

2012 Community Health Needs Assessment & Implementation Strategy Report

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I. Executive Summary

Based in based in southeastern Michigan, the Barbara Ann Karmanos Cancer Institute (KCI) is located in mid-town Detroit (Wayne County), Michigan. KCI's mission is "a unique, urban-based center of research, patient care and education, is dedicated to the prevention, early detection, treatment and eradication of cancer." In 2010, KCI conducted key informant focus group interviews in preparation for a Community Health Needs Assessment (CHNA). During the calendar year 2012, the CHNA was conducted for KCI's primary service areas of Wayne, Oakland and Macomb counties. KCI is a designated National Cancer Institute Comprehensive Cancer Center and is the only hospital in Michigan that is solely dedicated to fighting cancer. KCI cares for over 6,000 new patients annually, and conducts over 700 active clinical trials. The 120 bed inpatient facility consists of 6 units including intermediate and intensive care units. Extensive ambulatory services include the Alexander J. Walt Breast Comprehensive Center, the Wertz Clinic, Infusion Center, the Joseph Dresner Family Clinic for Hematologic Malignancies and Stem-cell Transplantation, and the Eisenberg Center for Translational Therapeutics. Additional service area sites include the Lawrence and Idell Weisberg Cancer Treatment Center located in Farmington, Hills (Oakland County) and radiation therapy services at the Monroe Cancer Center (Monroe County).

II. Background and Process

In the fall of 2010, the KCI Patient and Community Education Department, in conjunction with a group of University of Michigan Public Health students conducted key informant interviews. Key informants were selected from the Wayne, Oakland and Macomb County Health Departments, and community organizations, such as Gilda's Club of Metro Detroit, the Wayne County Breast and Cervical Cancer Program (BCCCP), the Detroit Area Agency on Aging, the Arab Community for Economic and Social Services (ACCESS). Also interviewed were cancer survivors, from each of the three counties, who had received treatment at KCI. The interview questionnaire "was designed to obtain candid information regarding the current needs and gaps as well as the strengths and existing assets in coordination and deliver of cancer-related services" in

Wayne, Oakland and Macomb counties. Awareness of program services, cultural sensitivity, lack of access to services and customer service were the four common themes identified from the key informant interviews. The CHNA survey consisted of forty-eight (48) questions designed to elicit information about the community’s cancer burden, perceived barriers to access, and knowledge of cancer-related prevention and screening. According to 2011 census data, the population for the service area is approximately 3,000,000. Survey distribution methods included direct mail, online survey and direct contact at community education events. To achieve a 10% rate of return, a confidence level of 95% with a 5% margin of error, 3500 surveys were distributed via direct mailed, online survey or handed out at community events. A return rate of 16% was achieved.

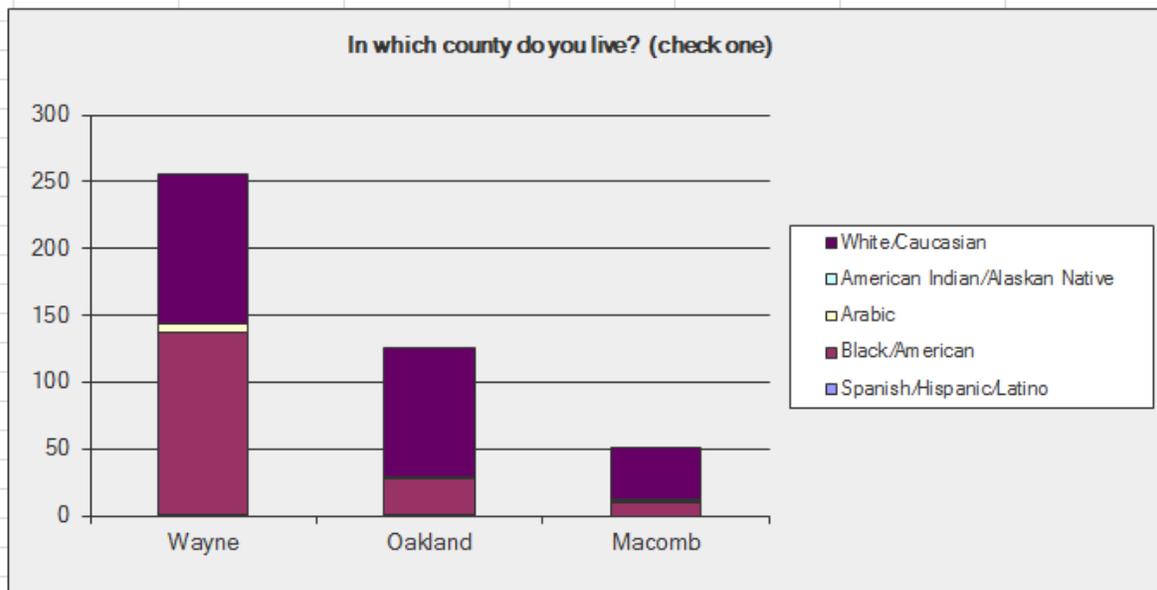
III. Service Area and Population Demographics

The Michigan Department of Community Health’s 2011 Health Profile Chartbook county data report that the majority of the population in both Region 2S (Detroit, and Wayne County) and 2N (Oakland and Macomb county) is between the ages of 40-49. Women make up the majority of the population in both regions. The racial and ethnic distribution in Region 2S, is approximately 50% White, 35% Black, 5% Hispanic, 3% Asian and less than 1% American Indian. The racial and ethnic distribution in Region 2N is approximately 85% White, 10% Black, 4% Asian, 3% Hispanic and less than 1% American Indian. The jobless rate in both regions is above the Michigan average of 10% at 10.5% (2N) and 11.5% (2S). Both regions are significantly above the Healthy People 2020 Access to Care target of 9.0% at 16.5% (2S) and 14% (2N).

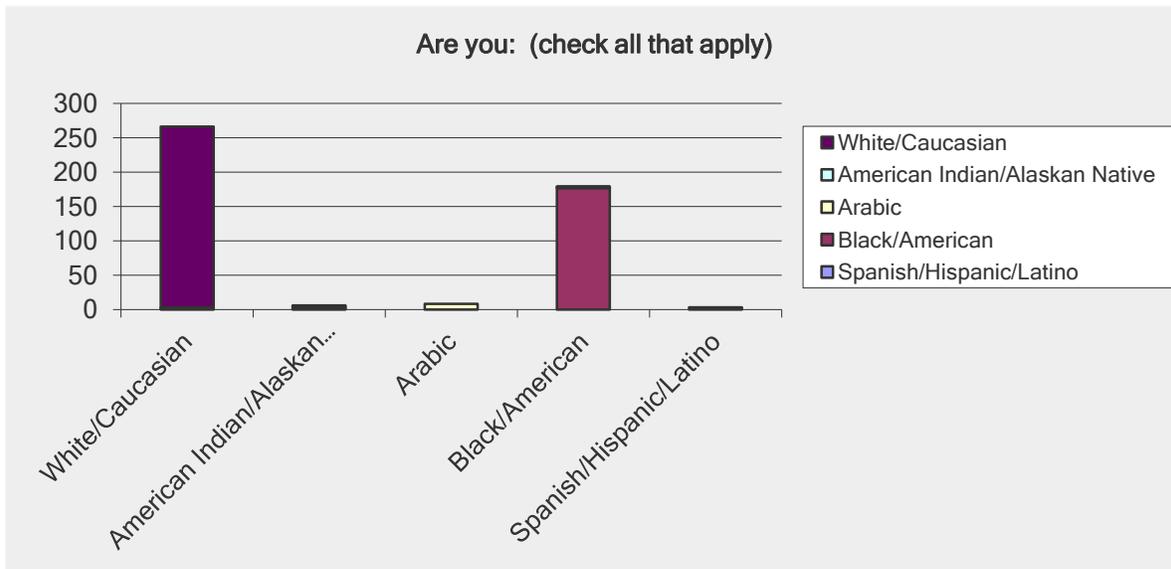


Southeastern Michigan Counties of
Wayne, Oakland and Macomb

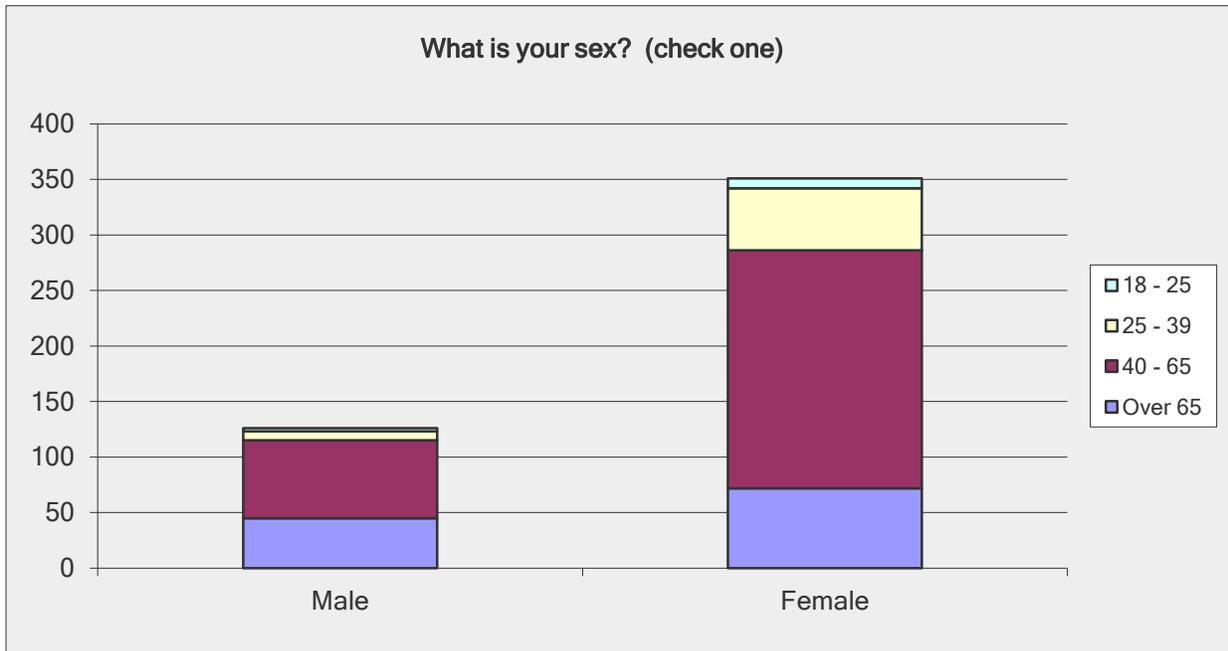
- Residence County/Race:



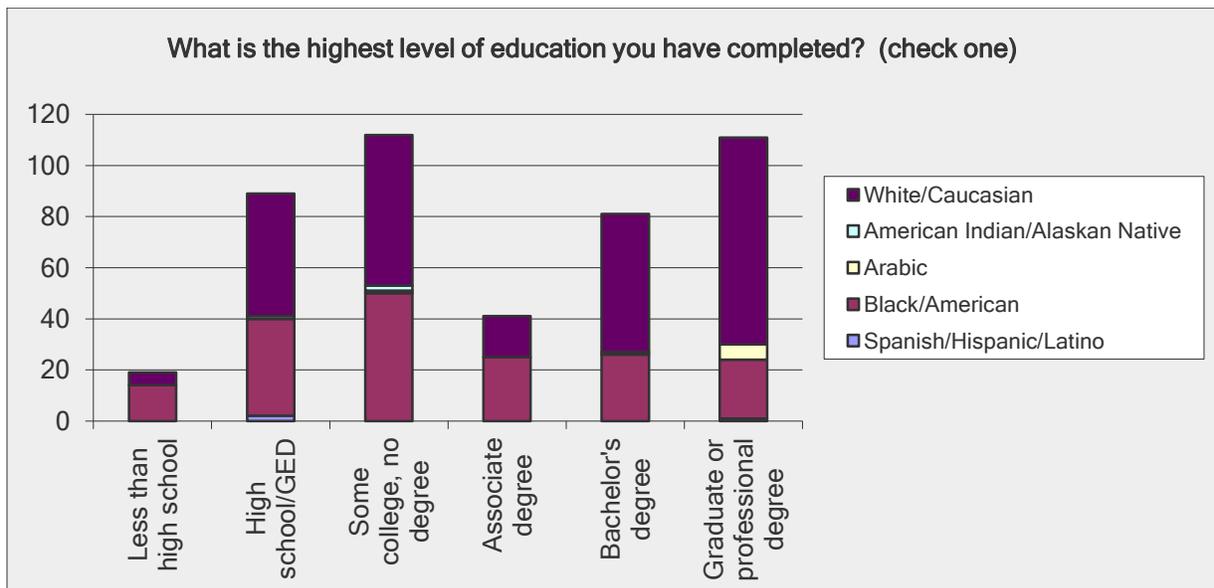
- Race/Ethnicity:



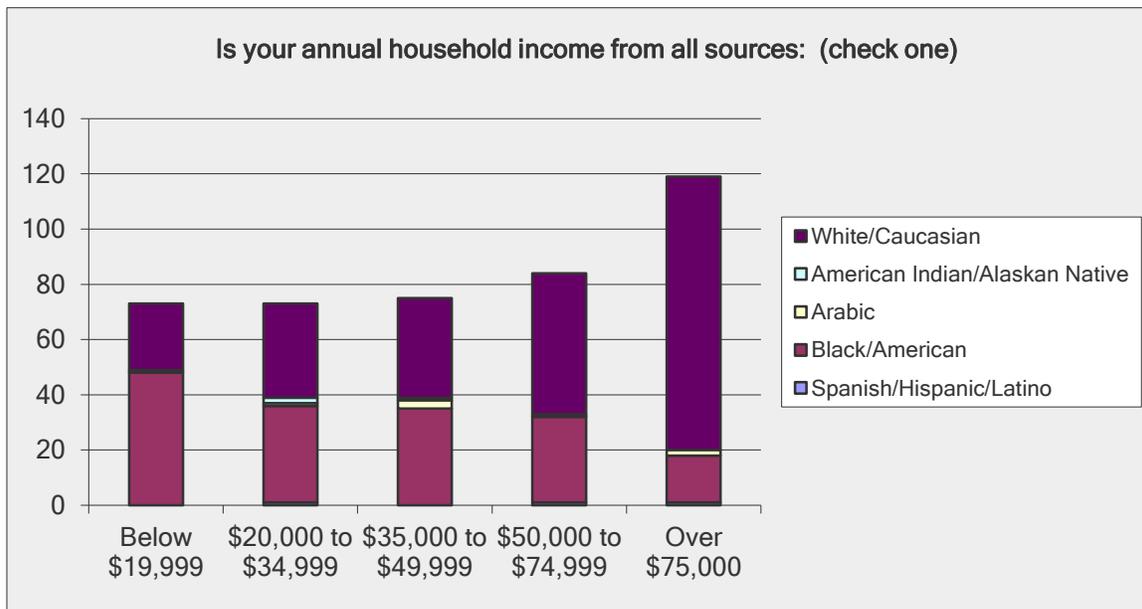
- Gender/Age:



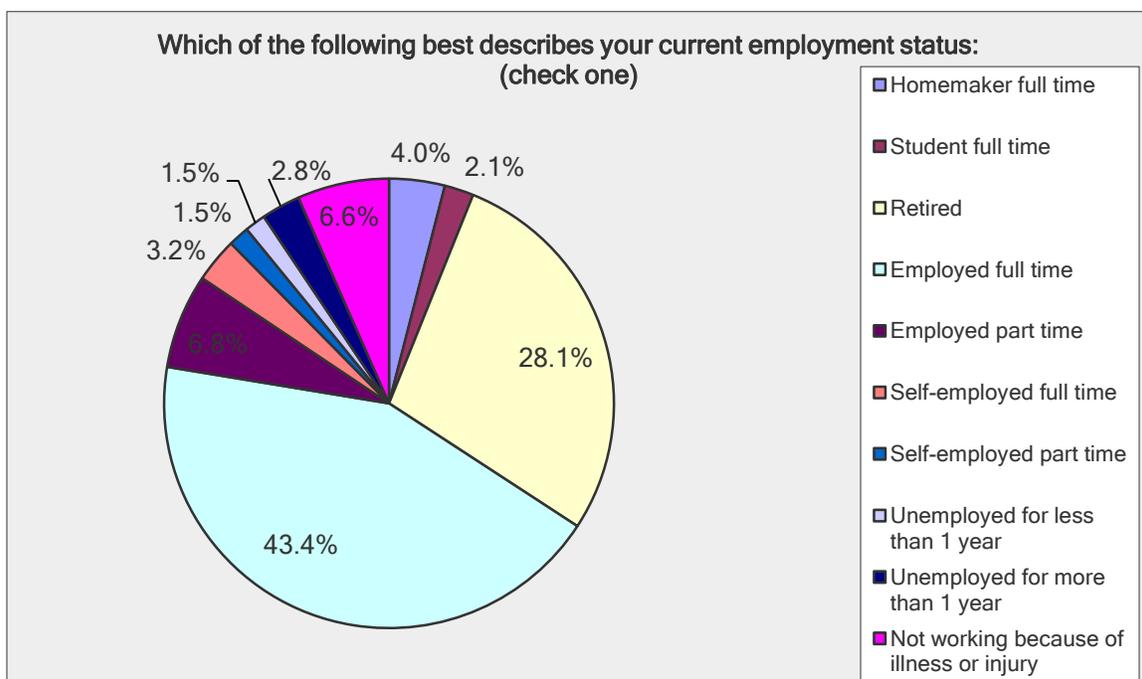
- Education/Race:



- Annual Income/Race:



- Employment Status:

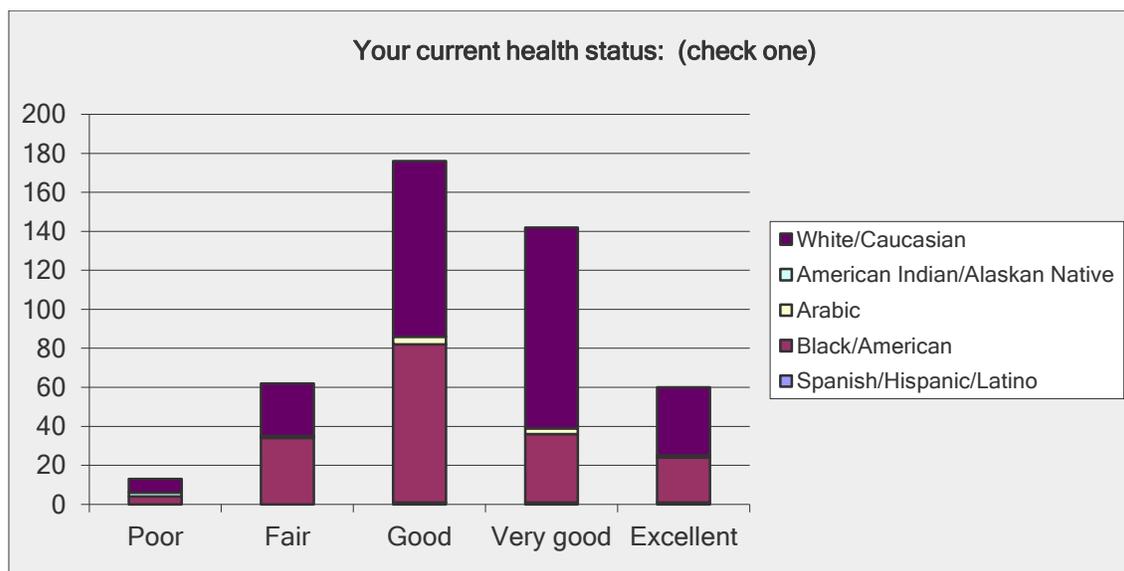


IV. Service Area Cancer Statistics

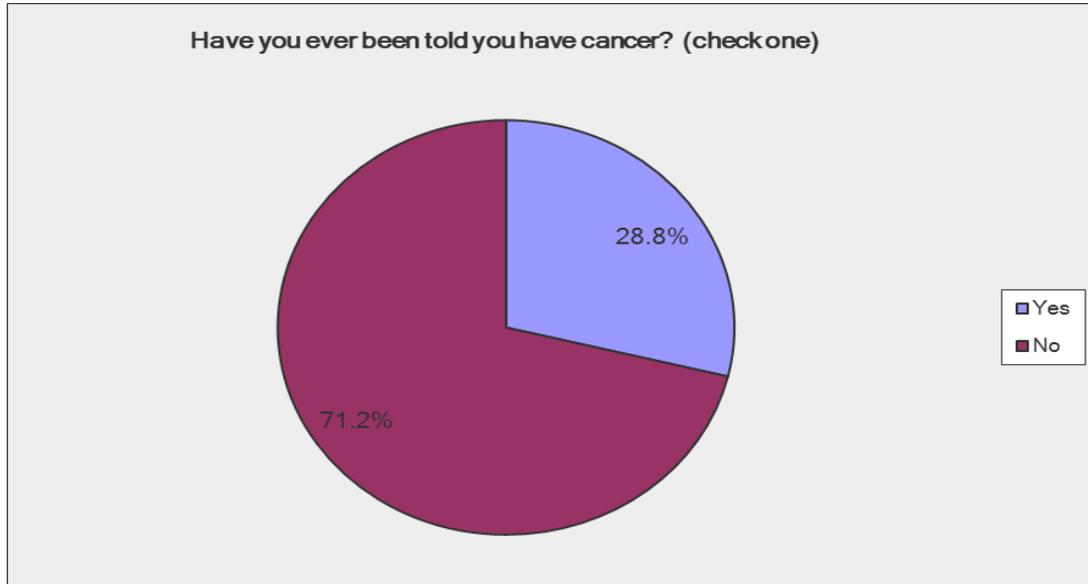
The 2011 Michigan Department of Community Health's, Health Profile Regional Chartbooks provides comprehensive summaries of the populations' health, including cardiovascular, diabetes, nutrition, and injury. This report used data related to the KCI's mission. Cancer is the 2nd leading cause of death in Michigan with (approximately 175 per 100,000 in Region 2N and 190 per 100,000 in Region 2S). Cancer mortality in both regions exceed the Healthy People 2020 targets of 150 per 100,000 population at approximately 160 per 100,000 in Region 2N and 190 per 100,000 in Region 2S. The most prevalent cancers in Michigan by site are lung, prostate, breast, and colon and rectal. The cancers with the highest mortality rate in Michigan are lung, colon and rectal, breast and prostate. While the mortality rate for Whites is higher than the targets at approximately 170 per 100,000 population in both 2S and 2N, the mortality rates for Blacks is significantly higher in both regions at approximately 230 (2S) and 240 (2N) per 100,000 population.

The majority of survey respondents reported that they were in good to excellent health. Seventy-one percent reported they did not have cancer, and 61.9% indicated that they had family members who had been diagnosed with cancer. Of the 28.8% who reported they had a cancer diagnoses, breast, prostate and skin cancer were the most prevalent.

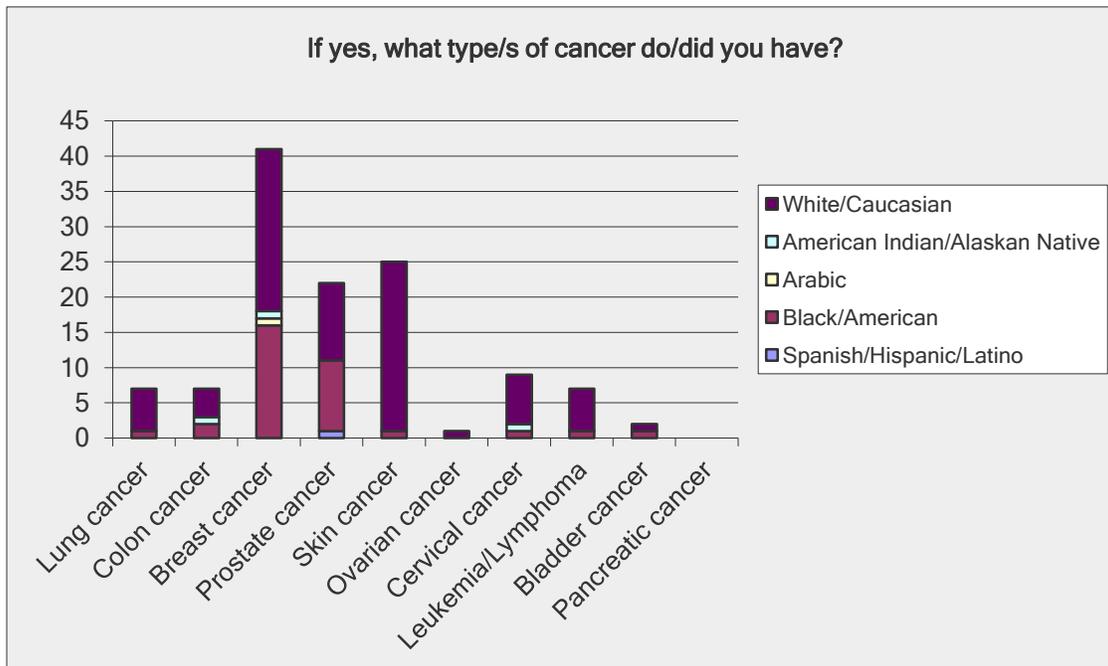
- Current Health Status/Race:



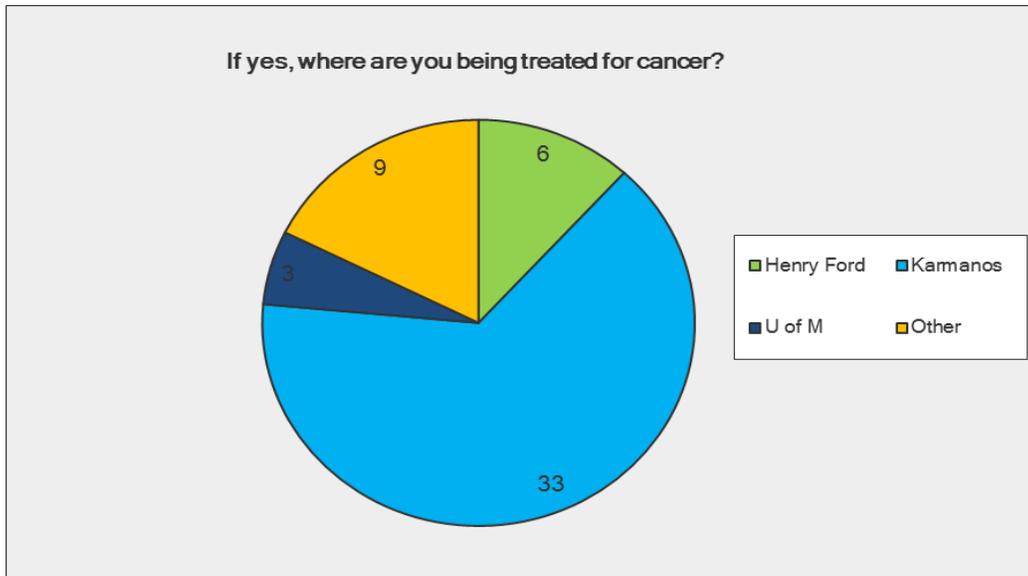
- Respondents Cancer History:



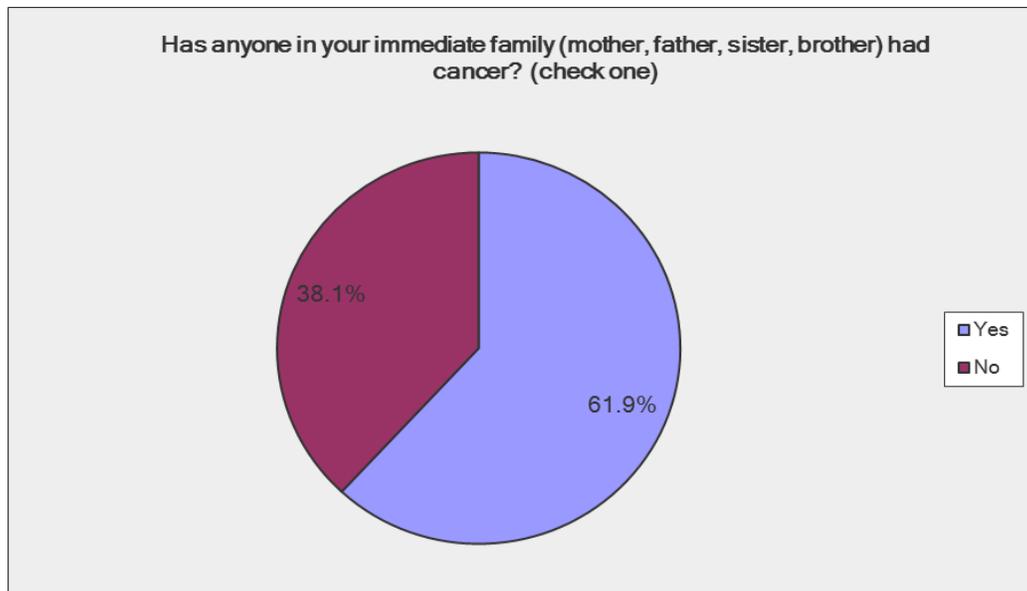
- Respondents Cancer Diagnoses/Race:



- Cancer Treatment Sites:



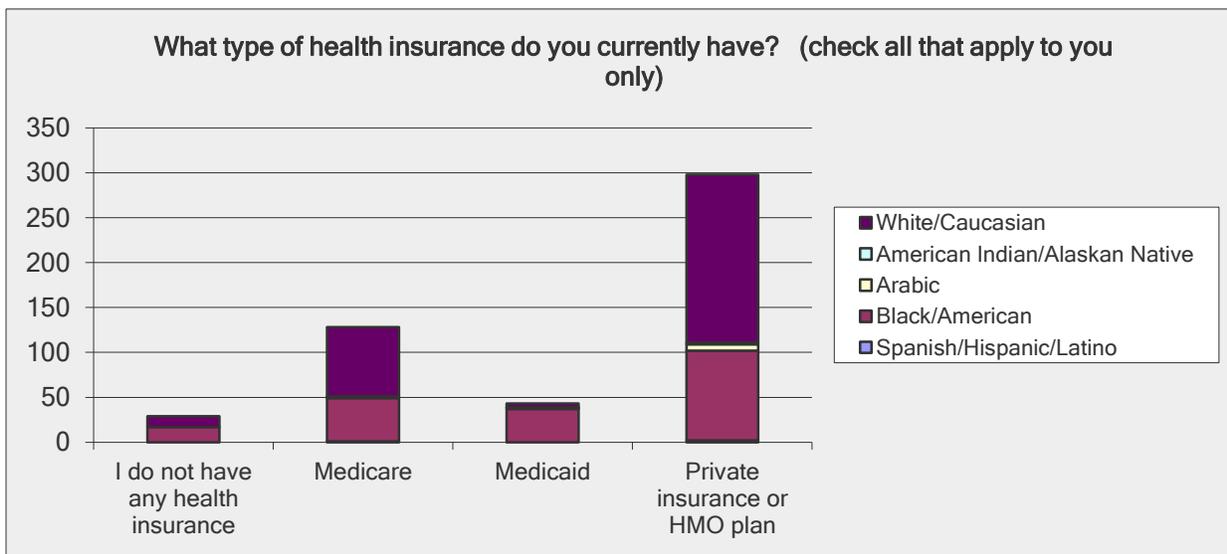
- Family Cancer History:



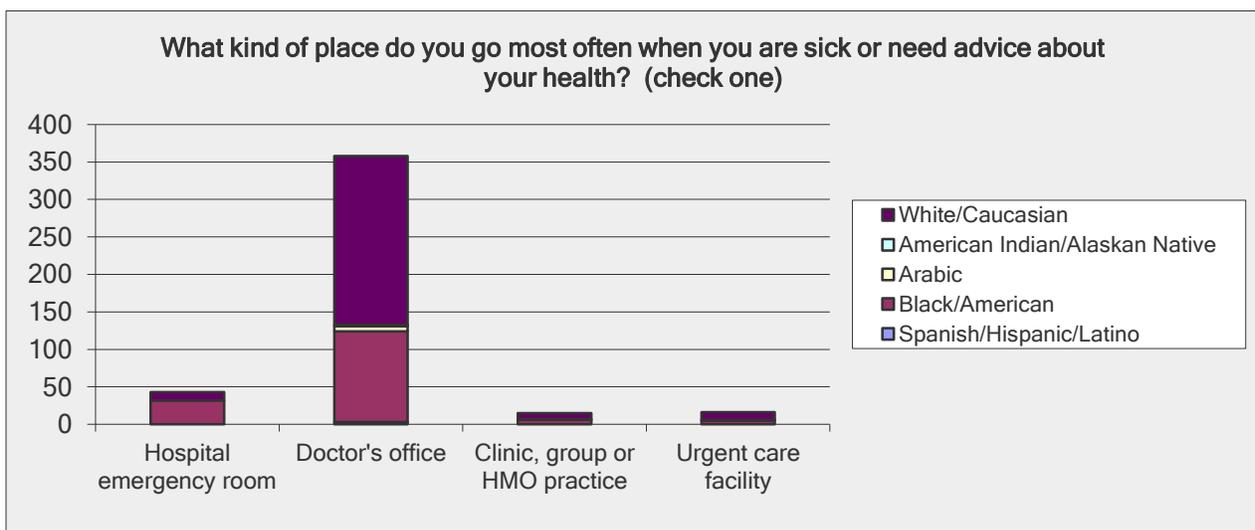
V. Access to Care

The Healthy People 2020 target for lack of access to healthcare is 9%. The rate for Region 2S is 17% and the rate for Region 2N is 12%. Most of the survey respondents denied barriers to obtaining healthcare. The majority were able to see a doctor when they needed to, and had seen a doctor for a physical exam with 1 year.

- Insurance Status/Race:



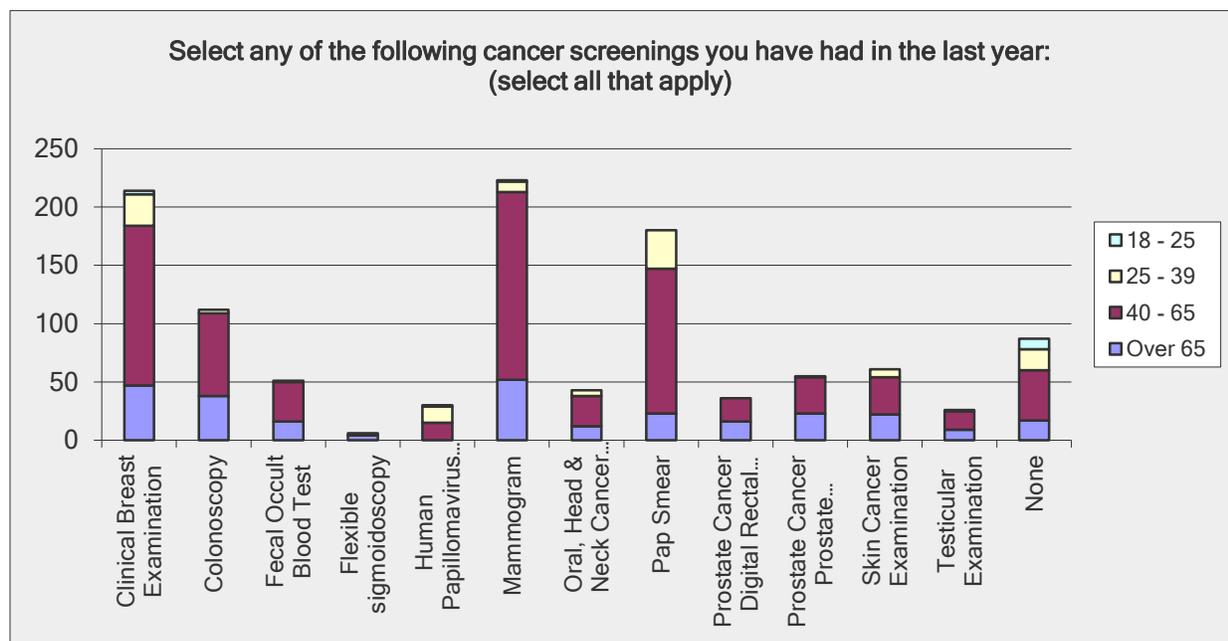
- Where Respondents Receive Healthcare/Race:



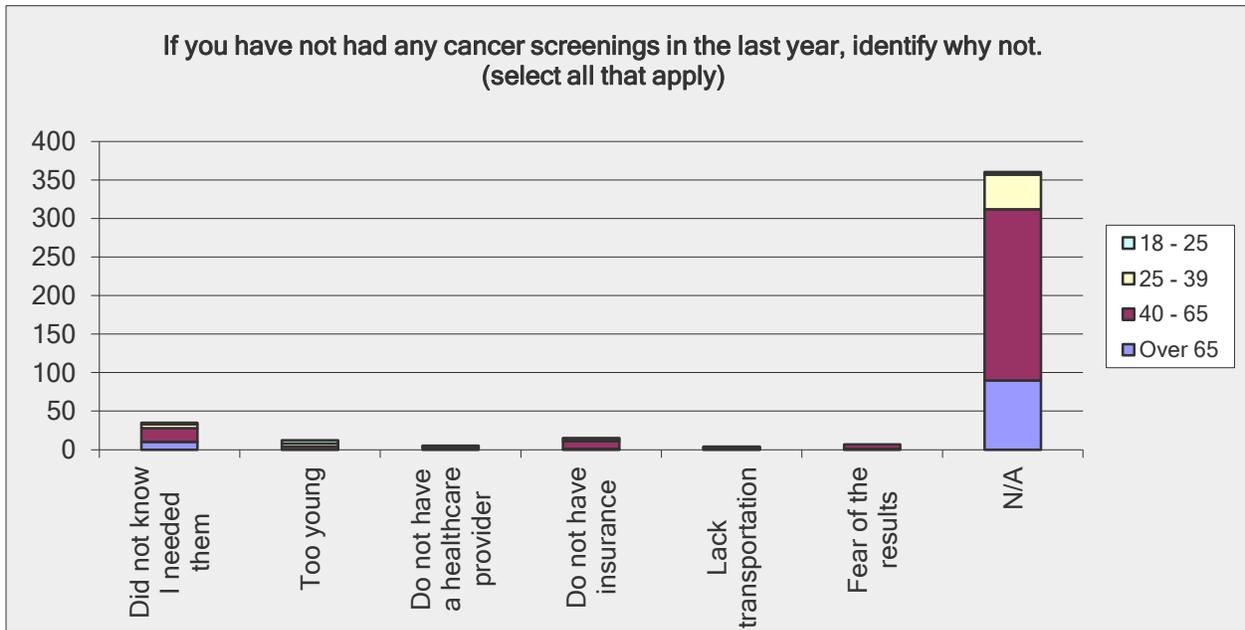
VI. Cancer Screenings

The importance of cancer screenings is stressed because detecting cancer early save lives. The American Cancer Society (ACS) has guidelines for screenings of the breast, colon, oropharynx, cervix, skin, prostate and testicles. Cancer screenings for men start at 18 years of age with testicular exams; and at 19 years of age for women with clinical breast exams. Clinical breast exams, mammograms and Pap tests were the most common screenings received. While HPV testing appears low, women may not know that this test is done in conjunction with the Pap test. Significantly 35.8% had received screening for colon cancer with either a colonoscopy or a fecal occult blood test within the year. Lesser done screenings received include oral, prostate, testicular and skin exams. Unfortunately, 19.1% of respondents had not received any type of cancer screening. Reasons given for not having screenings included: “I’m too young, did not know I needed them, do not have insurance, and fear the results”. Thirty-two of the respondents who reported either being too young and/or not knowing they needed screening were over 40 years of age.

- Respondents Cancer Screenings/Age:



- Respondents Reporting No Screening/Age:



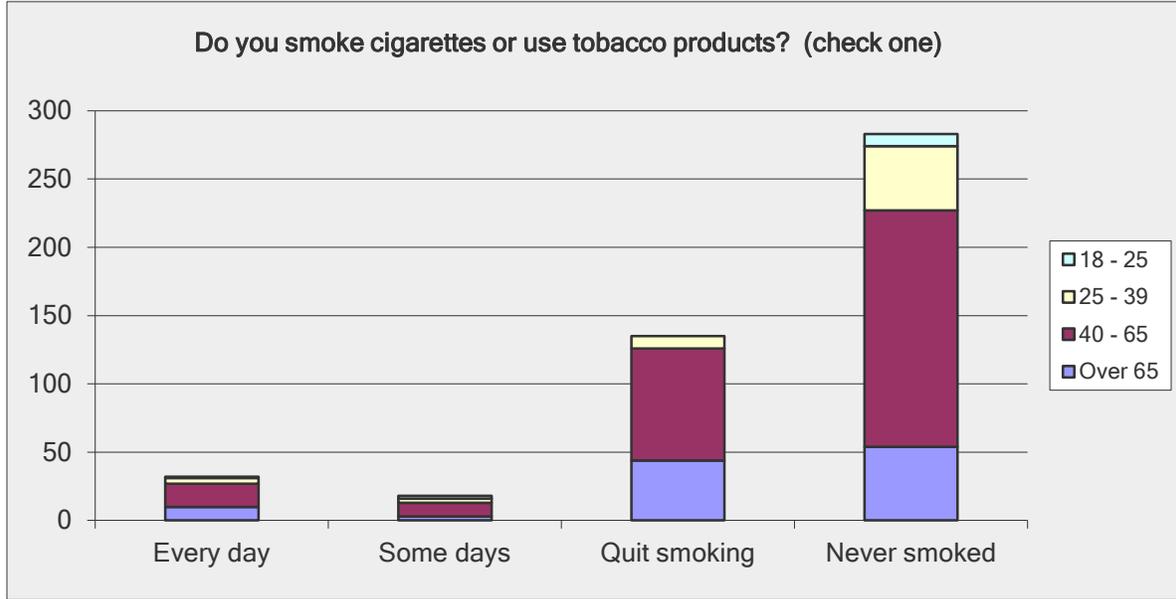
VII. Lifestyle Indicators

Respondents were surveyed on what ACS calls modifiable risk factors for cancer prevention. Modifiable risk factors are factors that can be controlled; they include tobacco, alcohol and sunscreen use, nutrition, physical activity and Human Papilloma Virus prevention. Obtaining cancer screenings when appropriate can also modify cancer risk. Therefore, knowledge of cancer screening awareness and early detection behaviors was also surveyed. KCI Cancer Awareness Fact Sheets, available on the external website and distributed at health fairs and speaker events, provide an overview of current ACS recommendations and guidelines for prevention and screening.

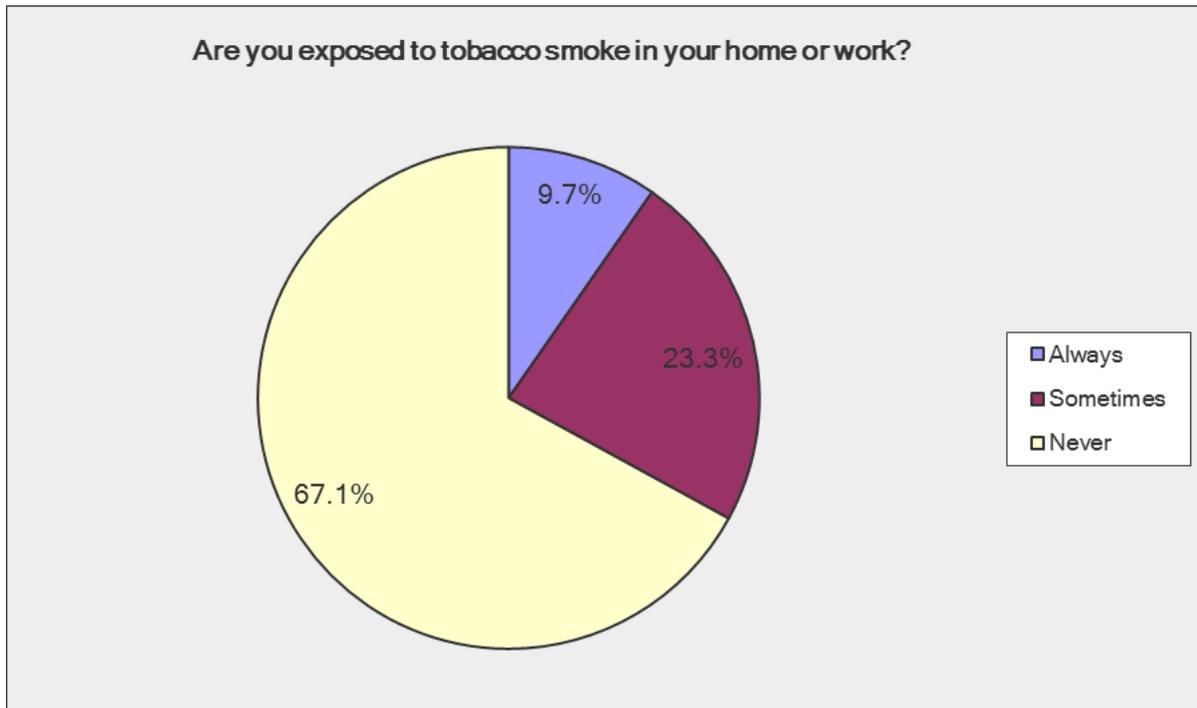
A. Tobacco Use

According to the ACS, smoking related diseases are among the most preventable causes of death. Smoking accounts for at least 30% of all cancer deaths and 87% of lung cancer deaths. In 2011, the estimated number of lung cancer deaths in Michigan was 5,830. The estimated number of new cases was 8,140. Smoking increases the risk not only for lung cancer, but many types of cancer including head and neck, breast, pancreas, prostate, cervical, ovarian, kidney, bladder, stomach and colorectal. The Healthy People 2020 target for smoking is 12%. The percentage of smokers in Michigan has decreased from approximately 26% in 2002 to 18% in 2010. The percentage of smokers in Region 2S is 18%, while region 2N is below the State average at 15%. Of the population surveyed 60.1% reported never smoking, while 10.7% reported smoking every day or some days. Significantly 29.2% reported quitting smoking. However, 33% reported being exposed to secondhand smoke at home or work. The ACS Cancer Facts & Figures 2011 report indicate that approximately 3,400 nonsmoking adults die from lung cancer. The report also states that secondhand smoke contains at least 69 chemicals that cause cancer. KCI is a non-smoking facility that promotes smoking cessation. Every patient is assessed for tobacco use. Smokers are provided with smoking cessation information. When appropriate, staff from the Patient and Community Education Department consult and refer patients to the Michigan Tobacco Quitline. Community education events include the hazards of smoking and cessation displays. Prevention education programs include the nationally recognized Tar Wars presentation for 4th and 5th graders.

- Respondents Smoking Status /Age:



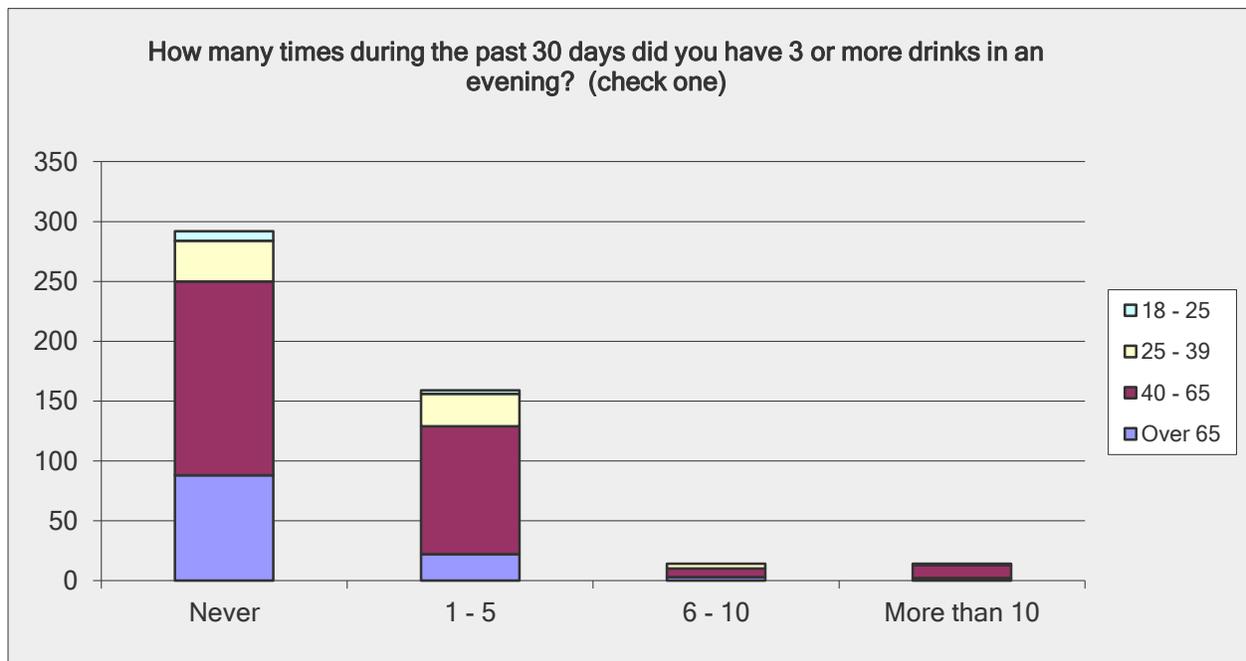
- Respondents Exposure to Tobacco:



B. Alcohol Use

Alcohol use has been linked to cancers of the head and neck, colon, rectum, liver and breast. Healthy People 2020 identified binge drinking as an indicator for increased disease risk in Michigan residents. Binge drinking as defined by the Michigan Department of Community Health is 5 or more drinks per day for men and 4 or more drinks per day for women. For cancer prevention, the ACS recommends no more than two drinks per day for men and one drink per day for women. Survey respondents were asked if they had more than 3 drinks in an evening over the span of 30 days. Slightly more than 60% reported never having more than 3 drinks; 33.5% reported having 1 to 5 drinks; 2.9% reported having 6 to 10 drinks and 2.9% reported having more than 10 drinks in an evening. Overall responses indicated that 39.3% of respondents are at increased risk of developing cancer.

- Respondents Alcohol Use/Age:



C. Physical Activity

Lack of physical activity has been linked to an increased risk factor for obesity, which increases the risk for cancers of the breast, colon and prostate. The Healthy People 2020 target for sufficient physical activity is 20%. The data for this indicator is reported as the percentage of the population who do not perform physical activity. In Region 2S, 49% of the population do not perform sufficient physical exercise. In region 2N, the percentage is 52.5%, higher than the Michigan percentage of 52%. Twenty-two percent of survey respondents reported always exercising 30 minutes a day, 5 days a week.

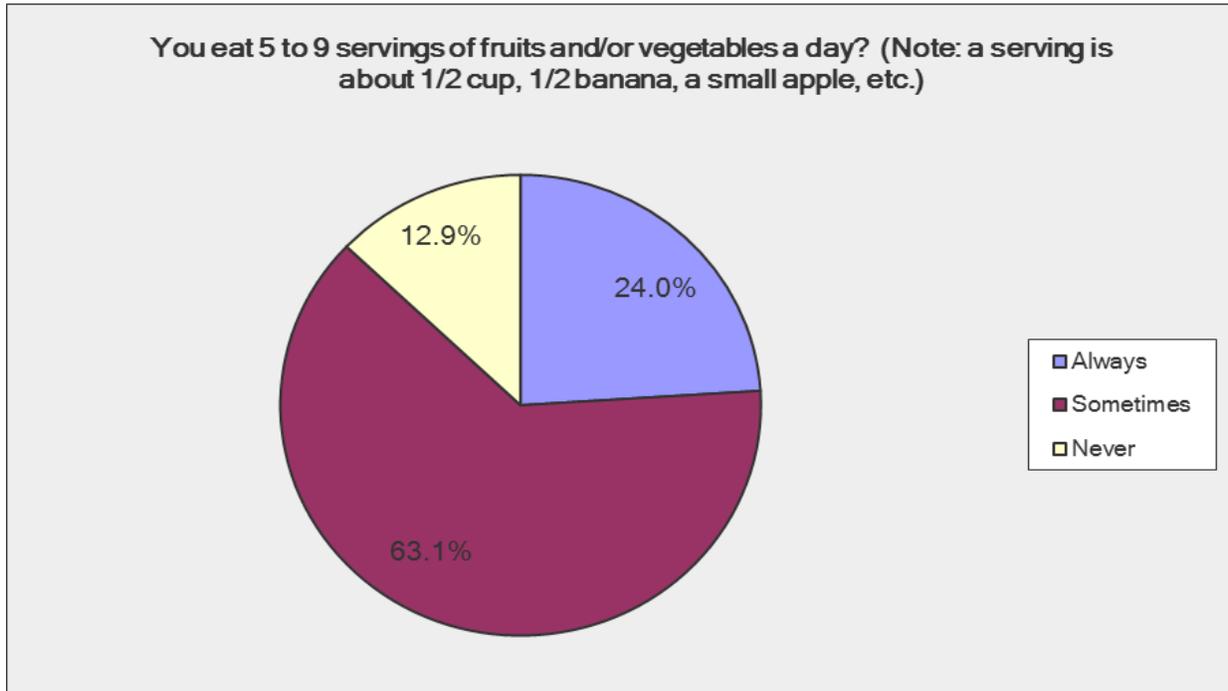
- Physical Activity/Age:



D. Fruit/Vegetable Intake

According to the ACS, 1/3 of all cancer deaths in the United States each year are linked to poor diet and a lack of physical activity. Michigan Cancer Consortium data estimate that 78.7% of Michigan adults in 2007 did not consume enough fruits and vegetables. Healthy People 2020 define inadequate fruit and vegetable intake as less than five servings per day. The nutritional focus of Healthy Target 2020 data is on the consumption of fruits and vegetables. Data indicates that only 24% of the surveyed population consistently consumed enough fruits and vegetables.

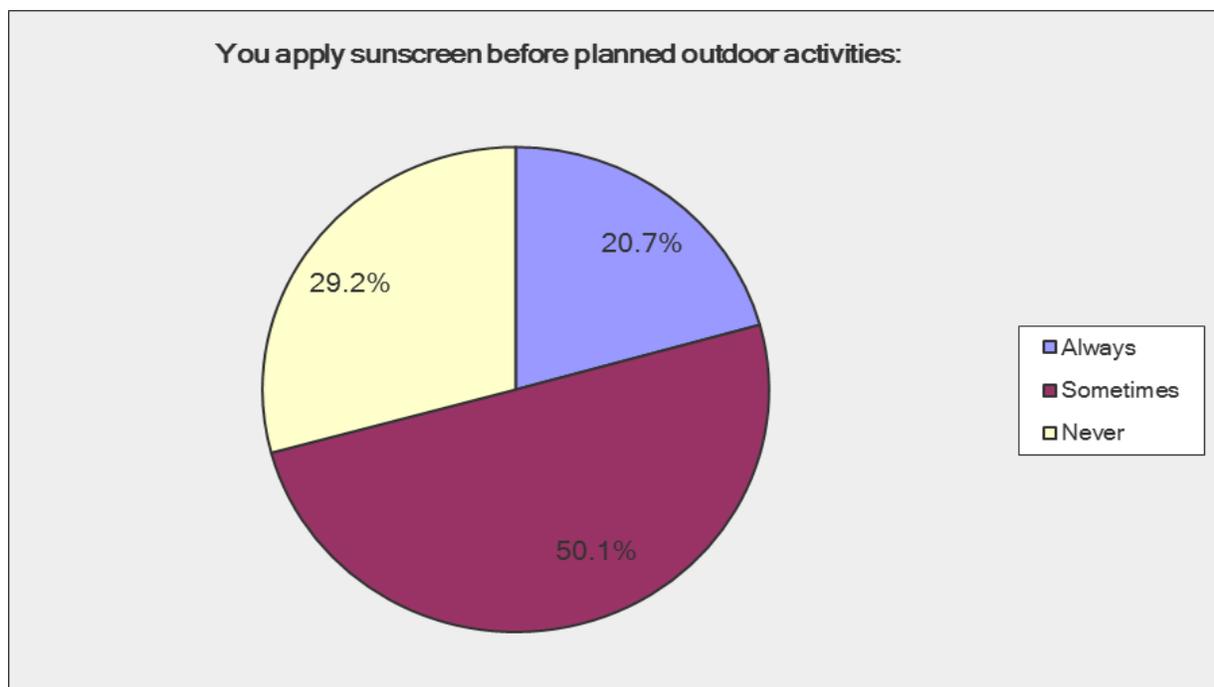
- Fruit/Vegetable Intake:



E. Sunscreen Use

Skin cancer is the most common form of cancer in the United States. The best way to decrease the risk for skin cancer is to limit sun exposure. The ACS recommends wearing sunscreen with an SPF of 15% every day. In line with the MCC goals for 2009 – 2015, KCI provides information to the community via a sun safety program called Sun Health is Easy to Learn and Do, commonly known as S.H.I.E.L.D. The program targets school aged children and parents to encourage starting sunscreen use at an early age. As shown below, only 20.7% of survey respondents consistently use sunscreen.

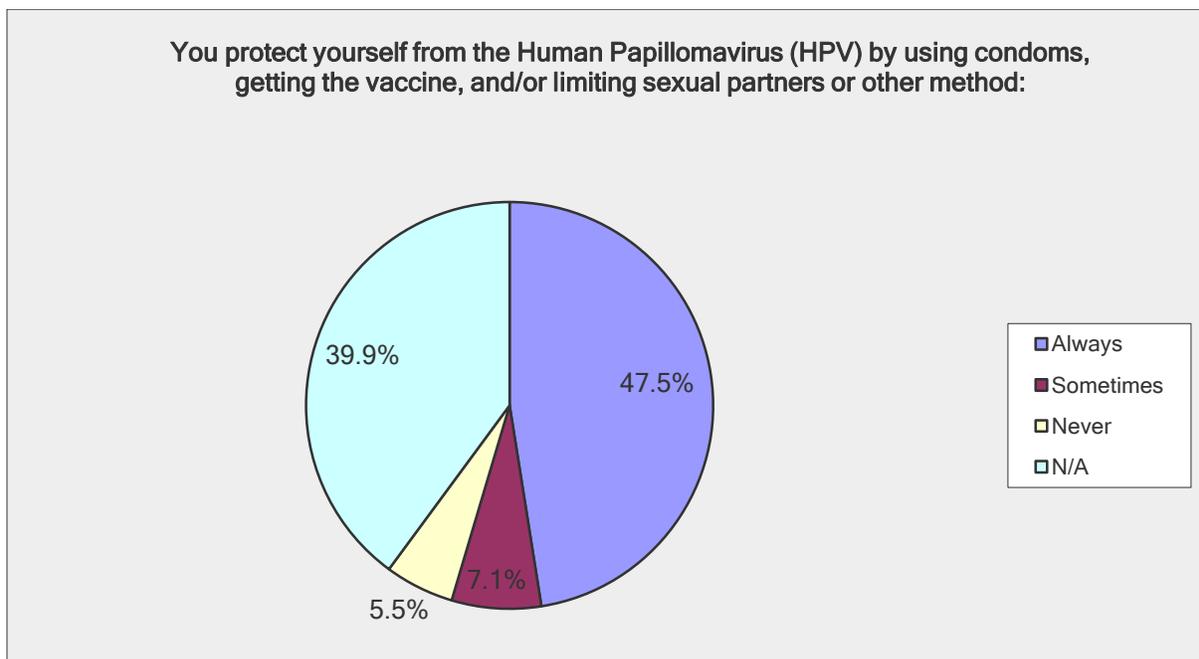
- Sunscreen Use:



F. Human Papilloma Virus Protection

The Human Papilloma Virus (HPV) is directly linked to cancers of the cervix and the oropharynx. Approximately forty- eight percent of respondents reported consistently using HPV prevention, while 39.6% reported that prevention was not applicable. The majority of the not applicable responses were from the population of those also surveyed that they were married.

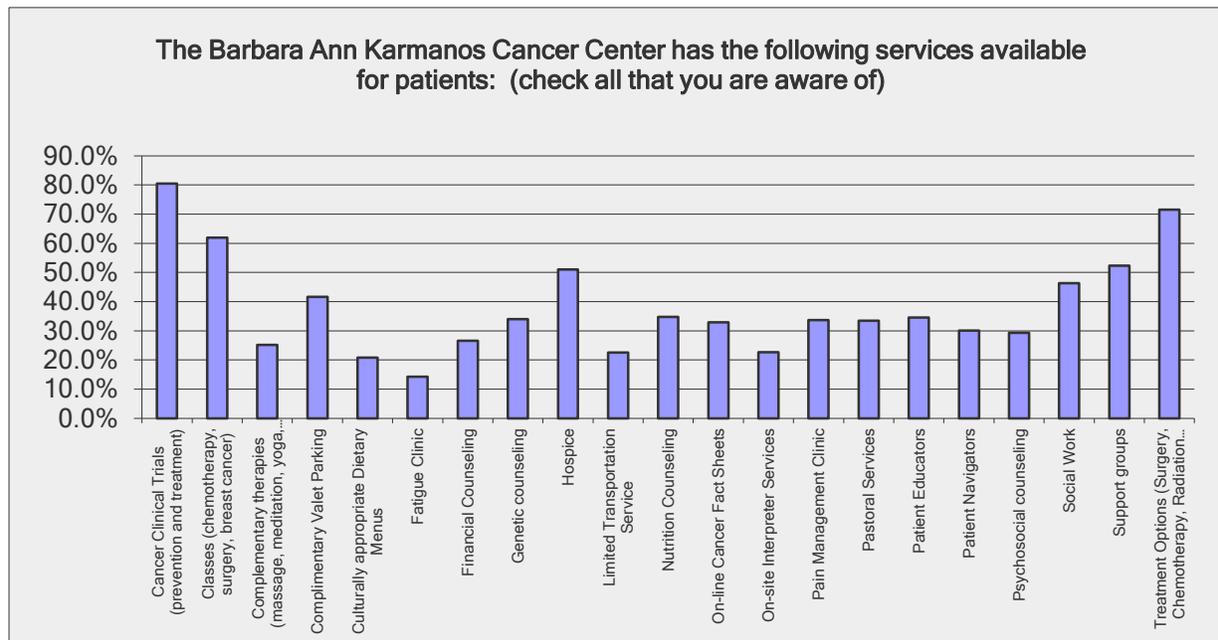
- HPV Prevention:



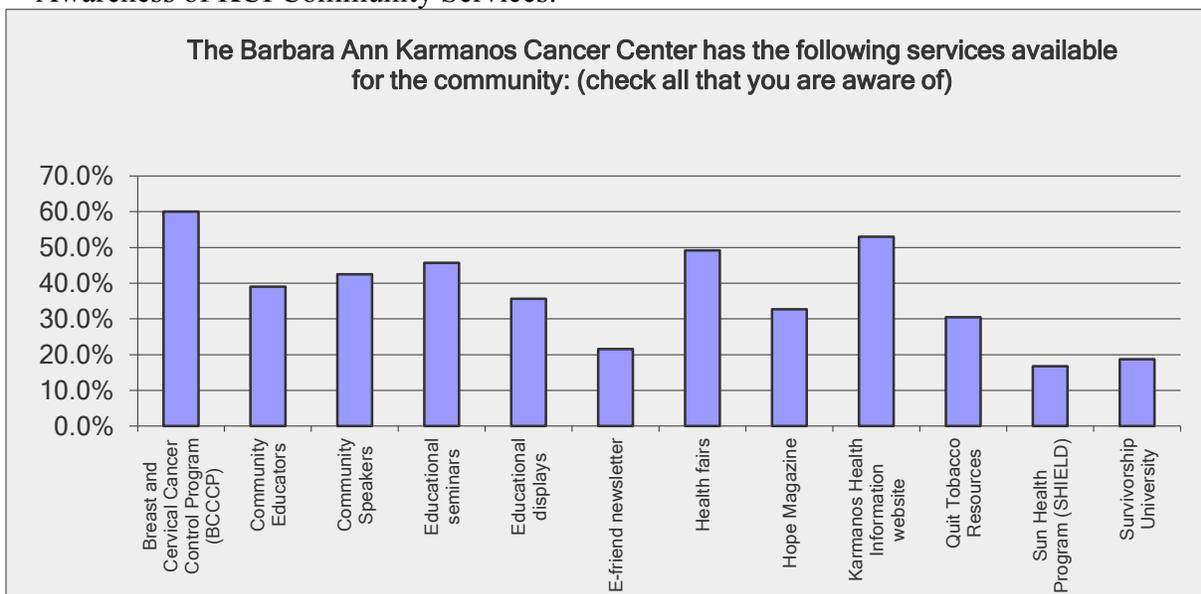
VIII. Awareness of KCI Patient/Community Services

Survey respondents were asked if they were aware of KCI programs and services. As noted in the key informant interviews, cancer is often not thought about until symptoms appear. The services and programs with the most awareness include clinical trials and treatment options, the Breast and Cervical Cancer Control program (BCCCCP) and the KCI external website.

- Awareness of KCI Patient Care Services:



- Awareness of KCI Community Services:



IX. Implementation Strategies

The CHNA reinforced the cancer-related needs identified by the key informant interviews. Key informant interviews identified that community residents were not aware of needed cancer-related screening and KCI services. While cancer is the 2nd leading cause of death for Detroit area residents, less than 50% consistently received screenings which improve health outcomes and saves lives. Assumptions include, that early detection saves lives; that education will result in increased screenings; that community outreach will result in increased awareness of KCI programs and services. While survey respondents were not representative of the low-income population, it is also assumed that tri-county area residents need access to low cost healthcare resources. Key informant interviews did indicate a need for increased cultural sensitivity. One significant limitation of the survey is that the perceived patient populations of KCI were not represented in the results. The Arabic, Asian, and Bengali populations did not respond to the survey.

A. Resources

KCI has several strengths and resources in place that will help to address the needs identified. The mission of the institute will be a guiding force to meet community needs. The KCI Leadership and Board have strong ties throughout the community, including areas that include the diverse populations that did not respond to the survey. The KCI Departments of Marketing and Communication, Community Outreach, Patient /Community Education, and Volunteer Services can have direct impact increasing community awareness. Karmanos staff consistently participates in community organization activities; including the Breast and Cervical Cancer Control Program (BCCCP), the Arab Community Center for Economic and Social Services (ACCESS), the tri-county tobacco cessation coalitions, and several area free clinics.

B. Activities

Several activities have been identified to address survey limitations and community needs. Survey results will be discussed with community leaders to identify best strategies to reach underserved populations. Sharing survey results with community partners will also help to identify ways to enhance service to underserved communities. Zip code data will be analyzed to compare survey respondents to current KCI patient populations. Zip code data will also be used to identify communities that did not respond to the survey, with an eye toward enhancing service to those areas. Program data from 2012 will be used to identify which communities did and did not receive service. Community presentations and Fact Sheets will be updated to ensure cultural diversity and highlight low cost community resources, such as BCCCP when appropriate.

C. Outcomes

Short term outcomes for planned activities include increasing knowledge about the communities that KCI serves. Activities will also increase community awareness of the need for cancer screenings and the importance of early detection. Long term goals include increasing tri-county community awareness and use of KCI services and programs. Ongoing planning and Department collaboration will be impactful in assisting KCI fulfill its mission and decrease the cancer burden in southeastern Michigan.

X. Barbara Ann Karmanos Cancer Institute Community Health Needs Assessment - Logic Model

Resources	Outputs		Outcomes		Impact
	Activities	Activities	Short	Long Term	
<ul style="list-style-type: none"> KCI Mission Director Volunteer & Patient/Community Education Department Patient/Community Education Department Staff Volunteer Staff Community Outreach Manager Marketing & Communication Department KCI Board KCI PFAC Hope magazine Community Partners & Organizations <ul style="list-style-type: none"> Komen® BCCCP ACCESS Support Groups Free Clinics Tri-county area houses of worship TFOC/WCSTIC CRAN (Wayne & Macomb County) 	<ul style="list-style-type: none"> Discuss findings with community leaders to identify best strategies to reach underserved populations Analyze CHNA zip code data <ul style="list-style-type: none"> Identify communities of current patient populations Identify communities that responded to survey Identify communities that did not respond to survey In 2013 increase awareness and education activities to the tri-county community by 5% Use 2012 program data to identify which communities did and did not receive service Update all community programs to ensure cultural diversity 	<ul style="list-style-type: none"> Update all community programs to highlight low cost community resources. Better utilize community partnerships to identify underserved communities Target identified communities to increase awareness and education. Provide awareness and education material for communities identified: <ul style="list-style-type: none"> Presentations Fact Sheets Hope magazine 	<ul style="list-style-type: none"> Increase knowledge about the communities that KCI serves Increase community awareness of the need for cancer screening and early detection 	<ul style="list-style-type: none"> Increase tri-county community awareness of KCI services and programs Increase use of KCI services and programs 	<ul style="list-style-type: none"> Fulfill Karmanos Cancer Institute mission Decrease the cancer burden in Michigan
Assumptions <ul style="list-style-type: none"> Early detection saves lives. Education will result in increased screenings. Community education efforts will result in increased awareness of the KCI programs and services. Communities need access to low cost healthcare resources. 			External Factors <ul style="list-style-type: none"> High percentage of the population living below the poverty line High numbers of the population that are un-/underinsured Limited access to low cost healthcare resources 		

XI. References

¹Valerio, M., & Layman, A., (2010) Needs Assessment Project, Karmanos Cancer Institute and the University of Michigan Health Behavior & Health Education Department.

¹Michigan Department of Community Health, 2011 Health Profile Chartbook, Region 2N.

¹Michigan Department of Community Health, 2011 Health Profile Chartbook, Region 2S.

¹Michigan Cancer Consortium, Comprehensive Cancer Control Plan for Michigan 2009 – 2015, Mapping a Course for Excellence in Michigan.

¹American Cancer Society Cancer Facts & Figures 2013.

XII. Appendix A

Instructions

This survey is about cancer-related health care, knowledge and awareness. We request that the adult in your household who is most knowledgeable about the health care needs of the family complete this survey.

For each question, choose the answer that comes closest to describing your opinion or situation.

A drawing will be held for five \$100 gift cards, for those who complete the survey by September 30, 2012. If you wish to enter the drawing, complete the survey and give us your name, telephone number and email address.

Remember, your personal information and survey responses will remain completely confidential, even if you choose to enter the drawing.

Thank you for your participation and contribution of your time, opinions, and experiences to this process. For most people, it will take less than 10 minutes to fill out this survey.

The following questions ask about your current health status and history.

1. Your current health status: (check one)

- Poor
- Fair
- Good
- Very good
- Excellent

2. Have you ever been told you have cancer? (check one)

- Yes
- No

3. If yes, what type/s of cancer do/did you have?

- Lung Cancer
- Colon Cancer
- Breast Cancer
- Prostate Cancer
- Skin Cancer
- Ovarian Cancer
- Cervical Cancer
- Leukemia/Lymphoma
- Bladder Cancer
- Pancreatic Cancer
- Other (Please specify)

4. If yes, are you being treated for cancer now? (check one)

- Yes
- No

5. If yes, where are you being treated for cancer? (write in)

6. Has anyone in your immediate family (mother, father, sister, brother) had cancer?

(check one)

- Yes
- No

7. If yes, what type/s of cancer did they have? (check all that apply)

- Lung Cancer
- Colon Cancer
- Breast Cancer
- Prostate Cancer
- Skin Cancer
- Ovarian Cancer
- Cervical Cancer
- Leukemia/Lymphoma
- Bladder Cancer
- Pancreatic Cancer
- Other (Please specify)

The following questions ask about cancer screening and preventive behaviors.

**8. Select any of the following cancer screenings you have had in the last year:
(select all that apply)**

- Clinical Breast Examination
- Colonoscopy
- Fecal Occult Blood Test
- Flexible sigmoidoscopy
- Human Papillomavirus (HPV) Screening
- Mammogram
- Oral, Head & Neck Cancer Screening
- Pap smear
- Prostate Cancer Digital Rectal Screening (DRE)
- Prostate Cancer Prostate Specific Antigen (PSA) Blood Test
- Skin Cancer Examination
- Testicular Examination
- None
- Other (please specify)

**9. If you have not had any cancer screenings in the last year, identify why not.
(select all that apply)**

- Did not know I needed them
- Too young
- Do not have a healthcare provider
- Do not have insurance
- Lack transportation
- Fear of the results
- N/A
- Other (please specify)

10. How important do you think cancer screenings are to your health? (check one)

- Very important
- Important
- Somewhat important
- Not important
- Other (please specify)

11. If you are a man, do you practice testicular self examinations?

- Always
- Sometimes
- Never
- N/A

12. If you are a woman, do you practice breast self awareness activities, such as self-breast exams?

- Always
- Sometimes
- Never
- N/A

13. You apply sunscreen before outdoor activities:

- Always
- Sometimes
- Never

14. You exercise 30 minutes a day, 5 days a week:

- Always
- Sometimes
- Never

15. You eat 5 to 9 servings of fruits and/or vegetables a day? (Note: a serving is about ½ cup, ½ banana, a small apple, etc.)

- Always
- Sometimes
- Never

16. You protect yourself from the Human Papillomavirus (HPV) by using condoms, getting the vaccine, and/or limiting sexual partners or other method:

- Always
- Sometimes
- Never
- N/A

17. You have your mouth checked/teeth cleaned: (check one)

- Every year
- Every 2 years to 5 years
- I have never had my mouth checked/teeth cleaned
- Do not know/not sure
- N/A

18. Do you come in contact with any of the following chemicals (asbestos, pesticides, solvents, benzene and/or formaldehyde)?

- Yes
- No
- Do not know/not sure

The following questions ask about cigarette use.

19. Do you smoke cigarettes or use tobacco products? (check one)

- Every day
- Some days
- Quit smoking
- Never Smoked

20. You are exposed to tobacco smoke in your home or work?

- Always
- Sometimes
- Never

The following questions ask about drinking alcohol. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail or 1 shot of liquor.

21. How many times during the past 30 days did you have 3 or more drinks in an evening? (check one)

- Never
- 1 – 5
- 6 - 10
- More than 10

The following questions ask about your knowledge of the services provided at the Barbara Ann Karmanos Cancer Institute and how you obtain cancer-related information.

22. The Barbara Ann Karmanos Cancer Center has the following services available for patients: (check all that you are aware of)

- Cancer Clinical Trials (prevention and treatment)
- Classes (chemotherapy, surgery, breast cancer)
- Complementary therapies (massage, meditation, yoga, etc.)
- Complimentary Valet Parking
- Culturally appropriate Dietary Menus
- Fatigue Clinic
- Financial Counseling
- Genetic counseling
- Hospice
- Limited Transportation Service
- Nutrition counseling
- On-line Cancer Fact Sheets
- On-site Interpreter Services
- Pain Management Clinic
- Pastoral Services
- Patient Educators
- Patient Navigators
- Psychosocial counseling
- Social Work
- Support groups
- Treatment Options (Surgery, Chemotherapy, Radiation Therapy)

23. The Barbara Ann Karmanos Cancer Center has the following services available for the community: (check all that you are aware of)

- Breast and Cervical Cancer Control Program (BCCCP)
- Community Educators
- Community Speakers
- Educational seminars
- Educational displays
- E-friend newsletter
- Health fairs
- Hope Magazine
- Karmanos Health Information website
- Quit Tobacco Resources
- Sun Health Program (SHIELD)
- Survivorship University

24. What sources do you use to obtain cancer-related information? (please check all that apply)

- Family/Friends
- Doctors/Nurses/Pharmacists
- TV
- Internet
- Library
- Newspaper
- N/A
- Other (please specify; if internet, specify websites)

The following questions are about you. All responses are completely confidential.

25. What is your sex? (check one)

- Male
- Female

26. What is your age? (check one)

- 18 - 25
- 25 - 39
- 40 - 65
- Over 65

27. What is your height? (write in)

28. What is your weight? (write in)

29. Is there a place or doctor that you go to when you are sick or need advice about your health? (check one)

- Yes
 No

30. If you answered “No” to the previous question please list the reasons (check all that apply)

- I have not needed one
 I have not found a place or doctor I like
 I do not have health insurance
 Other (please specify)

31. What kind of place do you go when you are sick or need advice about your health? (check one)

- Hospital emergency room
 Doctor's office
 Clinic, group or HMO practice
 Urgent care facility
 Other (please specify)

32. When was your last physical exam? (check one)

- Less than 1 year
 1 year to less than 3 years
 More than 3 years
 Never had a physical exam

33. Are you able to visit a doctor when needed? (check one)

- Always
 Sometimes
 Seldom
 Never

**34. If you answered sometimes, seldom or never, please give the reasons why:
(check all that apply)**

- No insurance
- Too expensive, cannot afford
- Could not get an appointment
- Lack transportation
- Doctor is too far away
- Other (please specify)

35. Are you currently: (check one)

- Single/never married
- Widowed
- Divorced
- Separated
- Married
- Living with a partner

36. What is the highest level of education you have completed? (check one)

- Less than high school
- High school/GED
- Some college, no degree
- Associate degree
- Bachelor's degree
- Graduate or professional degree

37. Are you: (check all that apply)

- White/Caucasian
- American Indian/Alaskan Native
- Arabic
- Black/American
- Spanish/Hispanic/Latino
- Other (please specify)

38. What language do you speak when you are at home: (check all that apply)

- English
- Spanish
- Arabic
- Bengali
- Other (please specify)

39. Is your annual household income from all sources: (check one)

- Below \$19,999
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- Over \$75,000

40. Which of the following best describes your current employment status: (check one)

- Homemaker full time
- Student full time
- Retired
- Employed full time
- Employed part time
- Self-employed full time
- Self-employed part time
- Unemployed for less than 1 year
- Unemployed for more than 1 year
- Not working because of illness or injury

41. What kind of work do you do: (write in)

42. How long have you lived in Michigan? (check one)

- Less than 1 year
- 1 year to less than 5 years
- 5 years or more
- My primary residence is not in Michigan

43. In which county do you live? (check one)

- Wayne
- Oakland
- Macomb

44. Your zip code is? (write in)

45. What is the biggest obstacle you face in accessing health care? (check all that apply)

- Not sure what is available
- Do not have insurance
- Do not have transportation
- Location of services
- Language Barriers
- Cultural Barriers
- N/A
- Other (please specify)

46. What type of health insurance do you currently have? (check all that apply to you only)

- I do not have any health insurance
- Medicare
- Medicaid
- Private insurance or HMO plan
- Other (please specify)

47. If you do not currently have health insurance, what is the main reason? (check one)

- Employer does not offer health insurance
- Employer offers health insurance, but I am not eligible because of waiting period
- Employer offers health insurance, but I am not eligible because I work part time
- Another family member has insurance, but it does not cover me
- Cannot afford health insurance
- Cannot get health insurance because of poor health, illness, or age
- Do not know how to get health insurance
- Do not think that I need health insurance
- Other (please specify)

48. Where did you receive this survey?

- Health fair
- Community event
- Direct mail
- Email
- Online survey tool

You have completed the survey.

For completing the survey would you like to be entered into a drawing for \$100 gift card?

- Yes
 No

If you answered yes, please give us your name, telephone number and/or email address.

Name _____

Telephone Number (____) _____ - _____

Email address _____

Thank you very much for your participation! Your input is very important to this survey.