sudden/Unexpected Infant Death Syndrome (586) 466-6800</u>
	<u>Safe Sleep Macomb (586) 466-6800</u>
SOUTHEAST HEALTH CENTER - ST. CLAIR SHORES 25401 Harper Avenue St. Clair Shores, Michigan, 48081 (586) 466-6800	
	<u>Cardiovascular Disease Risk Reduction Program (586) 412-3387</u>
	<u>Child Passenger Safety (586) 412-3398</u>
	<u>Health Education (586) 412-3399</u>
	<u>Nutrition Services (586) 412-3396</u>
	<u>Vision and Hearing (586) 412-5945</u>
	<u>Children's Special Health Care Services (586) 466-6855</u>
	<u>Family Planning (586) 469-5491</u>
	<u>Immunizations (586) 466-6800</u>
	<u>Public Health Nursing Services (586) 466-6800</u>
	<u>School Immunization Program (586) 466-6840</u>
	<u>Women, Infants & Children (WIC) (586) 469-5471</u>

Federally Qualified Health Center (FQHC) in Macomb County:

New Haven Medical Center
57737 Gratiot
New Haven 48048

Other Health Services:

Macomb Community Mental Health Crisis Center

The Crisis Center location is confidential. The center provides 24-hour crisis counseling, information & referral and disaster response to callers facing any situation. It also provides access to the MCCMH system for hearing impaired persons. Call 586-307-9100 V/TDD/Collect

McLaren Macomb's Medical Outreach Clinic (MOC)

586-493-3640

www.mclaren.org/macomb

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