

Caring for Our Community



2013 Community Health Needs Assessment

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Executive Summary

Through the active engagement with our community service area of Macomb County, McLaren Macomb surveyed several population groups to determine health care needs, concerns and access to care. The surveys and focus groups were conducted over a five-month period. These needs were compared to county and state reported statistics for a community level view of Macomb County needs. McLaren Macomb determined the prioritized needs based upon both primary and secondary data to determine the following health issues:

These conditions emerged as the top health care concerns:

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

The top four top health issues overall population groups were identified as high blood pressure/heart disease, diabetes, cancer and unintentional injuries/trauma. The health findings were prioritized based upon the secondary data gathered. Those that consumed 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: continue to offer the educational materials and seminar talks at community sites, workplaces and at McLaren Macomb. Each of the identified health needs has a support group that meets 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. When opportunities arise, McLaren Macomb will participate in local cable and radio interviews to promote healthy living, prevention, screening and educational opportunities. The survey and focus group opportunities will continue on a yearly basis to build and maintain a grass-root level relationship with our community members. Through the continued outreach in the community, McLaren Macomb will adapt to community needs when possible.

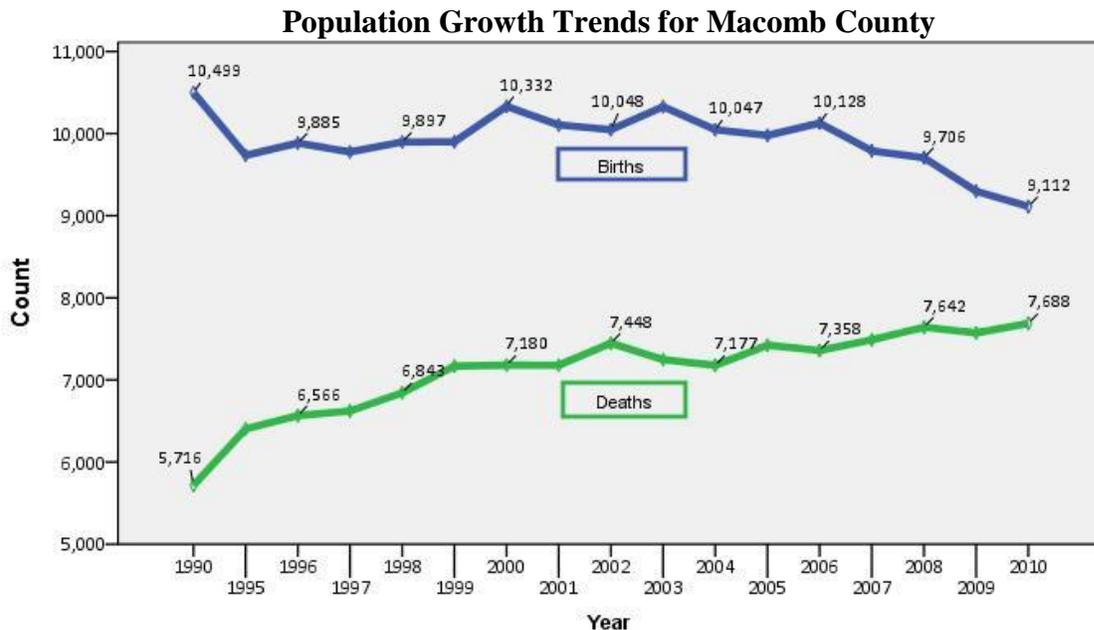
About McLaren Macomb:

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.

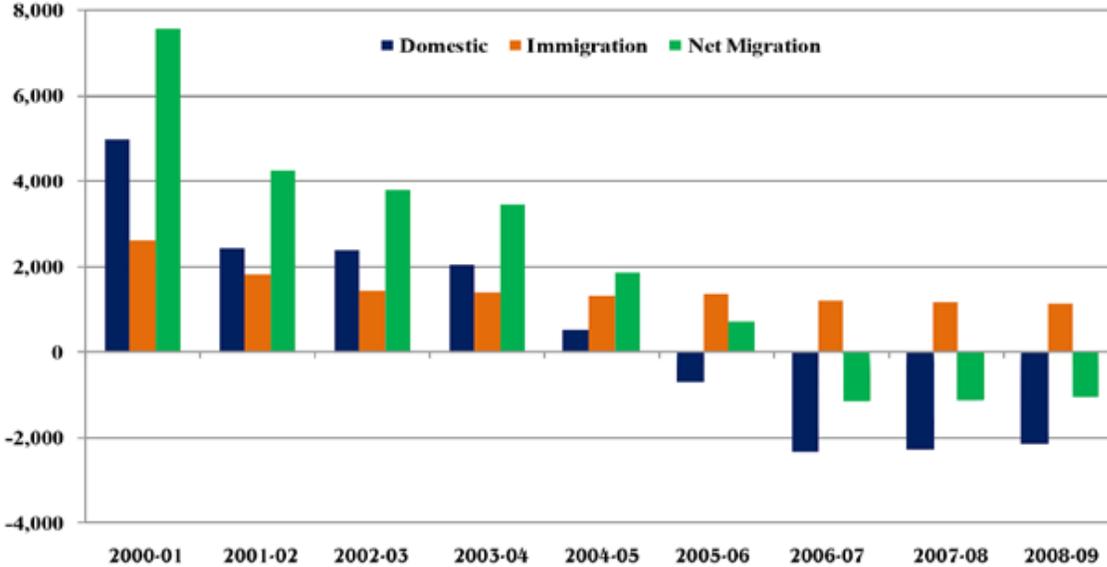
According to the 2010 U.S. Census, total population was 840,978, an increase of 6.7% over 2000. Macomb experienced a slowing of birth rates and an increasing of death rates, which resulted in a slower natural growth rate overall. It is projected that the population residing in Macomb County will reach 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.

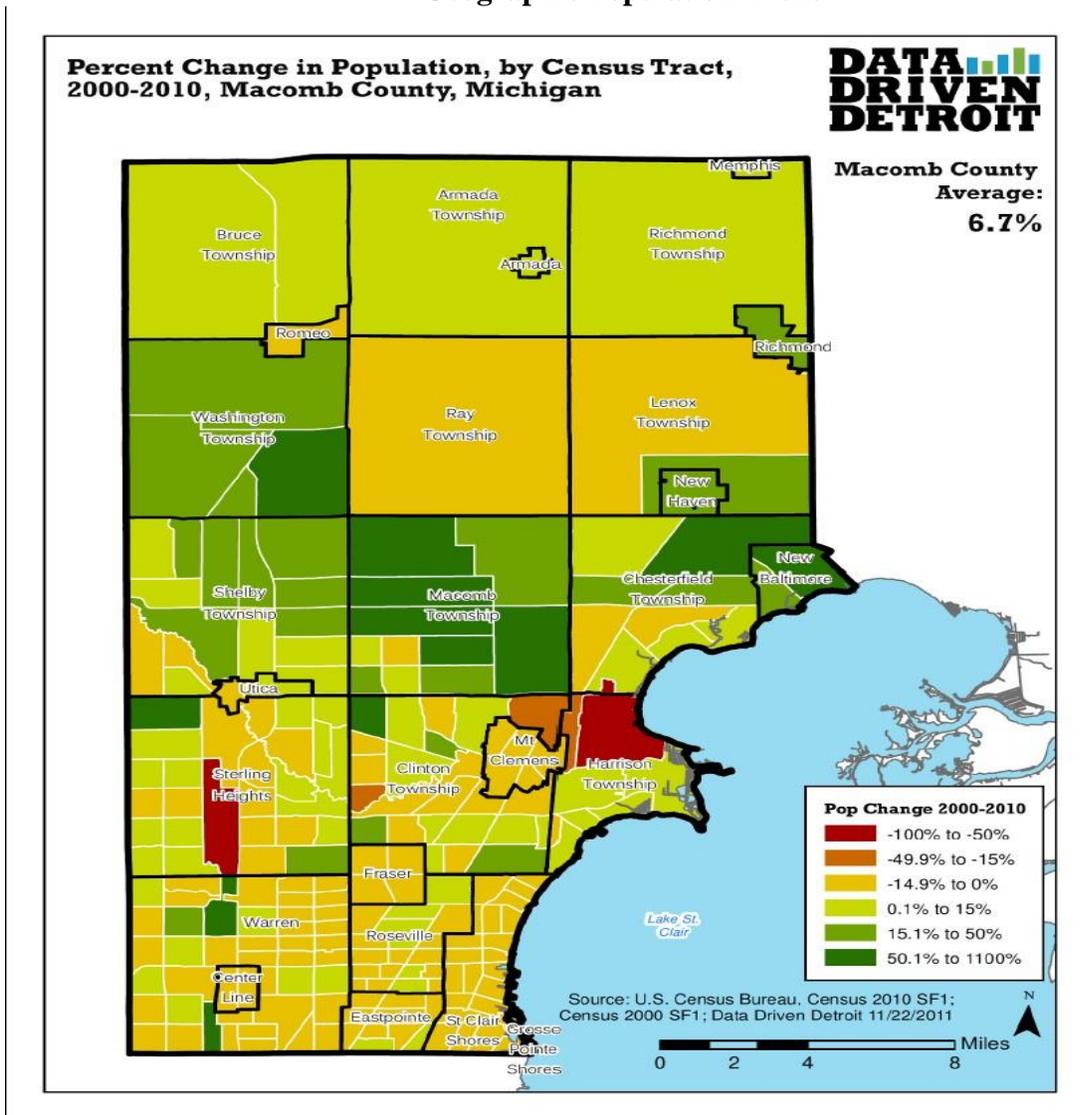
A Decade of Migration Trends for Macomb County



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

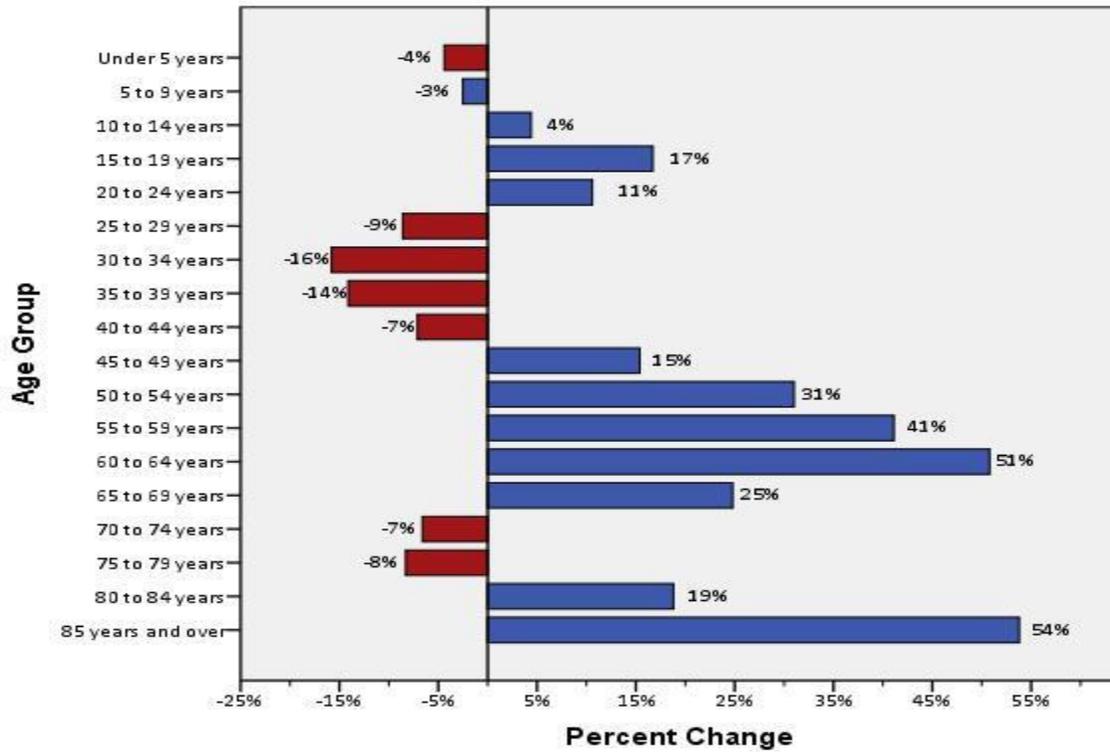


Source: New Macomb Report

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

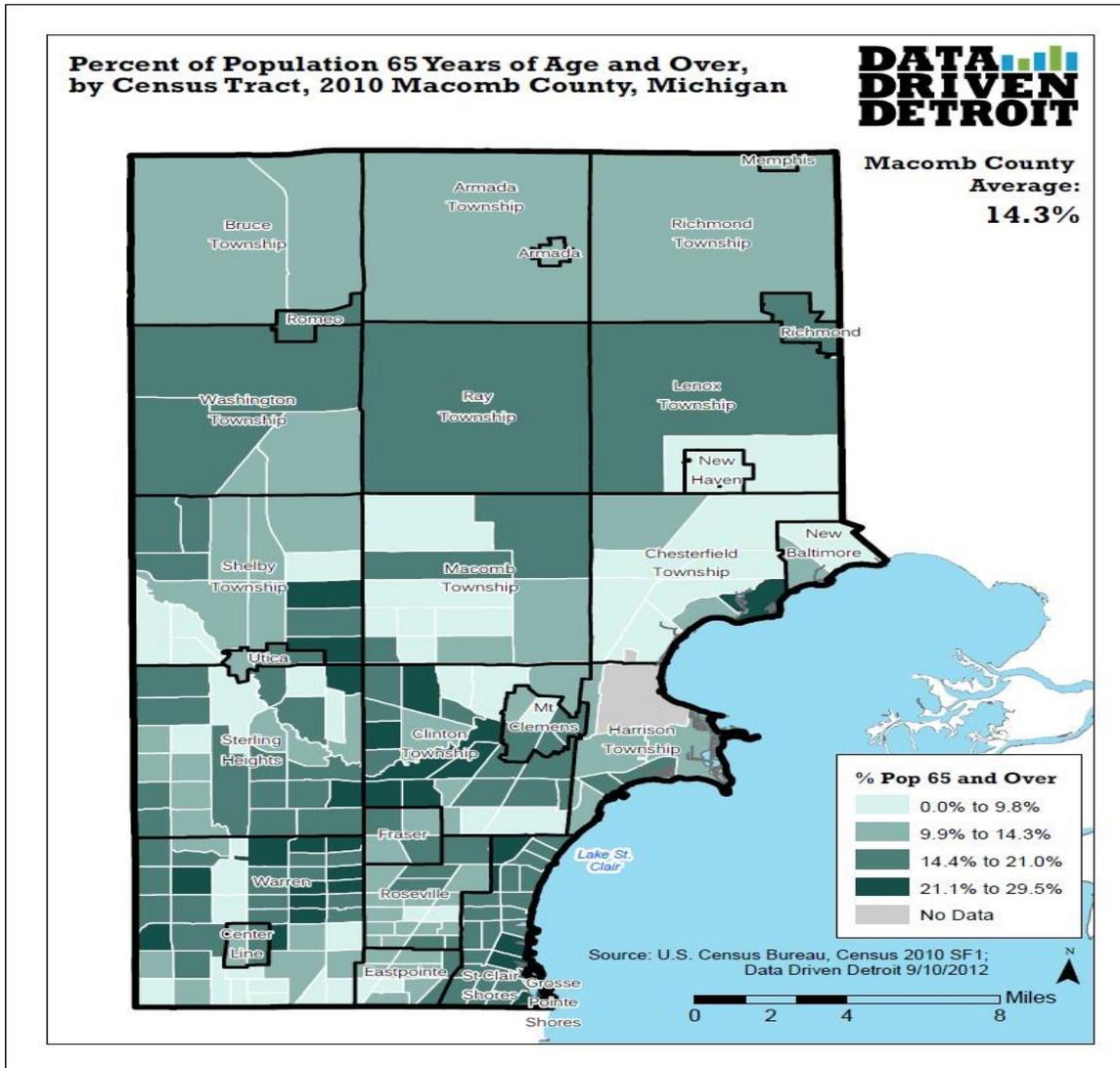


Source: U.S. Census Bureau and Data Driven Detroit as presented in the New Macomb Report.

Note: The anomalous pattern in 70-79 year olds is an artifact of the Depression and WWII.

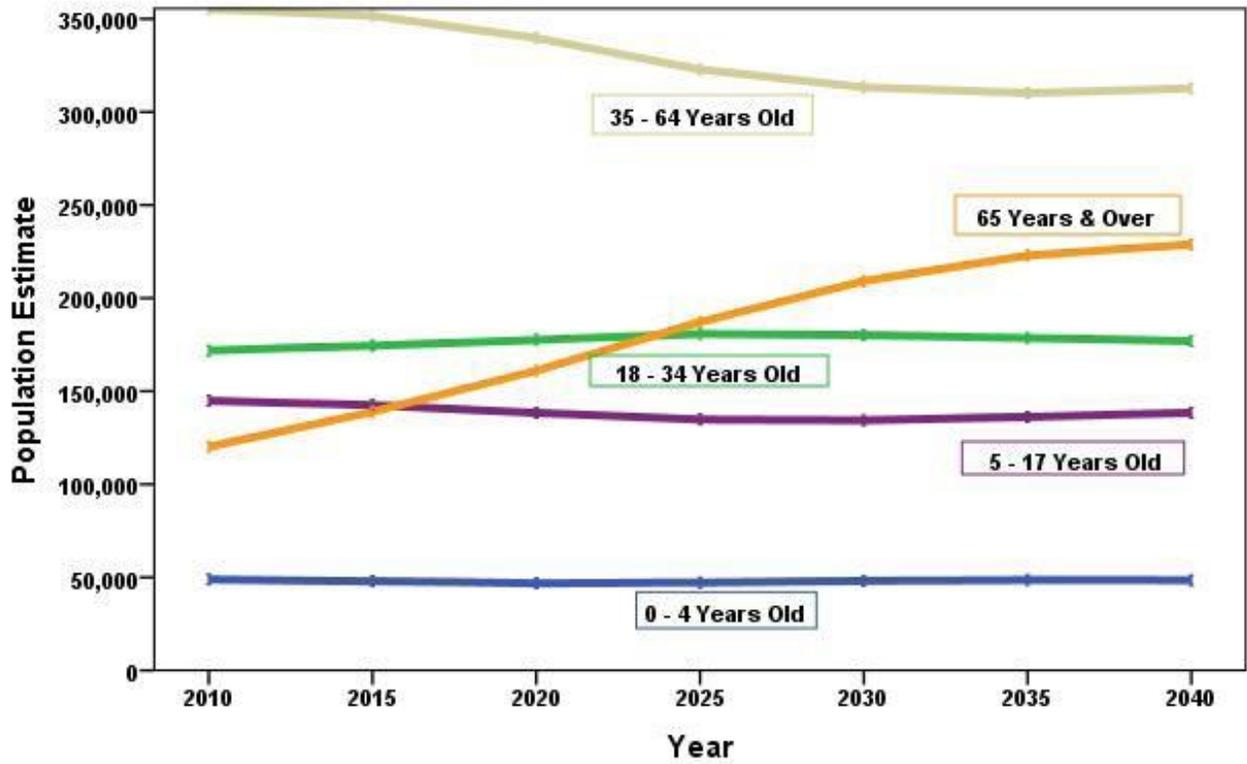
The Senior population in Macomb is widely distributed throughout all geographic areas. The map below shows the percent of population 65 years and older in each city/township of Macomb County.

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



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.

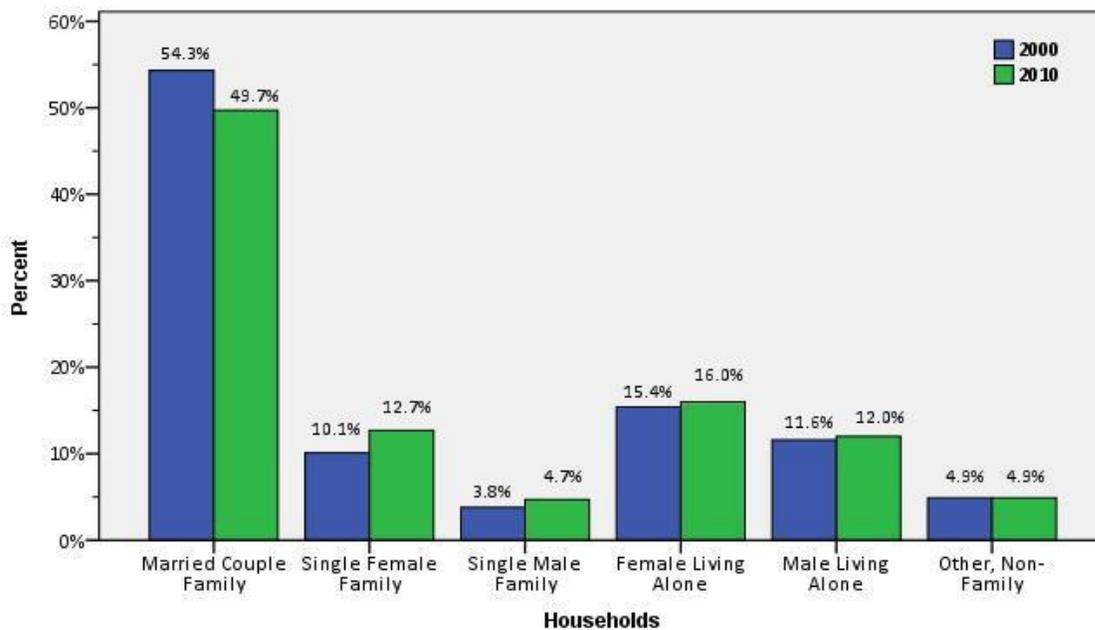
Macomb County Race / Ethnic Group	Population in Numbers	Percentage
White	705,693	84%
African American	72,053	9%
Asian	24,908	3%
Hispanic	19,905	2%
Two or More Races	15,907	2%
Native American	2,351	0%
Some Other Race	802	0%
Pacific Islander	168	0%

Source: Census 2010 SF1 Table P9 Hispanic or Latino or Not Hispanic or Latino by Race

Socioeconomic Characteristics

A significant trend in Macomb County household living arrangements has transpired in the last decade, with single parent households showing the largest increase in both the female and male categories. Married-couple families have fallen below 50% for the first time in County history. The New Macomb Report identified the increase in single parent families can be attributed to increasing divorce rates, increase of unwed births and the heavy migration of single-parent families from Wayne County into Macomb.

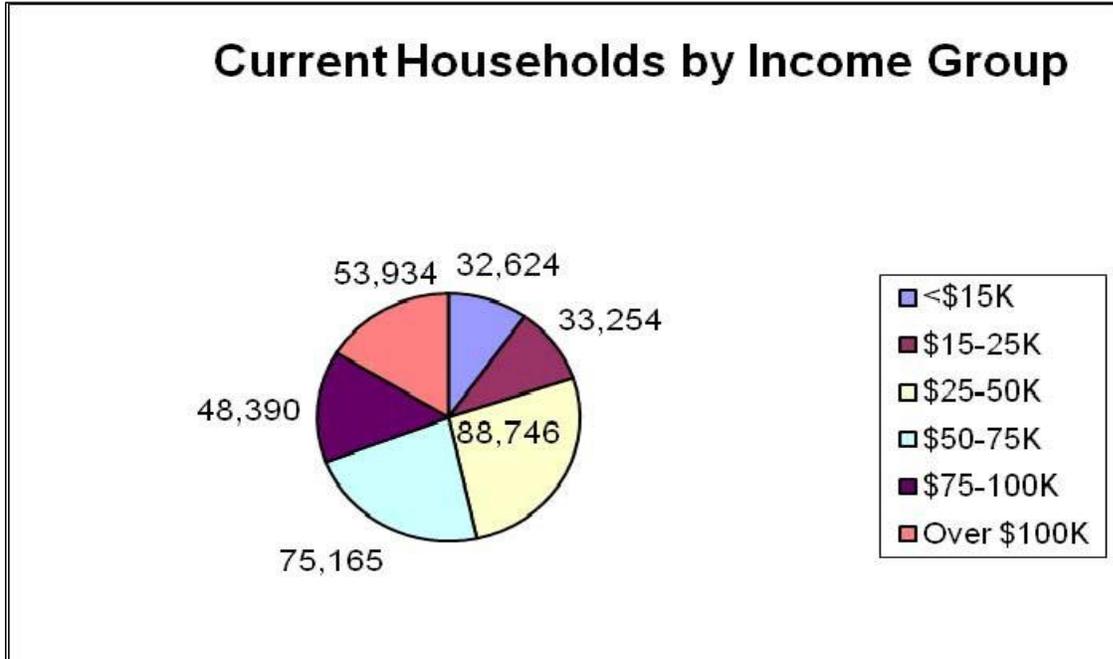
Household Living Arrangements for Macomb County Residents



Head of Household Statistics (2000 – 2010)

Source: U.S. Census Bureau.

Income Distribution by Current Households for Macomb County, 2010



2010, Claritas, Inc., 2010 Thomson Reuters

Income levels were fairly well distributed in Macomb County, with the majority of incomes falling in the \$25,000-\$75,000 range in 2010 demographic reports. Household incomes below \$15,000 were at 9.3%, which was below the U.S. rate of 12.1%.

The median income for Macomb County households in 2010 was \$49,100, which represented a 25% decrease from the \$68,178 reported in 1999 by Jim Jacobs, President of Macomb Community College, in his State of the County address.

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

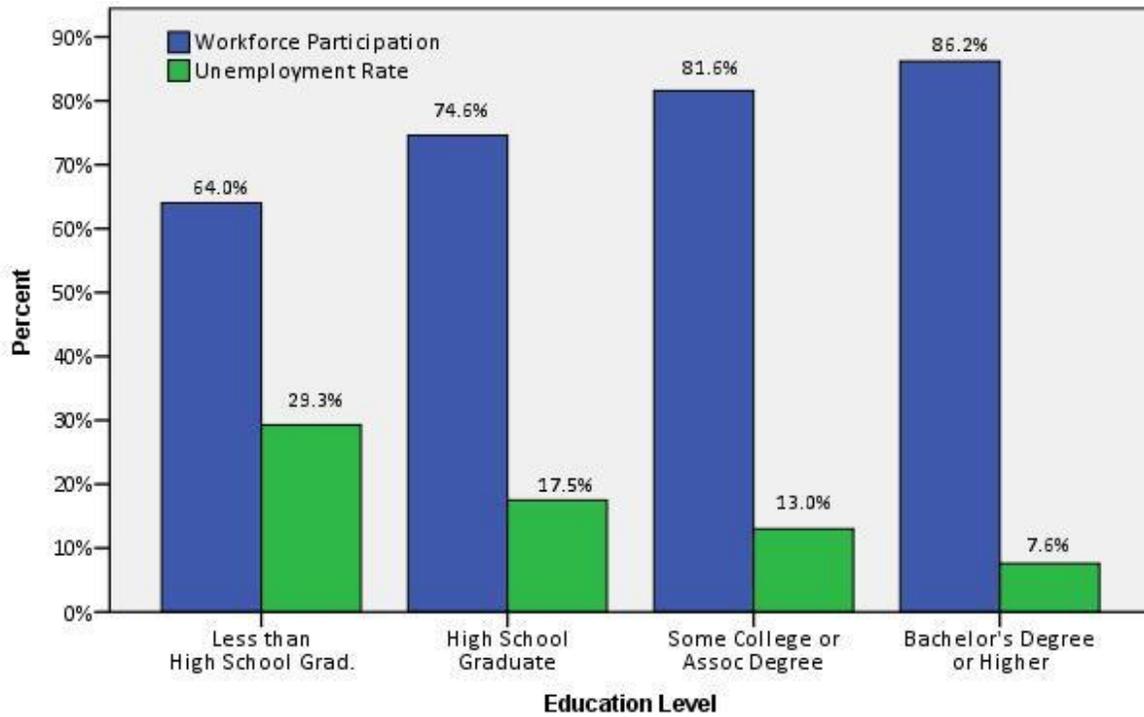
Educational Levels for Macomb County Residents

EDUCATION LEVEL – in Macomb County vs. U.S.	Education Level Distribution		
	Pop Age 25+	Macomb % of Total	USA % of Total
Less than High School	22,927	4.0%	6.4%
Some High School	49,294	8.6%	8.9%
High School Degree	180,497	31.6%	29.0%
Some College/Assoc. Degree	194,361	34.0%	28.2%
Bachelor's Degree or Greater	124,179	21.7%	27.5%
Total	571,258	100.0%	100.0%

Macomb County residents in the 45–64 and the 65 years + groups had the lowest college graduation rate among the neighboring counties. Macomb County residents aged 25–34 and 35–44 had rates comparable to state averages but below national averages.

According to the 2012 New Macomb Report, college enrollment of young Macomb adults is not high enough nor is Macomb’s college graduation rate high enough to attract businesses with high technology or high-skill jobs that the County needs for economic growth. Income levels cannot be expected to rise if educational attainment rates remain at such low levels.

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 9.8%. The table below presents poverty levels by city or township with the number of those below poverty and the percentage they represent of the city/township overall. The percentage of those in poverty for each city/township also is represented within the overall County figures. The cities of Warren and Sterling Heights and Clinton Township have the highest percentages of the County's residents who fall below the poverty level. These three communities make up over half of those below the poverty line in Macomb County.

“While results from the American Community Survey will be used sparingly, 2009 data do estimate the Sterling Heights poverty rate dropping slightly to 12.2% (though estimates of median household income showed Sterling Heights having more than a 30% decrease over the decade), while Warren's poverty rate jumped to 13.8%. Warren's share of the county's poor rose over the decade, in spite of the community's actual loss in total population.” (Community Needs Assessment, 2011).

**Number and Percent of Persons Below Poverty for Macomb County MCDs,
2000 Census**

Community	Persons in Poverty		Percent of County	Community	Persons in Poverty		Percent of County
	Number	Percent			Number	Percent	
Armada Township	103	2.0%	0.2%	Mount Clemens City	2,206	14.1%	5.0%
Bruce Township	333	4.1%	0.8%	New Baltimore City	255	3.5%	0.6%
Center Line City	1,099	13.3%	2.5%	Ray Township	69	1.8%	0.2%
Chesterfield Twp.	1,765	4.7%	4.0%	Richmond City	300	6.2%	0.7%
Clinton Twp.	5,500	5.8%	12.5%	Richmond Twp.	192	5.9%	0.4%
Eastpointe City	2,174	6.4%	4.9%	Roseville City	3,781	7.9%	8.6%
Fraser City	639	4.2%	1.5%	St. Clair Shores City	2,332	3.7%	5.3%
Harrison Twp.	1,399	5.7%	3.2%	Shelby Charter Twp.	2,391	3.7%	5.4%
Lake Twp.	2	3.8%	0.0%	Sterling Heights City	6,480	5.2%	14.7%
Lenox Twp.	727	10.1%	1.7%	Utica City	316	7.0%	0.7%
Macomb Twp.	1,038	2.1%	2.4%	Warren City	10,112	7.4%	23.0%
Memphis City	92	11.3%	0.2%	Washington Twp.	708	3.7%	1.6%

Source: Macomb County Community Services Agency Poverty Report 2007-2008

Macomb County ranks as the eighth lowest county throughout Michigan for poverty rates. However, 44,000 (5.6%) county residents still qualify with poverty status. Socioeconomic health varies throughout the county with Mount Clemens rating as the highest in poverty at 14.1%, followed by Centerline (13.3%), Memphis (11.3%) and Lenox (10.1%).

Poverty levels vary across ethnic groups in the County. The table below highlights poverty by race/ethnicity. It further presents poverty levels for children within each ethnic group. Poverty rates for the African American population are more than three times that of the White, non-Hispanic population and this gap increases when children are factored in.

Poverty by Age and Race/Ethnicity for Macomb County, 1999

	Percent of All Persons	Percent of Children
White	5.1%	6.3%
African American	16.0%	22.8%
Native American	9.6%	13.4%
Asian/Pacific Islander	7.3%	6.1%
Two or more races	13.7%	16.3%
Hispanic/Latino	9.5%	11.7%

Source: Census Bureau as presented in the Macomb County Community Services Agency Poverty Report 2007-2008

Collectively, 7.3% of Macomb County's children live in poverty. Children under six are more likely than other age groups to live in poverty (8%). These rates are significantly lower than state and national levels.

**Deaths and Crude Death Rates for the Ten Leading Causes of Death, Macomb County and Michigan Residents, 2010
And United States Residents, 2008**

Rank MI	Cause of Death	Number of Deaths			Rate of Deaths		
		Macomb	MI	U.S	Macomb	MI	U.S.
1	Heart Disease	2,124	23,044	617,527	255.5	231.1	203.1
2	Cancer	1,752	20,174	566,137	210.7	202.4	186.2
3	Chronic Lower Respiratory Diseases	406	4,491	141,075	48.8	49.6	46.4
4	Stroke	361	4,415	133,750	43.4	44.3	44.0
5	Unintentional Injuries	323	3,671	121,207	38.8	36.8	39.9
6	Diabetes Mellitus	261	2,689	70,601	31.4	27.0	23.2
7	Alzheimer's Disease	158	2,552	82,476	19.0	25.6	27.1
8	Kidney Disease	179	1,699	48,283	21.5	17.0	15.9
9	Pneumonia/Influenza	121	1,540	56,335	14.6	15.4	18.5
10	Intentional Self-harm (suicide)	126	1,164	35,933	15.2	11.7	11.8
	Subtotal	5,811	65,889	1,873,324	698.9	660.9	616.1
	All other causes	1,761	20,421	599,375	211.8	204.8	197.1
	Total	7,572	86,310	2,472,699	910.7	865.7	813.2

Note: Rates are per 100,000 population. 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: 2010 Michigan Resident Death File, Division for Vital Records & Health Statistics, Michigan Department of Community Health; Population Estimate (latest update 9/2012), National Center for Health Statistics, U.S. Census Populations With Bridged Race Categories; National Center For Health Statistics. Deaths : Preliminary Data for 2008. National vital statistics reports; vol 59 no 2. Hyattsville, MD: National Center for Health Statistics.

The table ranks the health issues of Macomb County compared to Michigan and US death rates. When this data is broken down into those which consumed over 250 deaths in Macomb County per year and with death rate occurrences higher than the state of Michigan death rates the top health issues highlighted are areas of concern and focus for Macomb County residents. These areas include heart disease, cancer, unintentional injuries and diabetes.

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 most recent BRFSS conducted in Macomb County was in 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.

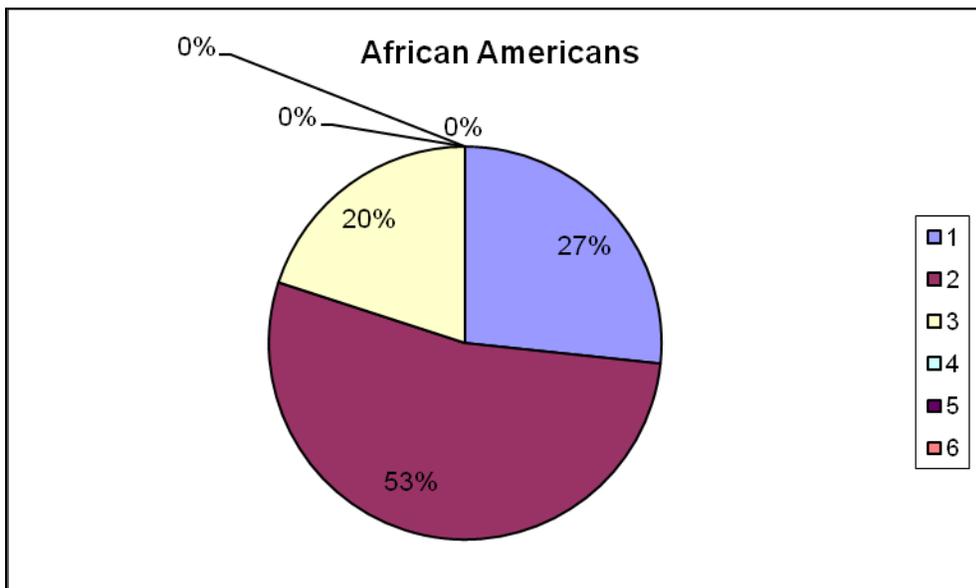
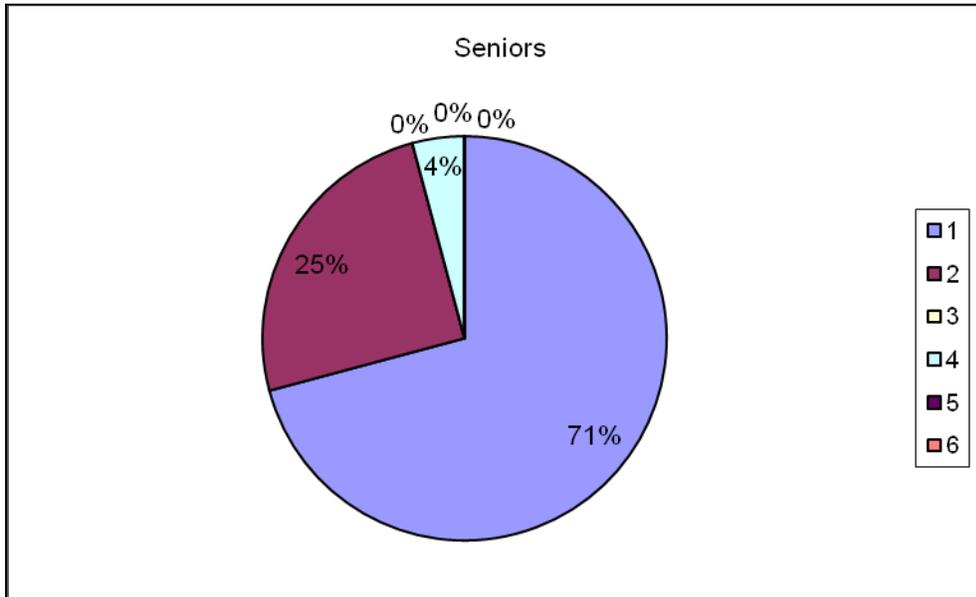
McLaren Macomb Community Health Assessment Results

McLaren Macomb has been actively seeking community input on the perceived health status and health care usage behaviors. Collection methods include:

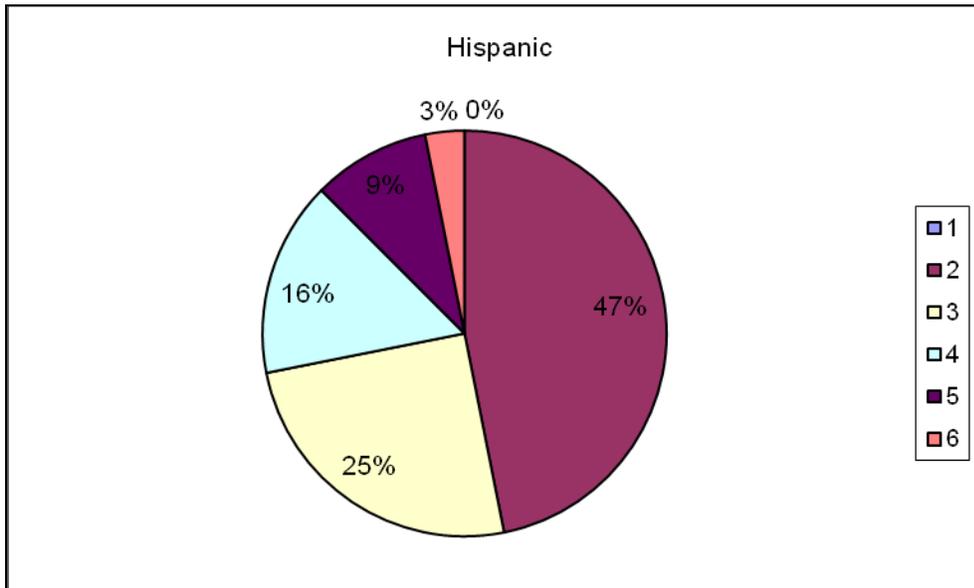
- A questionnaire was created based upon the Behavioral Risk Factor Survey. An abridged format of the surveys was made available to the public through the local chambers of Commerce and McLaren Macomb’s monthly newsletter. The survey was accessible through Survey Monkey.
- An internal focus group was held with key service department directors within the hospital to determine obstacles to receiving care. The key service lines included in the group were diabetes, respiratory care, and the heart failure clinic. The key obstacles identified were lack of transportation, no insurance or insurance with a high deductible, lack of money to cover required medicine and educational comprehension. It was also expressed that obstacles to health improvement included lack of motivation, time and support at home among participants.
- 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 included two senior centers, a YMCA, and two ethnic focused churches. Three main populations groups were addressed: Seniors, African Americans and Hispanics. Data gathering from surveys and focus groups were conducted over a four-month period from February – May 2013.

The following tables depict the questions asked and the responses from each of the population groups:

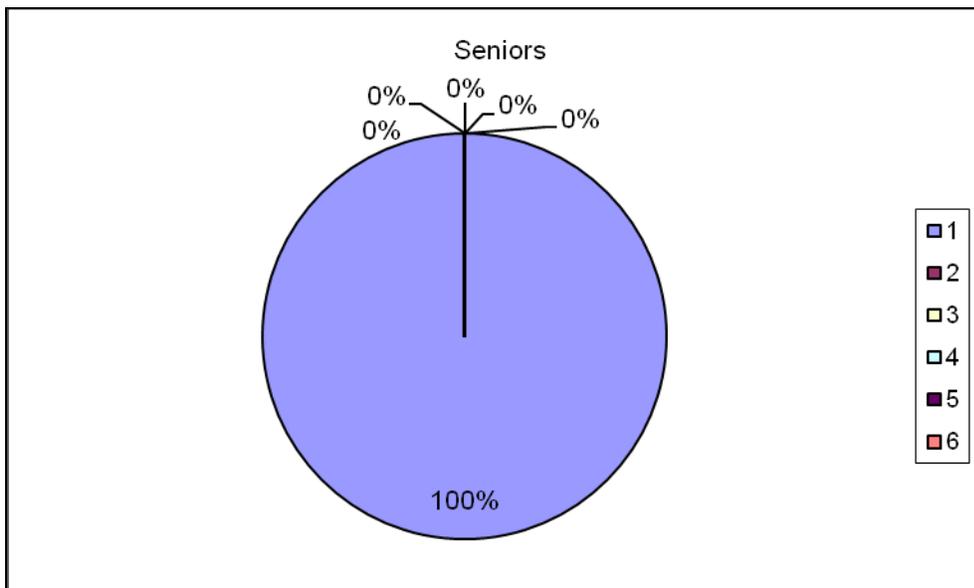
How many adults reside in your household?



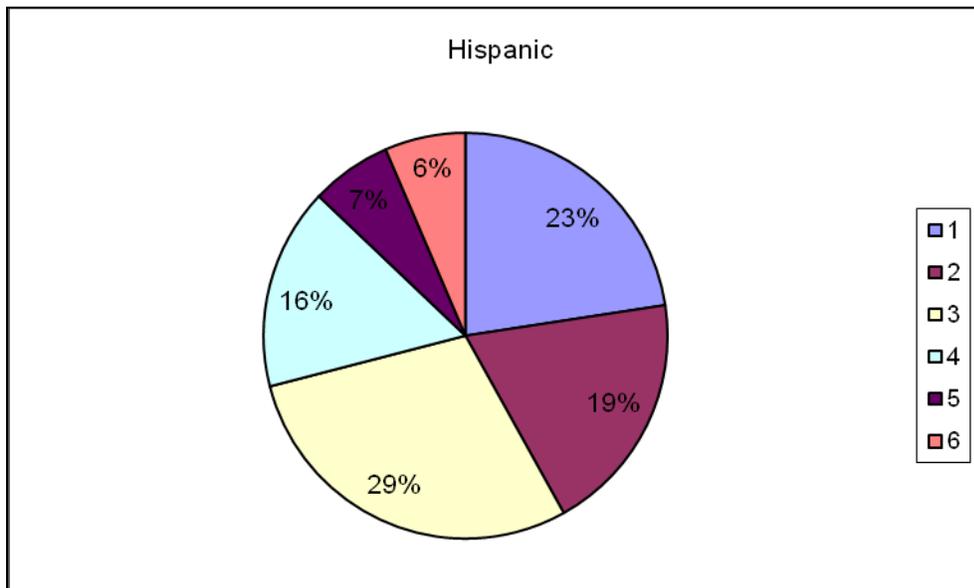
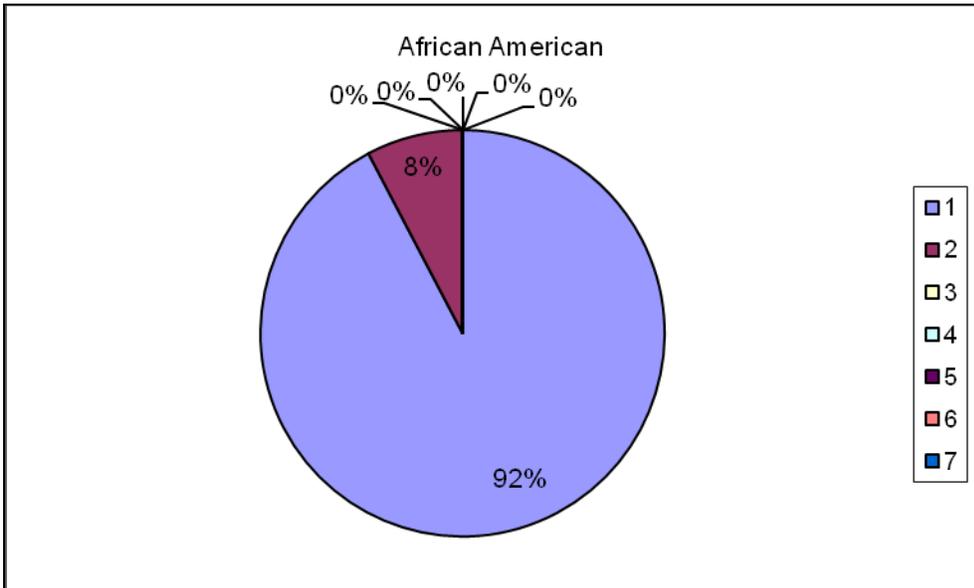
How many adults reside in your household? (cont'd)



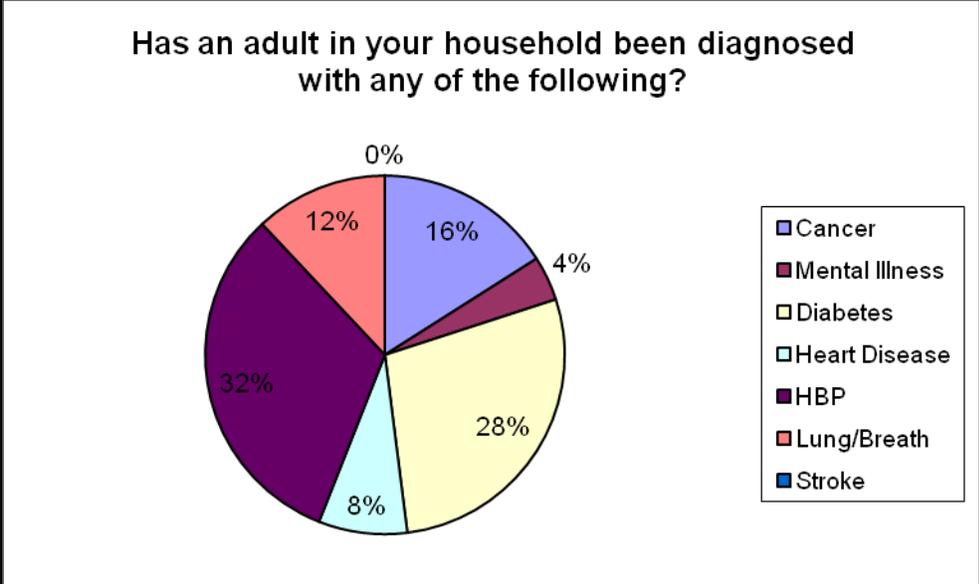
How many children reside in your household?



How many children reside in your household? (cont'd)



The majority of the groups interviewed lived in a household with 1-2 adults and zero to one child. The Hispanic population reported more diverse findings, with 2-6 adults living in a household with up to five children.



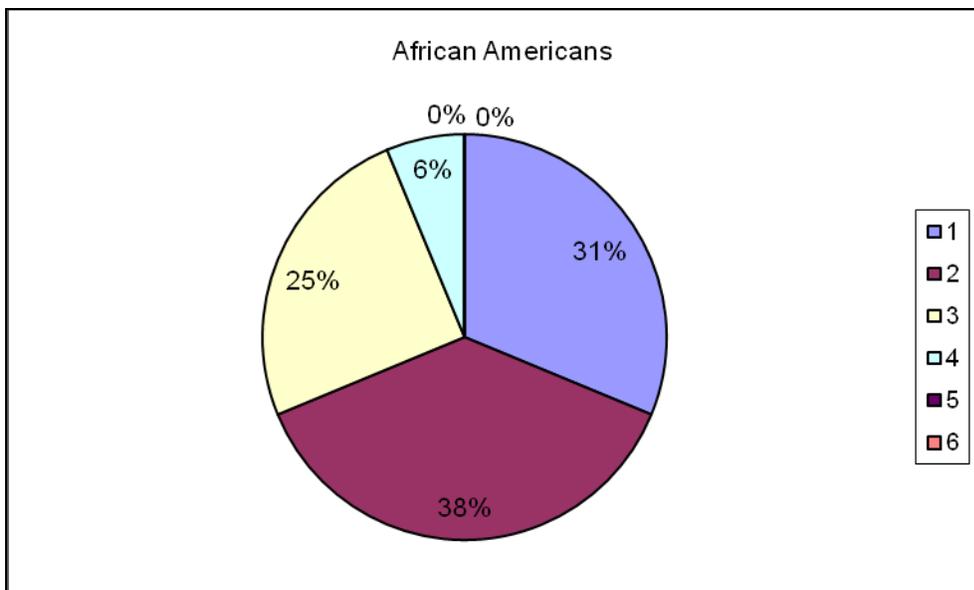
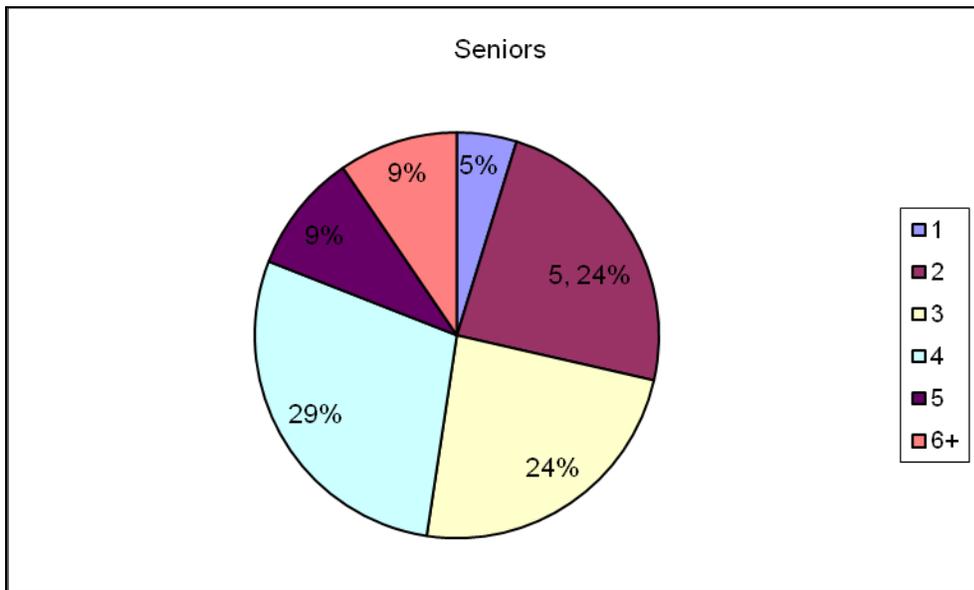
The above chart illustrates that high blood pressure, diabetes and cancer were the top three health issues reported in the focus groups among all populations. The chart below breaks each of the health issues down to demonstrate prevalence among populations groups.

Diabetes is reported the most among the Hispanic population followed by African Americans and Seniors, respectively. McLaren Macomb’s finding showed 32.9% of respondents as being diagnosed with diabetes. This is significantly higher than the percentage reported in the 2009 Macomb County BFRS, which found 8.5% of respondents reporting they had been diagnosed with diabetes.

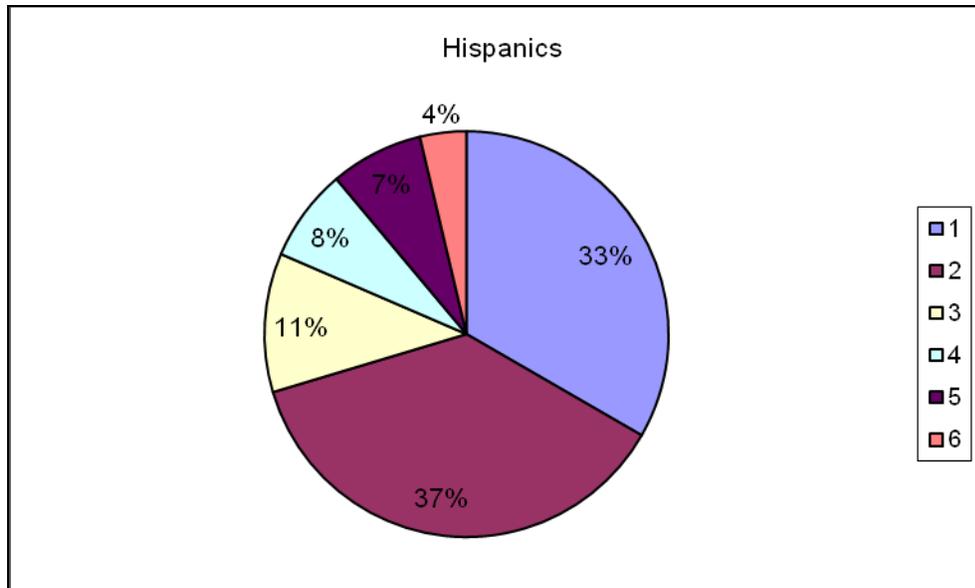
High Blood Pressure is highest among the African American population followed by the Senior and Hispanic populations, respectively. McLaren Macomb’s survey results demonstrated 28.95% of participants reported high blood pressure as compared to the 2009 BFRS finding of 30.8%.

Cancer was reported highest among Seniors, followed by African Americans and then Hispanics. Overall, respondents had a 10.5% occurrence of diagnosed cancer.

How many servings of fruits and vegetable do you usually eat each day?

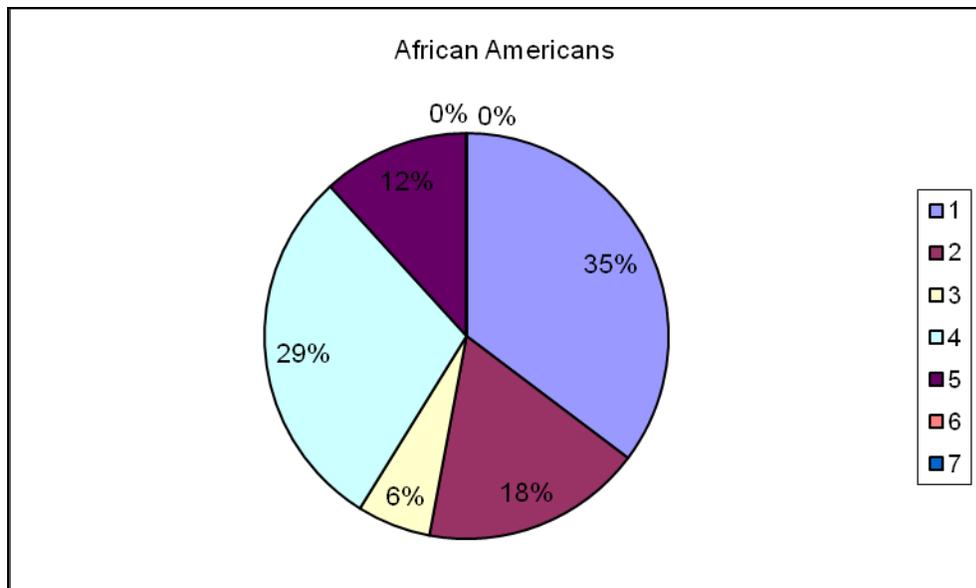
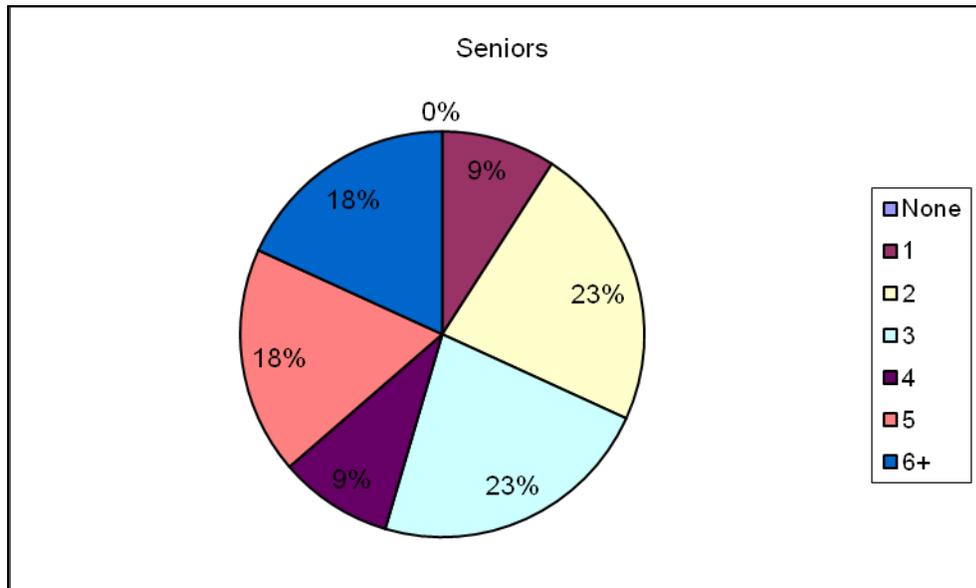


**How many servings of fruits and vegetable do you usually eat each day?
(cont'd)**

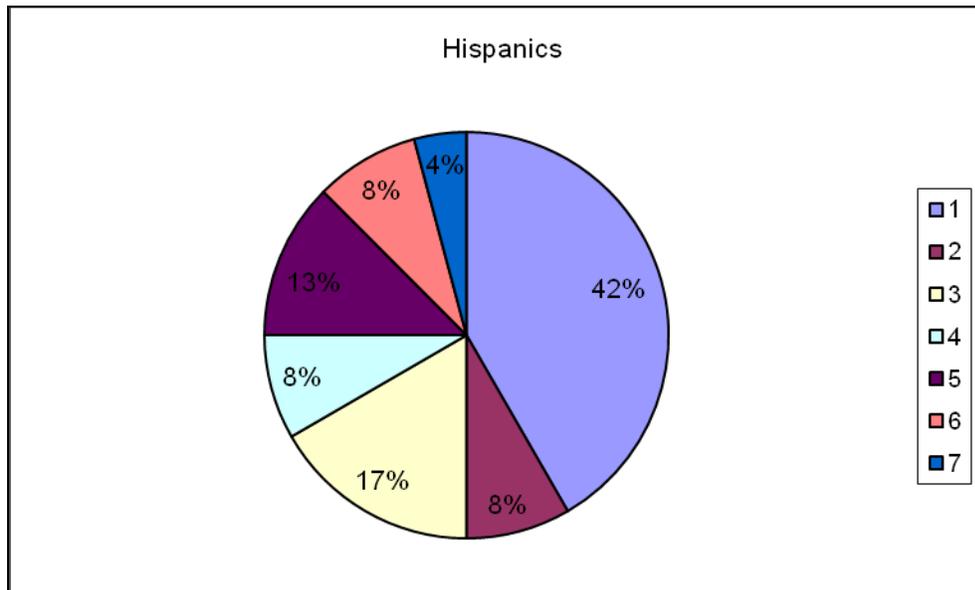


Eating the recommend five servings of fruit and vegetables a day was lacking for most populations, especially African Americans. The Senior and Hispanic populations had a few reported individuals meeting or exceeding the Recommended Daily Servings by the USDA. 89% of respondents reported eating less than the recommended five or more servings. This is slightly higher than the 2009 Macomb BFRS finding of 85.4%.

How many days of the week do you exercise of at least 30 minutes?

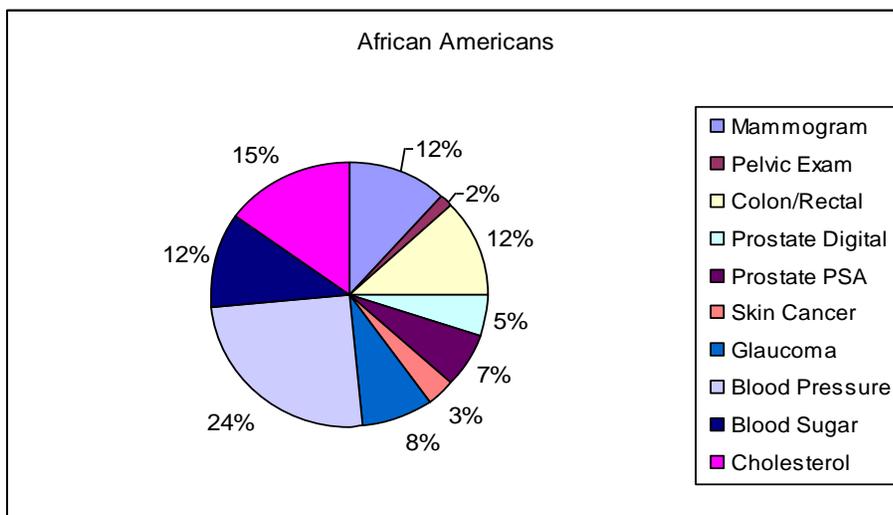
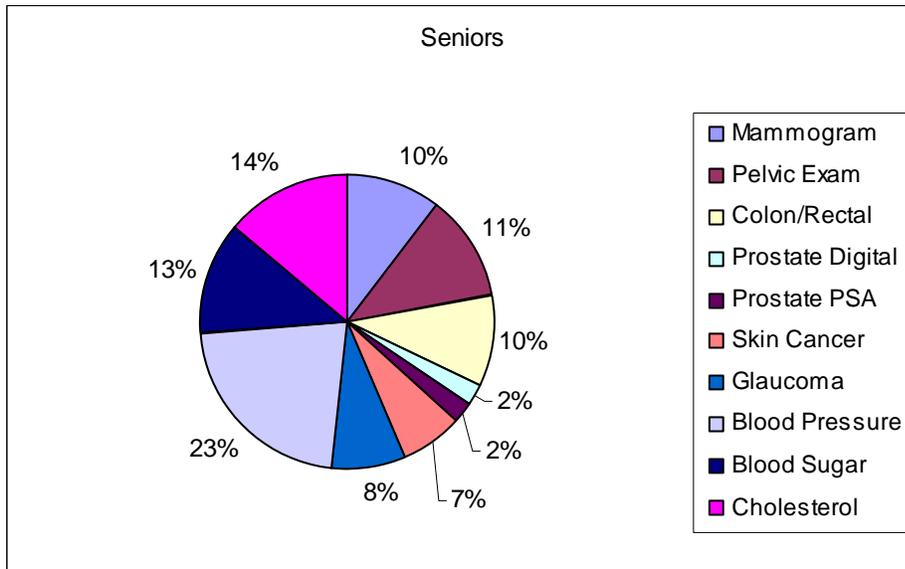


How many days of the week do you exercise of at least 30 minutes? (cont'd)

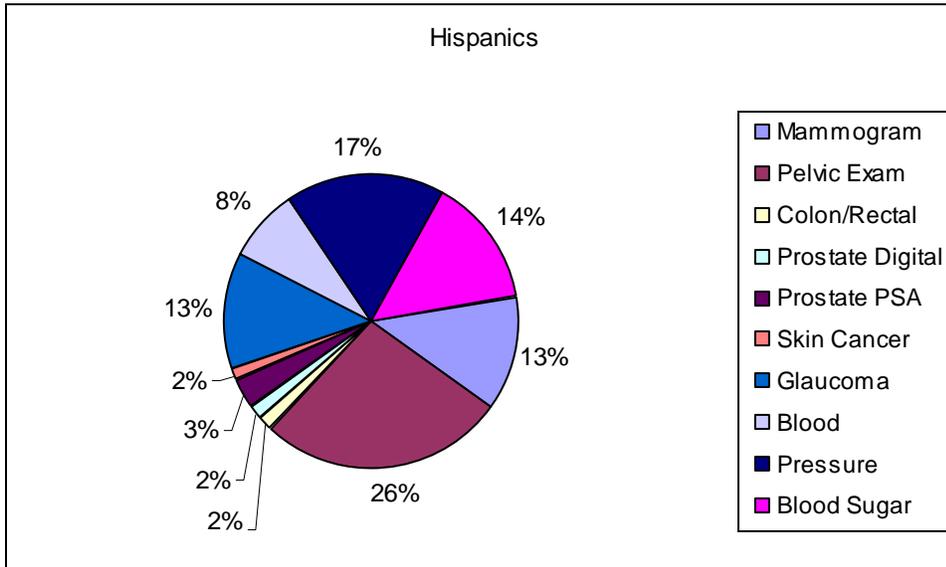


Number of days that an individual exercised for 30 minutes or more on 3-6 days per week was highest among Seniors. African Americans and Hispanics reported a significant number of individuals exercising no days per week. McLaren Macomb's results were similar to the 2009 BFRS, with 25% of respondents self-reporting no participation in physical activity for 30 minutes or more. 47.6% of respondents reported meeting the minimum requirement of 3 days or more of exercise for 30 minutes or more per week.

Which of the following diagnostic or screening exams have you had performed in the last year?



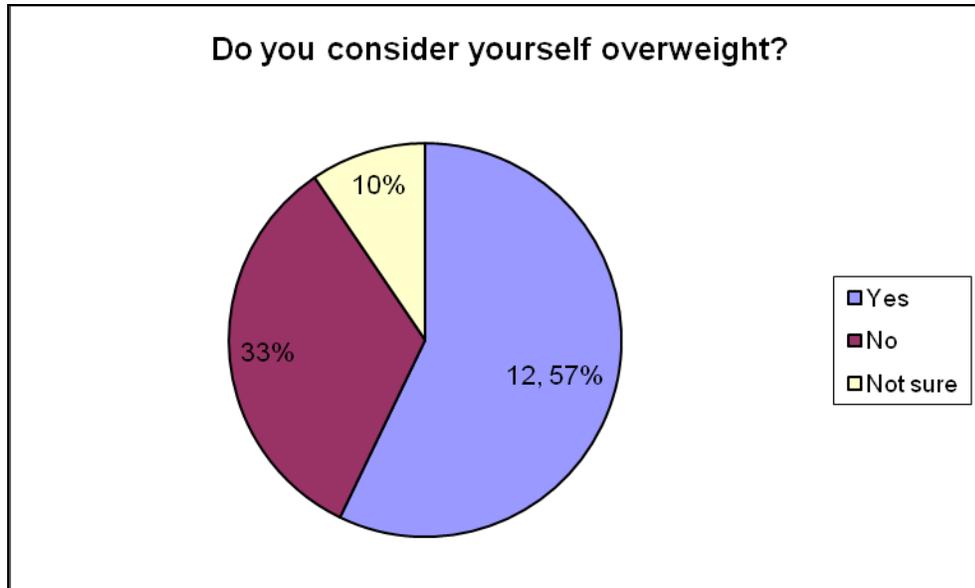
Which of the following diagnostic or screening exams have you had performed in the last year? (cont'd)



Self-reporting of receiving screening tests on the following health concerns were well distributed. The lowest screening reports were identified for prostate, both digital and PSA, skin cancer and glaucoma.

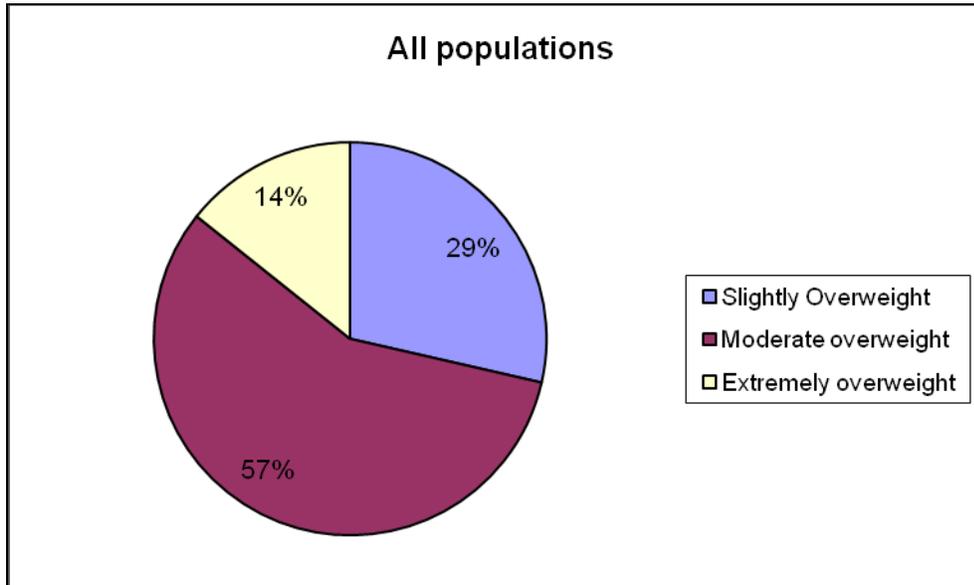
Looking at the individual population groups, Seniors participated in blood pressure, cholesterol and blood sugar screenings the most among the given categories. African Americans participated in blood pressure screenings the most, followed by cholesterol. Mammogram, pelvic and blood sugar screenings were all closely tied for the third highest screenings conducted. The Hispanic population engaged in pelvic, blood sugar and cholesterol screenings at the highest rate.

Do you consider yourself overweight?

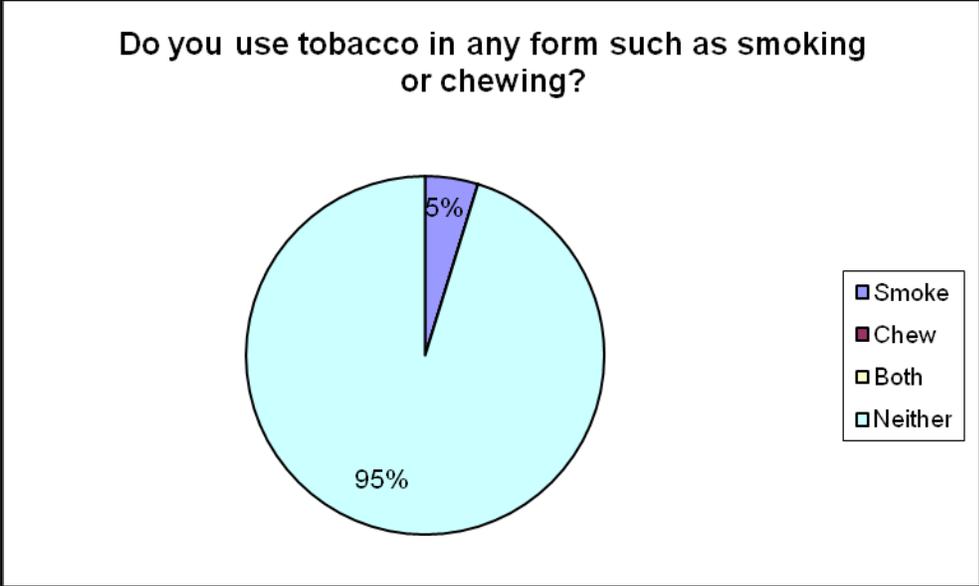


Seniors and African Americans had the highest consideration for being overweight. The majority of Hispanics answered no and unsure of weight status. Our CHNA survey resulted in 44.6% of participants reporting to be overweight. In 2009, 37.7% of adults reported to be overweight in Macomb County.

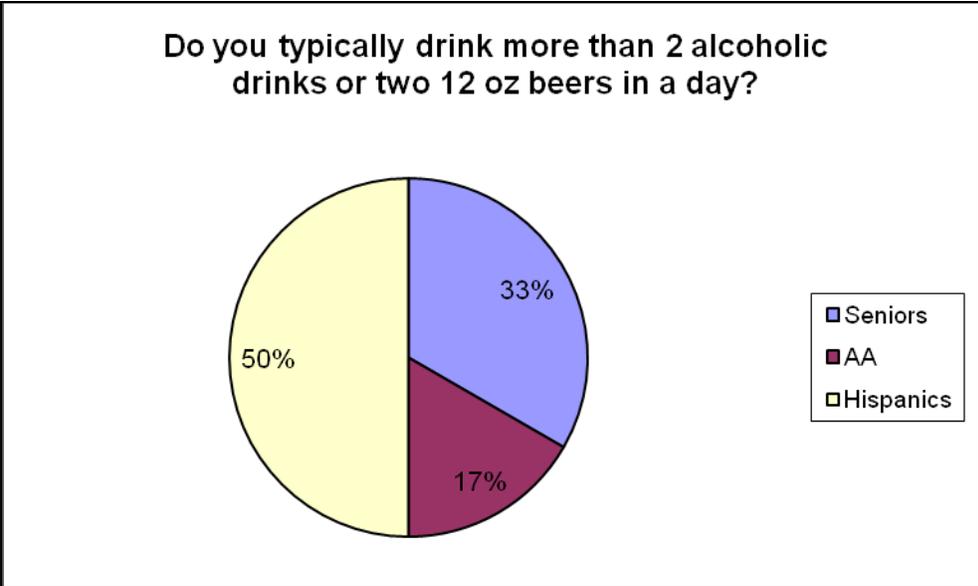
If you answered yes to being overweight, please check one category?



Of the individuals who admitted being overweight, Seniors and Hispanics reported the most at moderately overweight. African Americans reported slightly overweight. Of those who responded to being overweight, 44% reported themselves as slightly overweight, 46% as moderately overweight and 10% as extremely overweight.

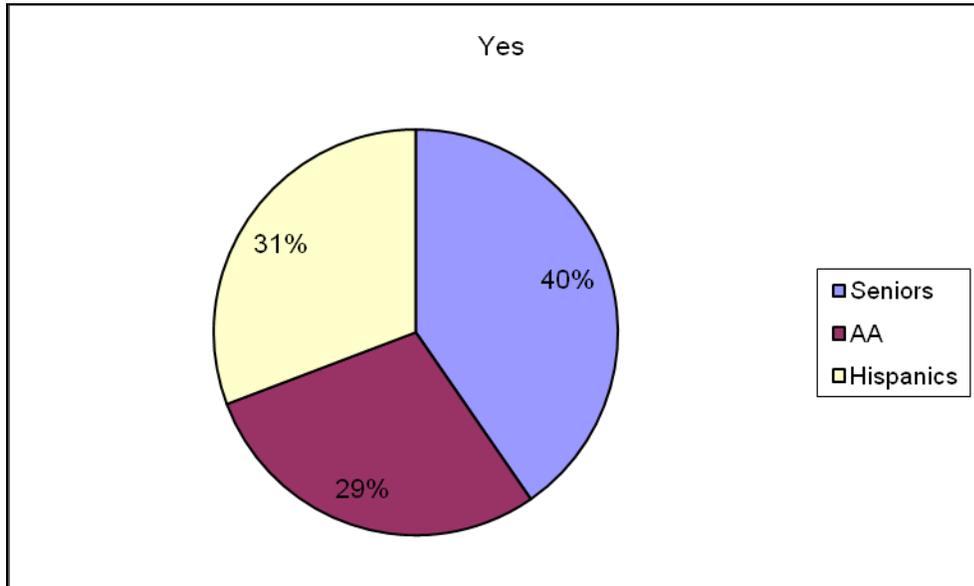


The number of non-smokers in the overall populations interviewed was higher than smokers. The Hispanic population reported the highest number of smokers, followed by Seniors. No African Americans surveyed reported to being smokers.



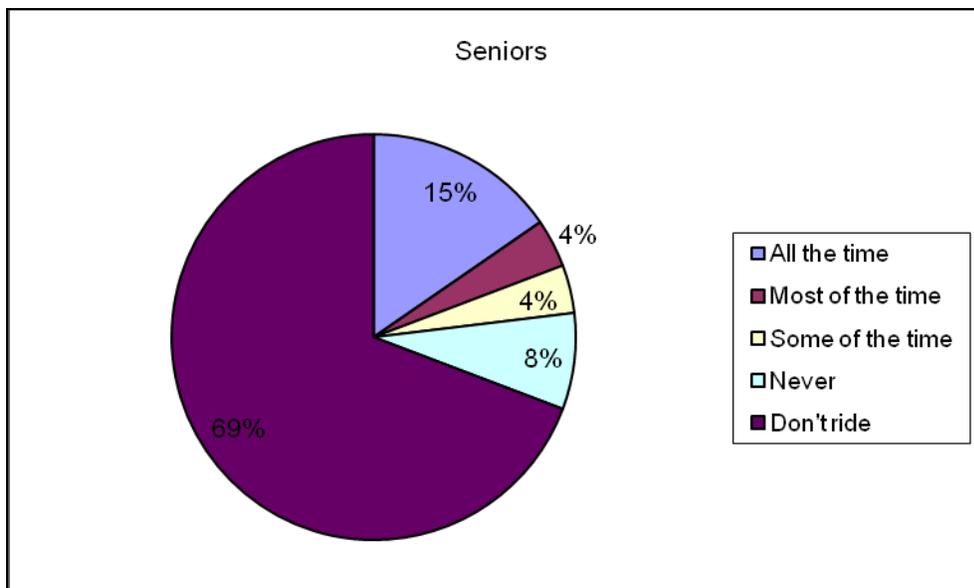
The Hispanic population reported the highest number of responses, with participants engaging in more than two alcoholic drinks per day, followed by Seniors and then African Americans.

Do you take vitamin or mineral supplements?

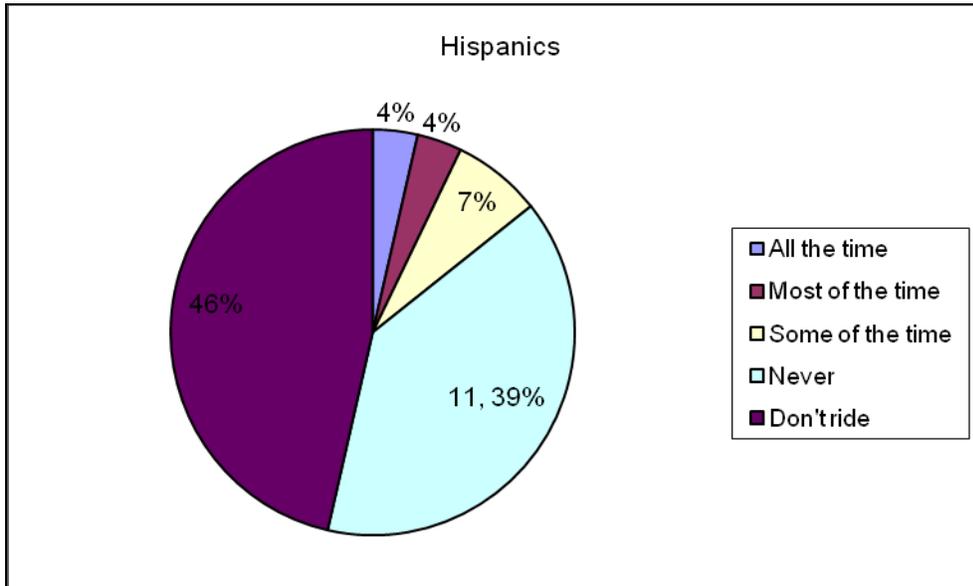
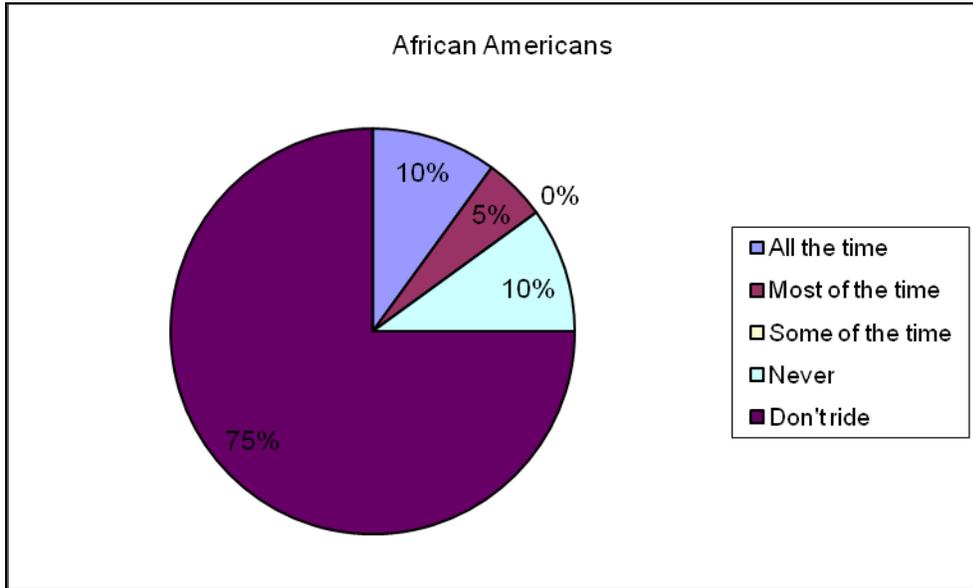


Most of the participants among each of the population groups reported taking vitamin or mineral supplements.

Do you wear a helmet when riding a bicycle or motorcycle?

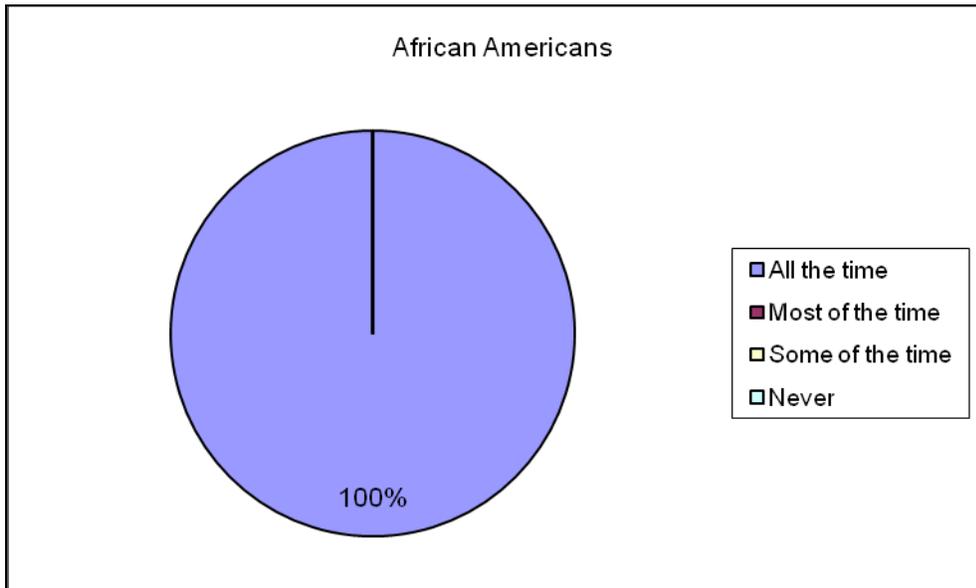
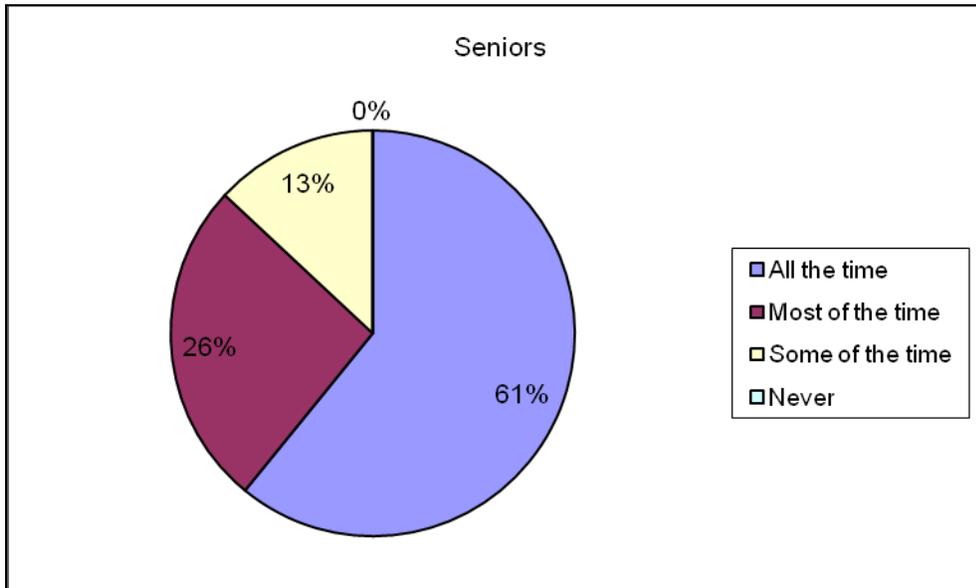


Do you wear a helmet when riding a bicycle or motorcycle? (cont'd)

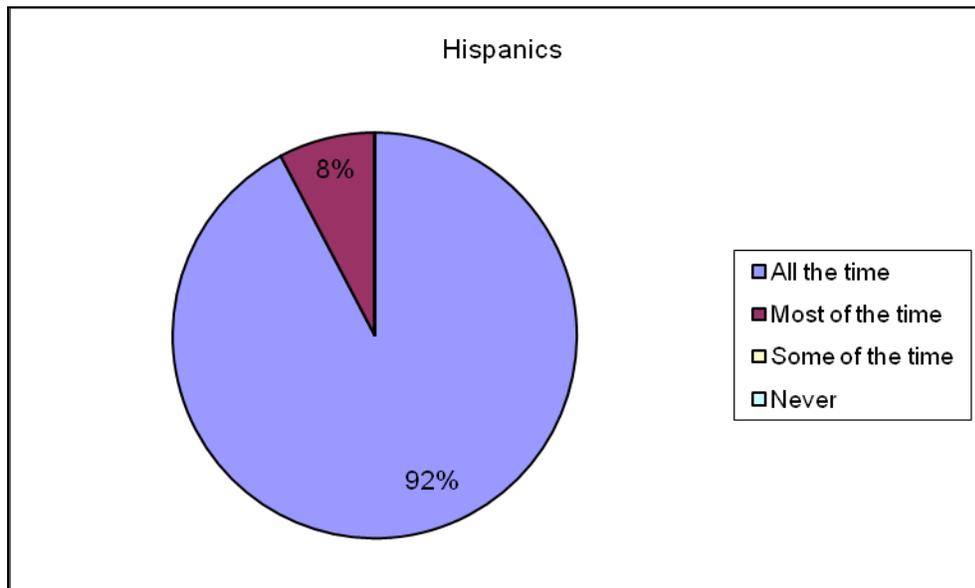


The majority of participants among all populations reported that they do not ride a bicycle or motorcycle at all. However, all groups did have some participants that actively wear helmets when riding.

Do you wash your hands regularly before preparing or eating meals?



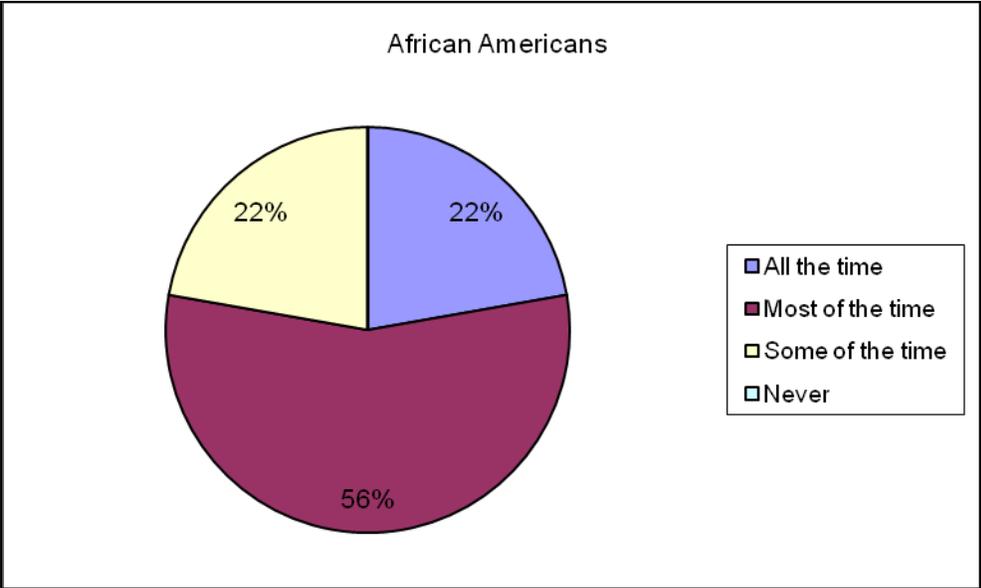
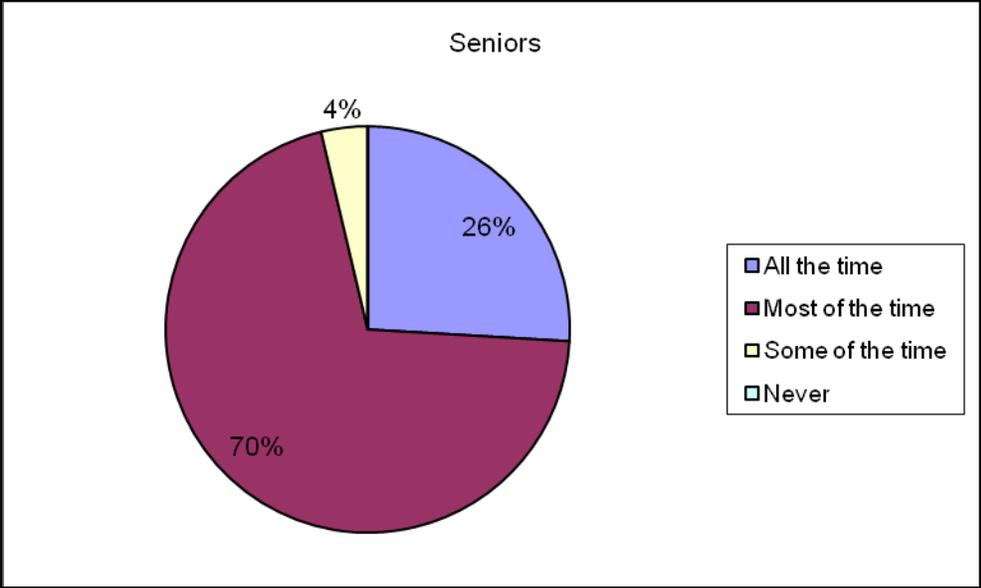
Do you wash your hands regularly before preparing or eating meals? (cont'd)



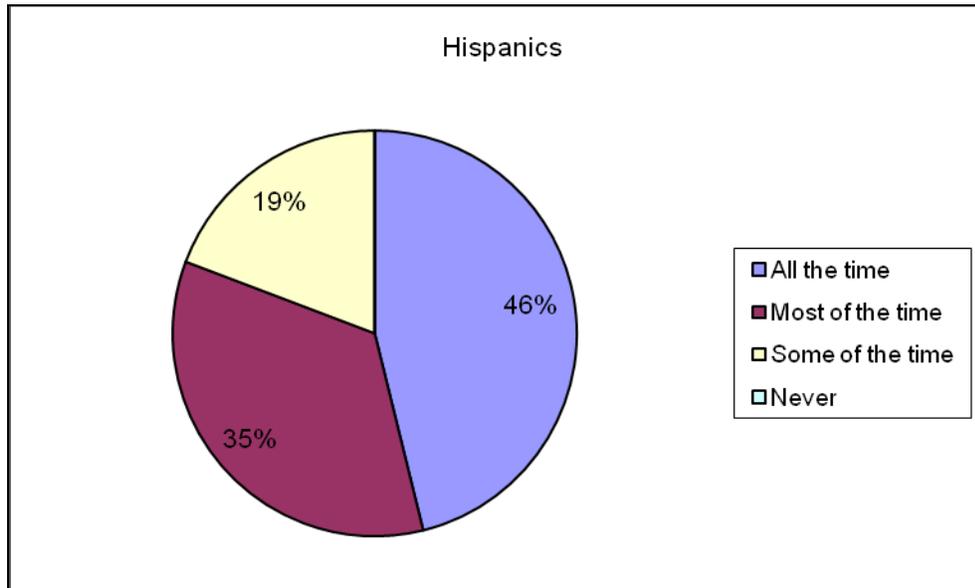
The majority of each population group reported that they washed their hands before preparing or eating meals all the time. Some Seniors reported that they washed their hands most or some of the time. A small number of participants noted they washed their hands most of the time. No individuals reported never washing their hands.

The next series of questions asked about the participant's mental health. Regarding happiness, the highest number of participant responses occurred in the "I am happy about my life most of the time". Hispanics reported the highest number of responses in happy all the time.

I am happy about my life

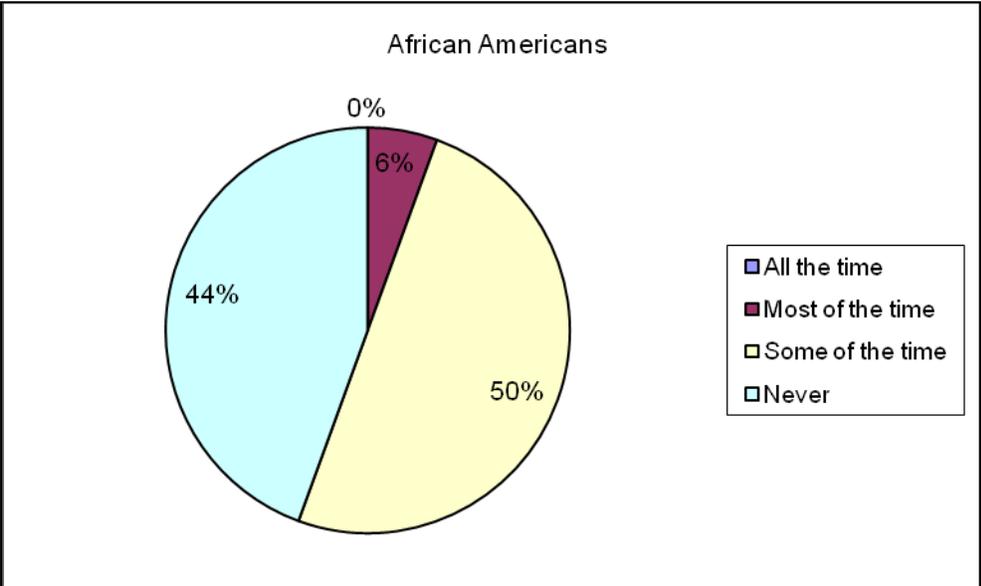
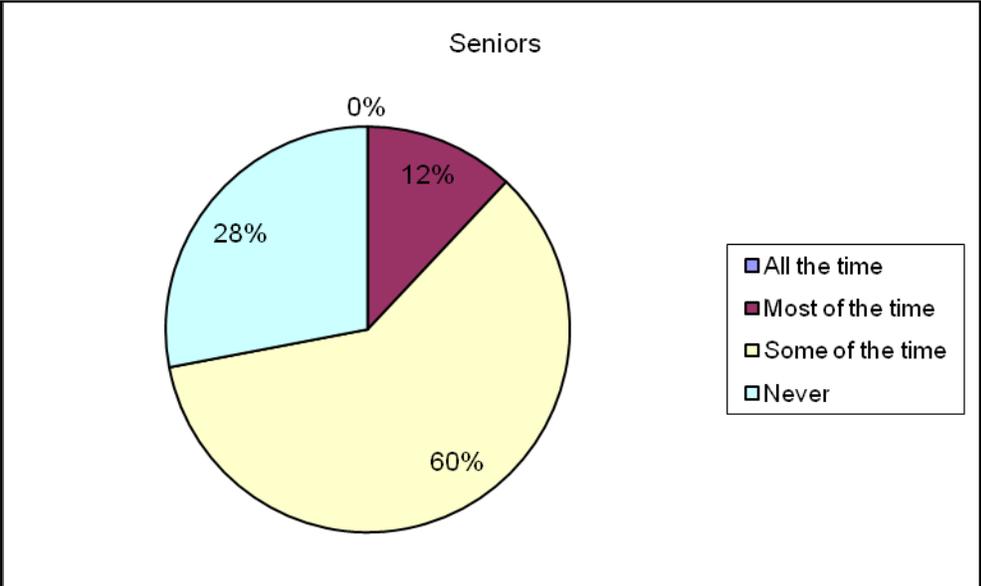


I am happy about my life (cont'd)

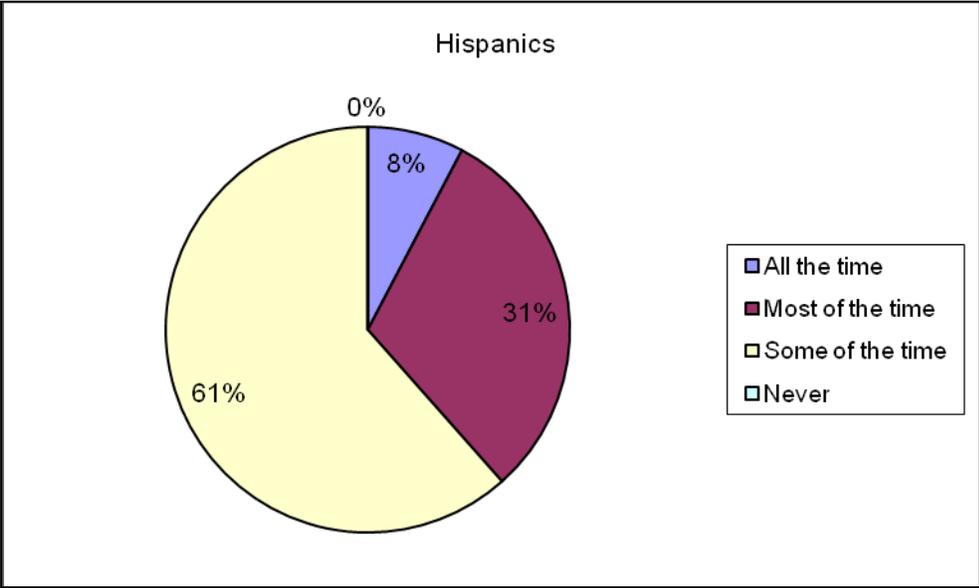


The highest number of responses for all populations reported that they felt stressed out some of the time. Hispanics reported the highest levels of stress (all the time and most of the time feeling stressed out). Both Seniors and African Americans reported the second highest responses in never feeling stressed out.

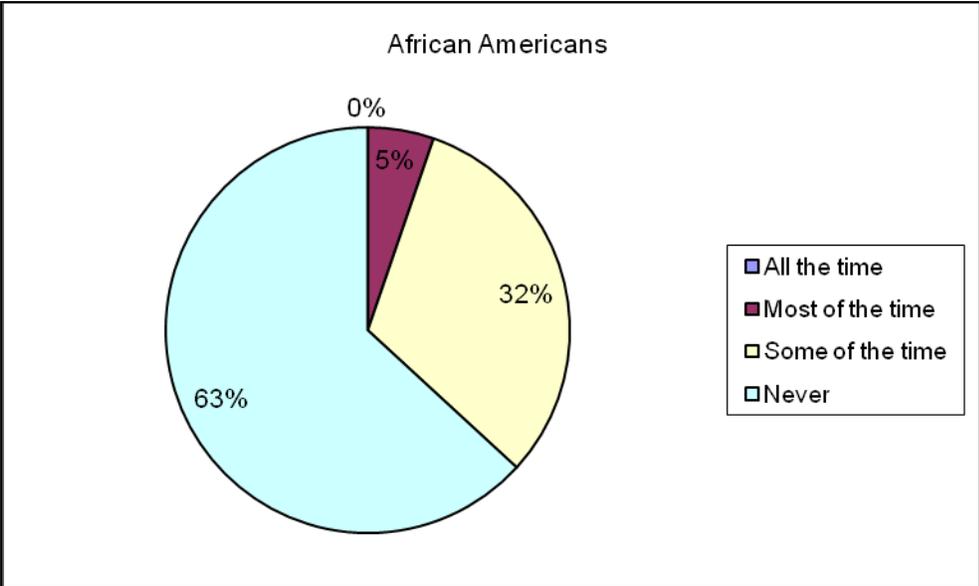
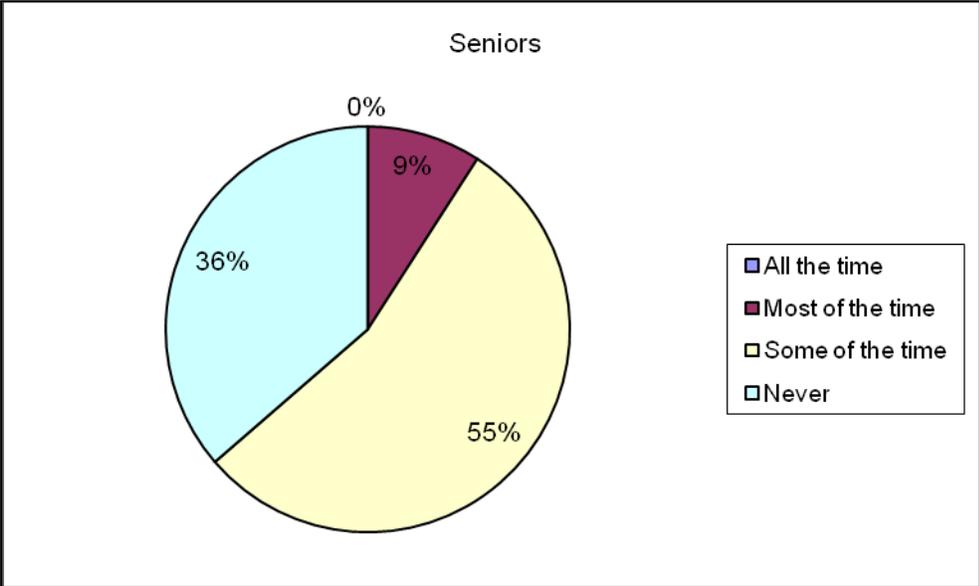
I feel stressed out



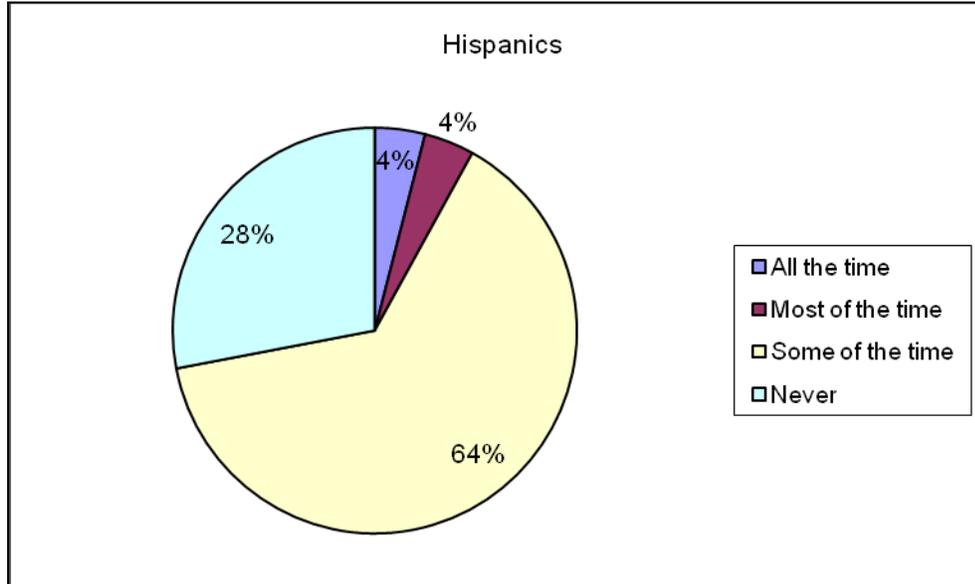
I feel stressed out (cont'd)



I feel lonely



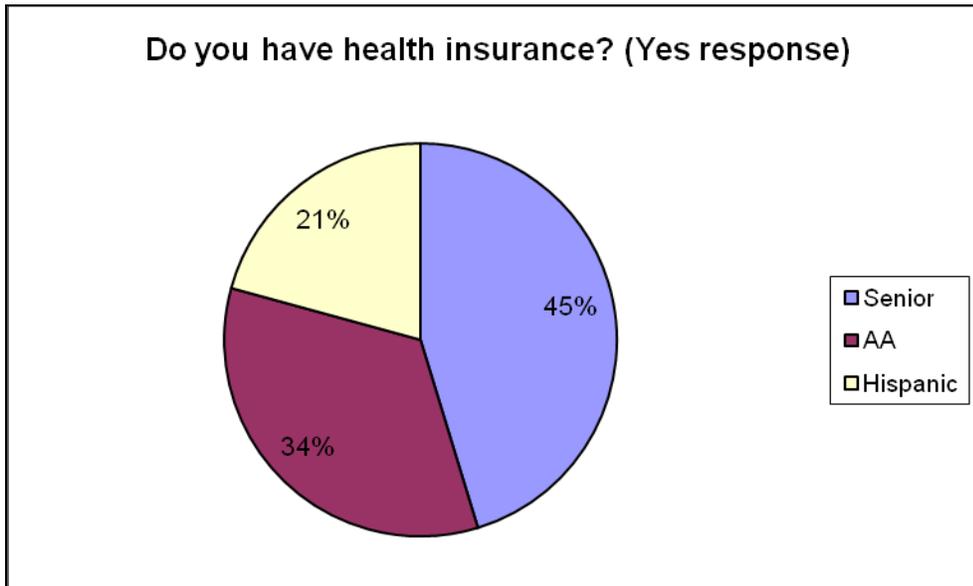
I feel lonely (cont'd)



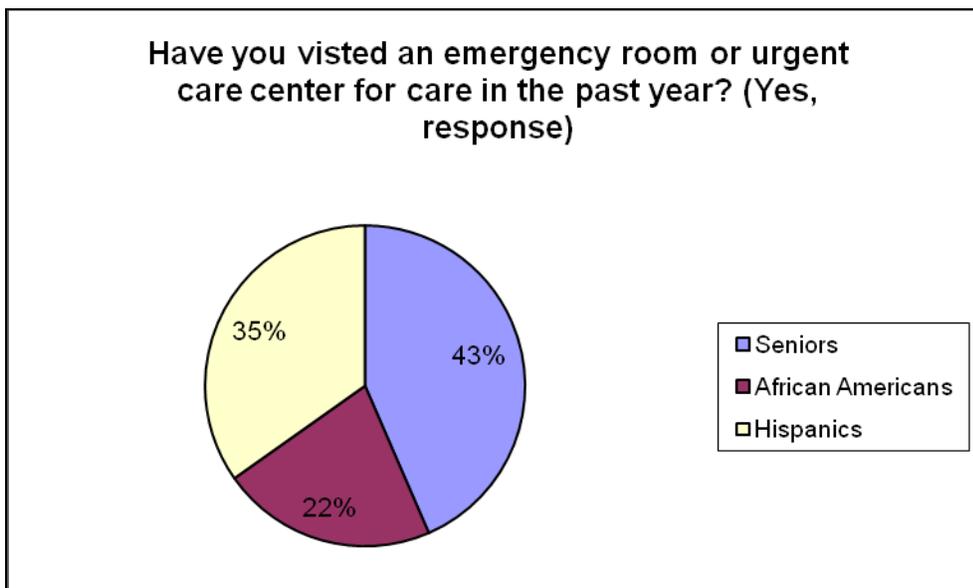
Loneliness was reported highest among the Hispanic population. However, the majority of responses across all populations reported only being lonely some of the time to never feeling lonely.

The next series of questions addressed having health insurance and access to care.

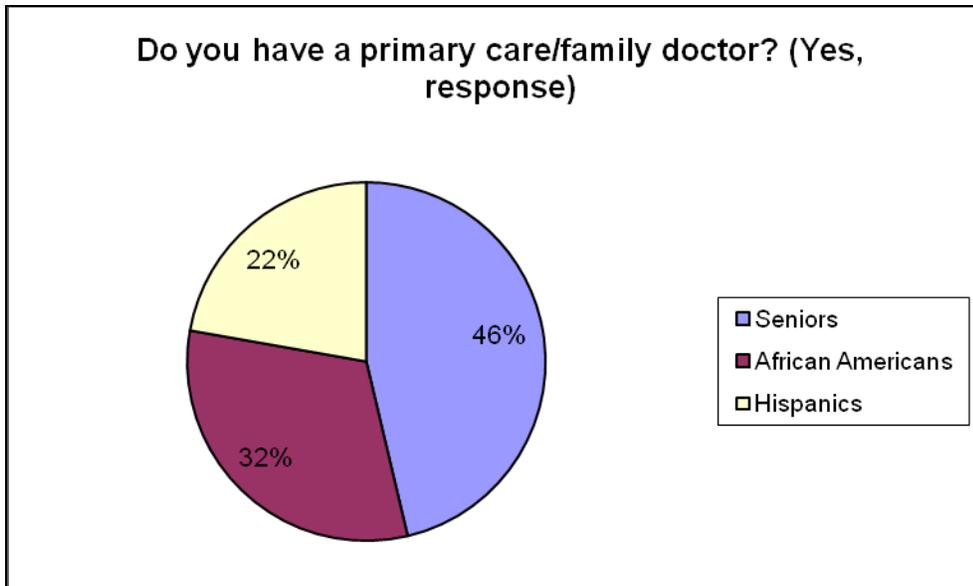
Do you have health insurance?



The majority of participants reported that they do have health insurance. The Hispanic population reported the highest number of individuals without health insurance, although both African Americans and Hispanics had a small number of individuals without any health insurance.

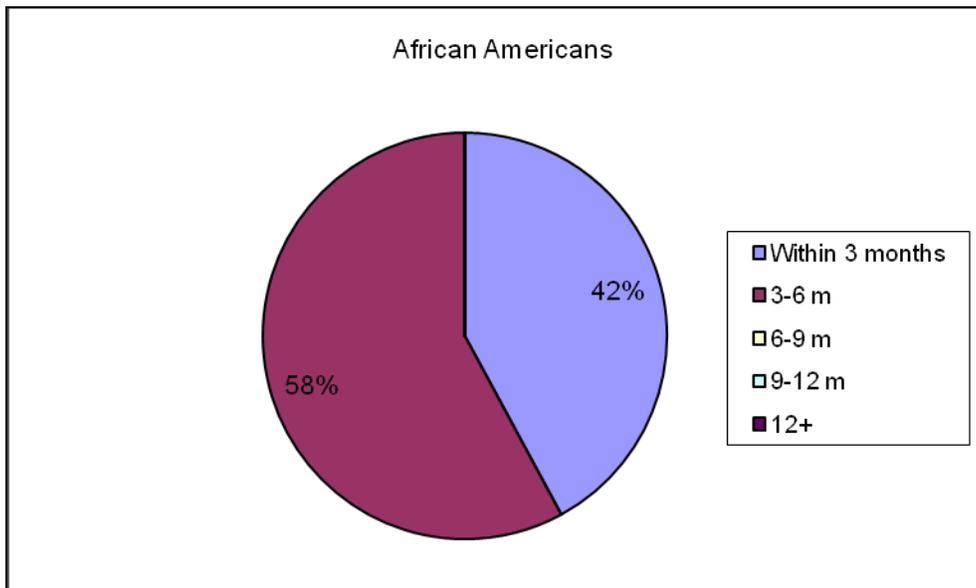
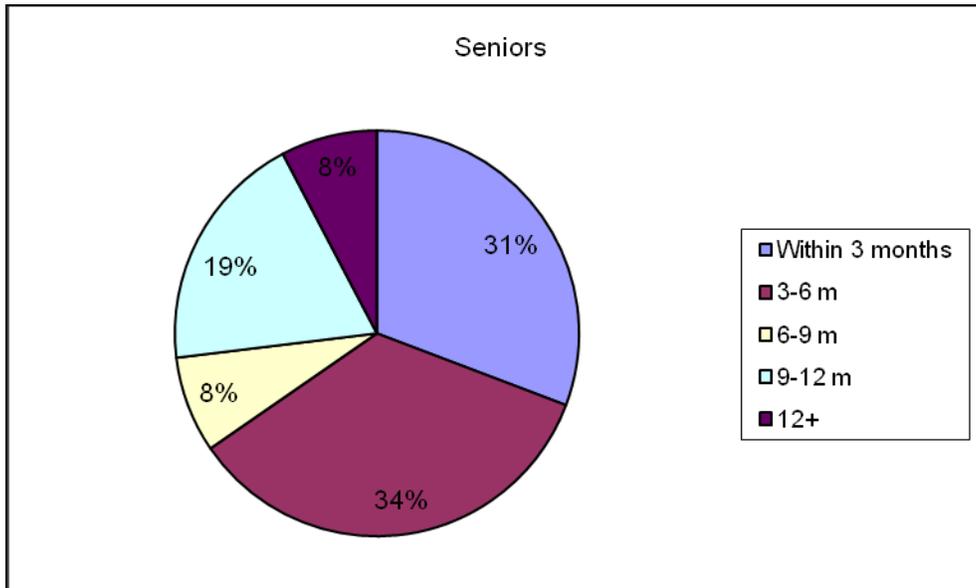


Emergency or urgent care visits were reported among all populations. However, more individuals reported not visiting either of these centers. Seniors, followed by Hispanics, had the highest number of emergency or urgent care center visits.

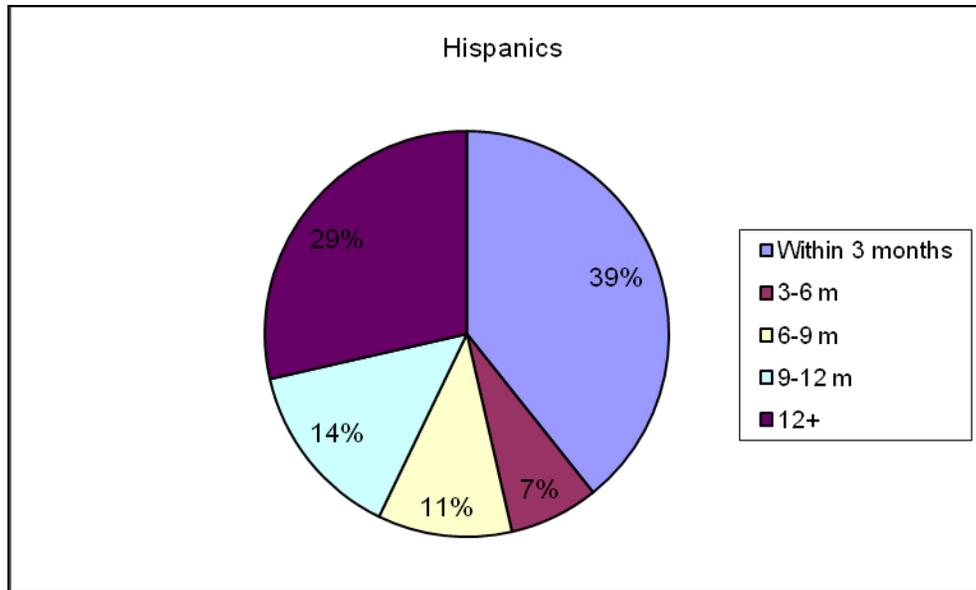


Both Seniors and African American populations surveyed reported having primary care doctors. The Hispanic population responded with the highest number of individuals without primary care doctors.

When was the last time you visited a primary care doctor for a routine check up?



When was the last time you visited a primary care doctor for a routine check up? (cont'd)



Most of the population groups reported having seen a primary care doctor within the last 6 months. Hispanics, followed by Seniors, reported the longest time between visits.

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>Prenatal Care Insurance (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>
	CENTER LINE FACILITY
	Centerline Public School
	Early Childhood Center
	24580 Cunningham
	Warren, Michigan 48091

	<u>Women, Infants & Children (WIC) (586) 469-5471</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> ** New hours January 2013**
	<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.mcrmc.org/macomb

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