



2016 Macomb County Community Health Assessment



Health
Department

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Macomb County Community Health Assessment

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Office of Health Planning

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Introduction to MAPP

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities gain structured guidance to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action. MAPP is generally led by one or more organizations and is completed with the input and participation of many organizations and individuals, who work, learn, live, and play in the community.

Facilitated by public health leadership, MAPP provides a framework that helps communities prioritize public health issues; identify resources for addressing them; and develop, implement, and evaluate community health improvement plans. The MAPP process does not create a strategic plan for the LHD; rather, MAPP results in a strategic plan for the entire community.



Macomb County Health Department MAPP Process

Stage 1: Organizing for Success/Visioning

In July of 2015 the Macomb County Health Department began their Community Health Assessment with a kickoff meeting to provide information to community partners. During the kickoff, community partners answered four questions about the health status of Macomb County. These responses were used to identify a vision and community values.

The vision for the Macomb County Health Department Community Health Assessment is:
A diverse, caring and engaged community where everyone works together to achieve optimum health.

The community values for the Macomb County Health Department Community Health Assessment are:

Equity: We value a community where everyone has a fair chance to lead a healthy life.

Cultural Acceptance: We value a community that promotes respect and diversity to all.

Knowledge: We value a community where residents have the knowledge and education to achieve and maintain healthy lifestyles.

Shared Responsibility: We value a community where residents take responsibility for their health and where health leaders provide support.

Trust and Respect: We value a community where trust and respect flourish.

Wellness: We value a community that promotes healthy behaviors to reduce disease and promote overall health

Stage 2: Conducting Assessments

From the kickoff meeting, four assessment teams were formed to complete the four assessments in MAPP. These teams included:

Local Public Health System Assessment (LPHSA):

The Local Public Health System Assessment measured how well different partners work together to deliver essential services. This assessment used the National Public Health Performance Standards as the tool for analysis of services in Macomb County.

Forces of Change Assessment (FOCA):

The Forces of Change Assessment (FOCA) focused on identifying all the forces and associated opportunities and threats that can affect, either now or in the future, the community and local public health systems.

Forces of Change identified forces that are or will be influencing the health and quality of life of the community. Forces can be trends, factors, or events. The FOCA will considered the following categories of influence: Social, Economic, Political, Legal, Environmental, Technological, Scientific, Health Related, and Educational.

Community Health Status Assessment (CHSA):

The Community Health Status Assessment (CHSA) focused on gathering quantitative (numerical) data on health status, quality of life, and risk factors. CHSA identifies areas of issue or concern in data and also finds gaps in available data. This is used to ensure that the communities' specific health issues are addressed.

Community Themes and Strengths Assessment (CTSA):

The Community Themes and Strengths Assessment (CTSA) focused on gathering the thoughts, opinions, and perceptions of community members in order to better understand which issues are important to the community. Qualitative data was collected through the use of focus groups and a community wide survey.

Stage 3: Prioritizing Issues and Goals

After completing the four assessments, a steering committee reviewed themes and priorities that emerged from each of the four teams. From there, the steering committee decided on four priority areas:

- Chronic Disease and Healthy Lifestyle
- Social Determinants of Equity
- Behavioral Health
- Access to Services

The steering committee then worked to identify goals, objectives, actions and measures for each of these priorities areas which would be used to implement Community Health Improvement Plan (CHIP) activities.

Stage 4: Action

The Macomb County health Department will begin implementation of their CHIP in early 2017.

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LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

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Assessment Instrument

The National Public Health Performance Standards (NPHPS) are the basis for the LPHSA. This standardized tool measures the performance of the local public health system (LPHS) – determined as the collective efforts of public, private, and voluntary entities, as well as individuals and informal associations that contribute to public health within a jurisdiction. This may include organizations and entities such as the local health department, other governmental agencies, healthcare providers, human service organizations, schools and universities, faith institutions, youth development organizations, economic and philanthropic organizations, and many others. Any organization or entity that contributes to the health or well-being of a community is considered part of the public health system. Ideally, a group that is broadly representative of these public health system partners will participate in the assessment process. By sharing their diverse perspectives, all participants will gain a better understanding of each organization’s contributions, the interconnectedness of their activities, and how the public health system can be strengthened.

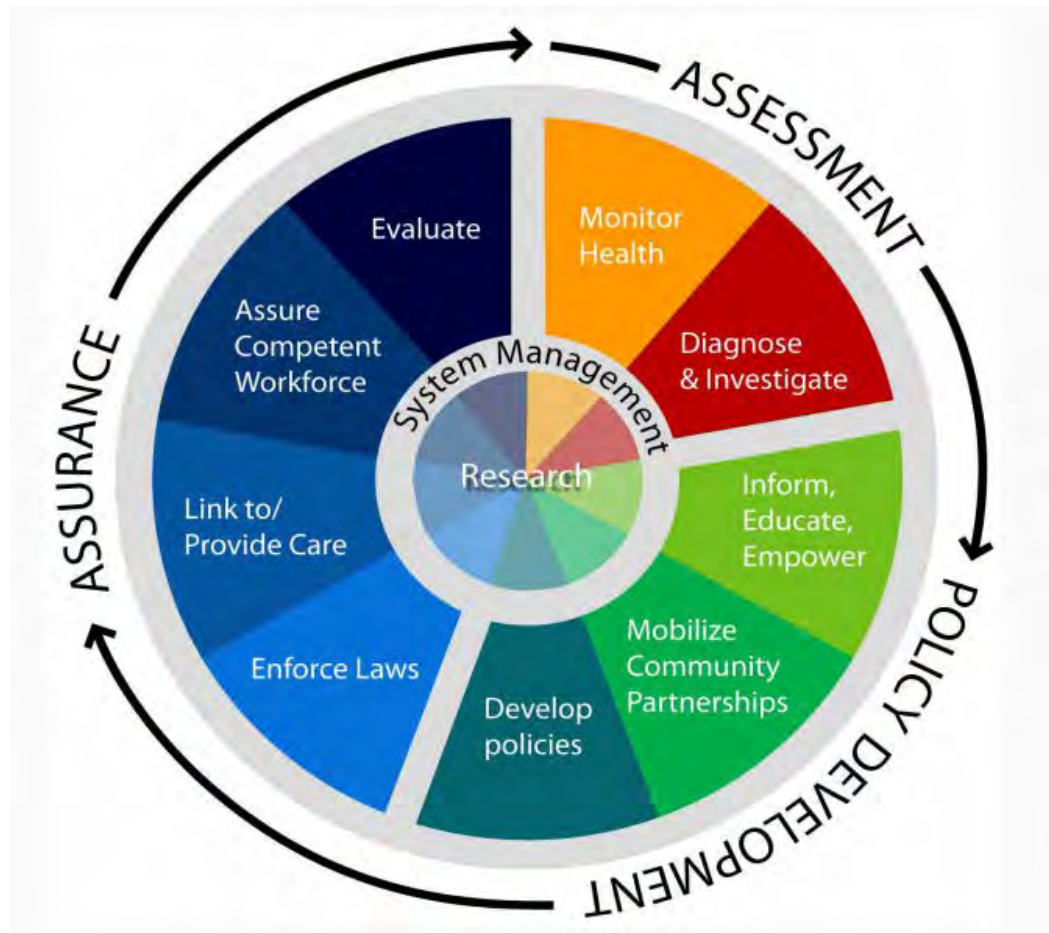
The NPHPS does not focus specifically on the capacity or performance of any single agency or organization. The instrument is framed around the 10 Essential Public Health Services (EPHS) that are utilized to describe the scope of public health. For each essential service in the local instrument, the model standards describe or correspond to the primary activities conducted at the local level. The number of model standards varies across the Essential Services; while some essential services include only two model standards, others include up to four.

The NPHPS Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.

The NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. For example, assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment readily provides a structured process and an evidence-base upon which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a Health Department in meeting PHAB standards. Regardless of whether using MAPP or another health improvement process, partners should use the NPHPS results to support quality improvement.

The self-assessment is structured around the Model Standards for each of the 10 Essential Public Health Services, (EPHS), hereafter referred to as the Essential Services, which were developed through a comprehensive, collaborative process involving input from national, state and local experts in public health. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into the 10 Essential Public Health Service areas in the instrument and address the three core functions of public health. The following image shows how the 10 Essential Services align with the three Core Functions of Public Health.

10 Essential Public Health Services



The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments. Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Each Essential Services model standard is scored by participants to assess system performance on the following scale:

Optimal Activity (76-100%)	The public health system is doing absolutely everything possible for this activity and there is no room for improvement.
Significant Activity (51-75%)	The public health system participates a great deal in this activity, but there remain opportunities for minor improvement.
Moderate Activity (26-50%)	The public health system somewhat participates in this activity and there is opportunity for greater improvement.
Minimal Activity (1-25%)	The public health system provides only limited activity and there is opportunity for substantial improvement.
No Activity (0%)	The public health system does not participate in this activity at all.

NPHPS results are intended to be used for quality improvement purposes for the public health system and to guide the development of the overall public health infrastructure. Analysis and interpretation of data should also take into account variations in knowledge about the public health system among assessment participants. These variations may introduce a degree of random non-sampling error.

Assessment Methodology

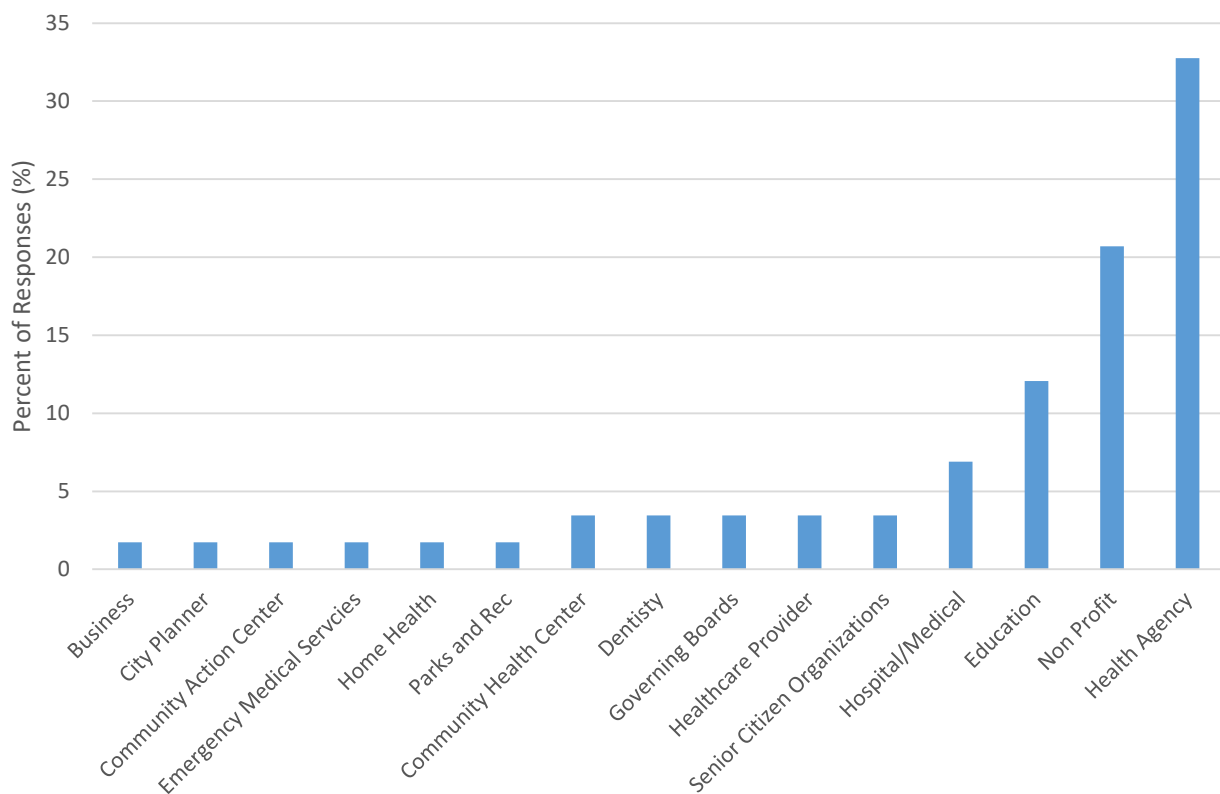
The LPHSA team met three times to discuss and brainstorm the strengths and weaknesses of the Public Health System and answer the questions of

- What are the components, activities, competencies, and capacities of our local public health system?
- How are the Essential Services being provided to our community?

The LPHSA team utilized the following process to complete the assessment:

- 1) Review of the Local Public Health Status Assessment (1 meeting)
- 2) Brainstorming session of additional community members to invite to the assessment (1 meeting)
- 3) Discussion of the best way to ensure equal participation in results
- 4) LPHSA survey developed and sent to all participants
- 5) Results tallied and shared with LPHSA group (1 meeting)

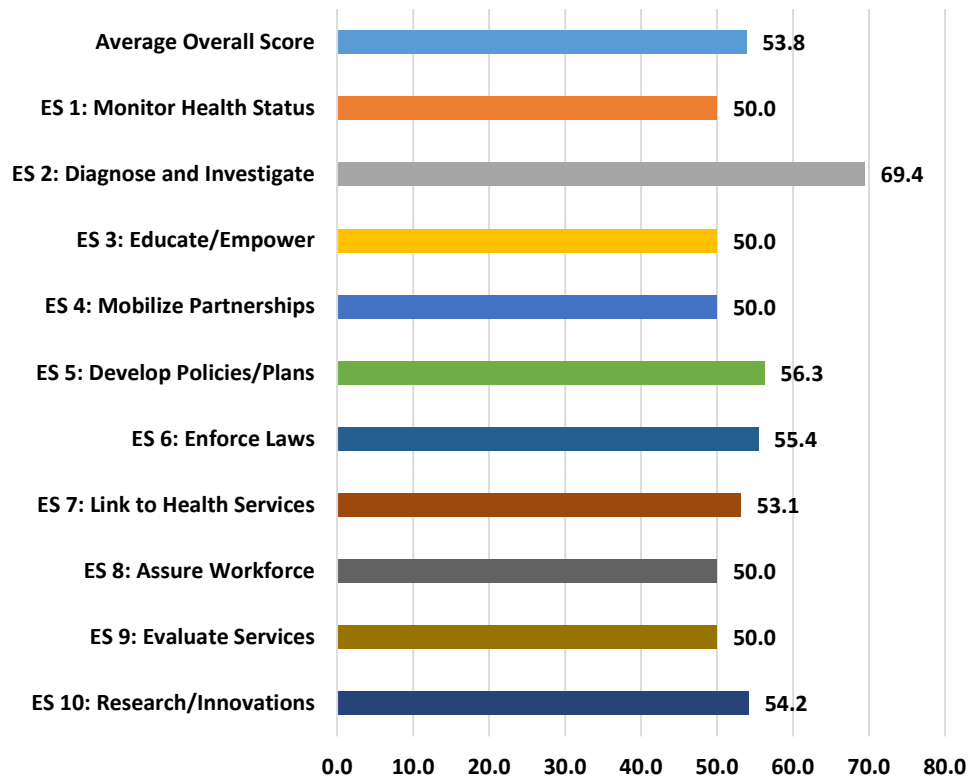
Local Public Health Assessment Survey Results
Proportion of Responses by Sector



Summary / Results

After reviewing the results of the LPHSA, services with strong performances and services with lesser performances were identified. The following results represent those areas:

Summary of Average Essential Services Performance Score



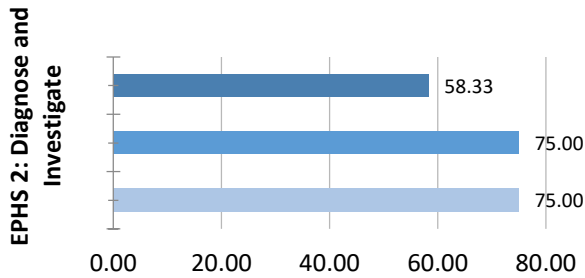
The areas in which Macomb County provides services the best are:

Essential Service 2: Diagnose and investigate health problems and health hazards in the community

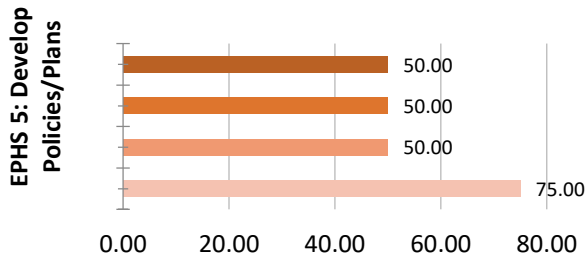
Essential Service 5: Develop policies and plans that support individual and community health efforts

Essential Service 6: Enforce laws and regulations that protect health and ensure safety

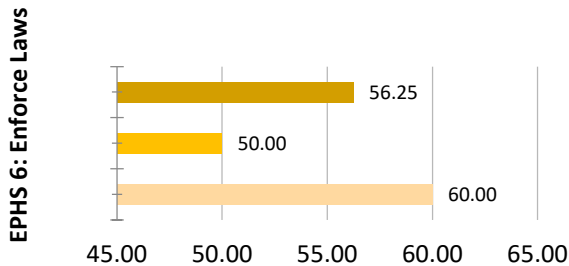
Essential Service 10: Research for new insights and innovative solutions to health problems



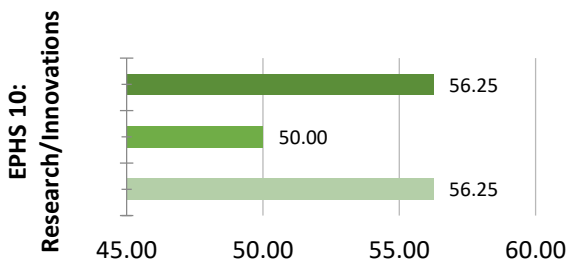
- 2.1 - Identification and Surveillance of Health Threats
- 2.2 - Investigation and Response to Public Health Threats and Emergencies
- 2.3 - Laboratory Support for Investigation of Health Threats



- 5.1 - Governmental Presence at the Local Level
- 5.2 - Public Health Policy Development
- 5.3 - Community Health Improvement Process and Strategic Planning
- 5.4 - Plan for Public Health Emergencies



- 6.1 - Review and Evaluation of Laws, Regulations, and Ordinances
- 6.2 - Involvement in the Improvement of Laws, Regulations, and Ordinances
- 6.3 - Enforcement of Laws, Regulations, and Ordinances



- 10.1 - Fostering Innovation
- 10.2 - Linkage with Institutions of Higher Learning and/or Research
- 10.3 - Capacity to Initiate or Participate in Research

The Essential Services in which Macomb County still has room for improvement are:

Essential Service 1: Monitor health status to identify community health problems

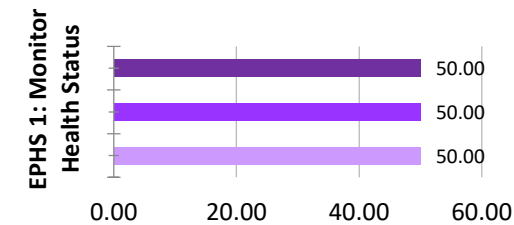
Essential Service 3: Inform, educate, and empower people about health issues

Essential Service 4: Mobilize community partnerships and action to identify and solve health problems

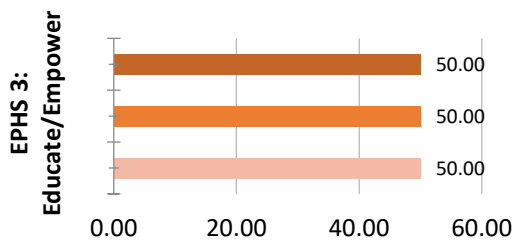
Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Essential Service 8: Assure competent public and personal health care workforce

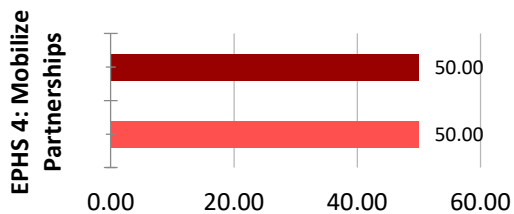
Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services



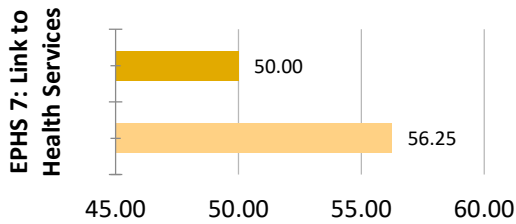
- 1.1 - Population-Based Community Health Assessment
- 1.2 - Current Technology to Manage and Communicate Population Health Data
- 1.3 - Maintenance of Population Health Registries



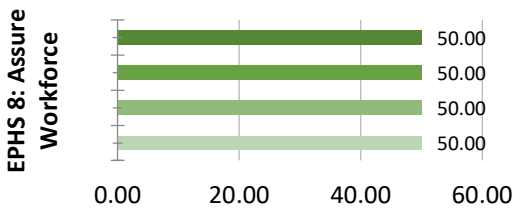
- 3.1 - Health Education and Promotion
- 3.2 - Health Communication
- 3.3 - Risk Communication



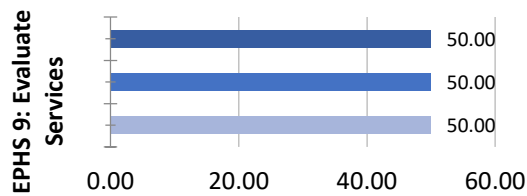
- 4.1 - Constituency Development
- 4.2 - Community Partnerships



- 7.1 – Identification of Personal Health Service Needs of Populations
- 7.2 – Assuring the Linkage of People to Personal Health Services



- 8.1 – Workforce Assessment, Planning, and Development
- 8.2 – Public Health Workforce Standards
- 8.3 – Life-Long Learning through Continuing Education, Training, and Mentoring
- 8.4 – Public Health Leadership Development



- 9.1 – Evaluation of Population-Based Health Services
- 9.2 – Evaluation of Personal Health Services
- 9.3 – Evaluation of the Local Public Health System

Conclusion

Overall, Macomb County scored in the Significant Activity category for the assessment of services. However, while the LPHSA demonstrated that some of 10 Essential Services provided in Macomb County fall within the Significant Activity category many also fall within the Moderate Activity category. None of the 10 Essential Services were rated as Optimal, Minimal or No Activity.

These results indicated that room for improvement exists within each of the 10 Essential Services provided in Macomb County.

In addition, discussion at the LPHSA meetings identified several recurring issues:

- 1) Need for more integration among leaders of County programs and services
- 2) Lack of knowledge about public health programs and services offered at agencies and partners in Macomb County
- 3) The lack of knowledge at these partnering agencies directly correlates to the lack of knowledge within the resident of our community surrounding available public health programs and services

Community Members Who Participated

Advantage Health Center

Javar Jackson

Beaumont Health System

Julie Kitchen

CARE of Southeastern MI

Paddy Laske

Henry Ford Health System

Kaylia Miehke

Jill Yore

Macomb Community Action

Katherine Benford

Macomb County Community Mental Health

Sue Gough

Macomb County Health Department

Jenny Gubler

Whitney Litzner

Bill Ridella

Niki Ross

Ricki Torsch

Macomb County Medical Control Authority

Luke Bowen

Debbie Condino-Bell

McLaren Macomb

Maureen Decker

MIHP – My Pregnancy Coach

Amy Fratarcangeli

MyCare Health Center

Darlene Vasi

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FORCES OF CHANGE ASSESSMENT

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Assessment Methodology

The FOCA team met four times to brainstorm forces, trends, factors and events that answer the questions:

- What is occurring or might occur that affects the health of our community or the local public health system and
- What specific threats or opportunities are generated by these occurrences?

The FOCA team utilized the following process to complete the assessment:

- 1) Review of the Forces of Change Assessment
- 2) Forces of Change categories were revealed to assessment team
- 3) Brainstorming session of forces of change that fall into the specific categories, or forces of change that may fit in an additional category (1 meeting)
- 4) Committee members evaluated each force of change and identified potential threats and opportunities for the community and local public health system. (3 meetings)
- 5) Assessment team members then selected the most prominent forces of change that had been discussed in the prior meetings. Survey Monkey was also used to gather additional votes from individuals who could not attend during the voting process
- 6) The forces of change with the most votes were ranked as the most prominent forces and submitted to the Steering Committee for review for the Community Health Improvement Plan

Executive Summary

After brainstorming, discussion and voting the FOCA team was able to identify eight priority forces to present to the Steering Committee. These eight priority issues are:

- Growing Aging Population
- Violence
- Growing Immigrant Population
- Increased Disease/Chronic Disease
- Increased Substance Abuse
- Cost of Healthcare
- Cost of Education
- Climate Change

These eight priority areas will be discussed in further detail on the following pages. For each priority issue that has been identified, the related threats and opportunities that have been identified are listed.

Following the list of identified forces and their matching threats and opportunities is the full summary of voted on forces from the initial brainstorming session, along with the amount of vote each of these forces received.

Priority Forces of Change

GROWING AGING POPULATION	
Threats Posed to the Community <ul style="list-style-type: none"> • Higher healthcare costs • Less kids for the schools/decrease in population • Alzheimer's will have a large effect on this population • Strains on caregivers (parents caring for kids and parents) • Aging in place • Economics and Social Security 	Opportunities Created for the Community <ul style="list-style-type: none"> • More volunteerism • Encore careers • Stable neighborhoods • Aging in place • Create individuals/volunteers to visit seniors • Need for home help program

VIOLENCE	
Threats Posed to the Community <ul style="list-style-type: none"> • Perception of fear • Large crowds • Desensitized to violence • Value of life is less • Lack of reinforcement that it's wrong • Core values being compromised on what we teach our children • Media sensationalizes violence • Is becoming more like entertainment 	Opportunities Created for the Community <ul style="list-style-type: none"> • Mental health services • Opportunity for education on violence • Find ways to instill values in youth • Collaboration on all fronts to make a difference

COST OF HEALTHCARE	
Threats Posed to the Community <ul style="list-style-type: none"> • Less access to medications • Increase of ER visits vs. primary/preventive care • Making choices of healthcare versus dinner 	Opportunities Created for the Community <ul style="list-style-type: none"> • Identify programs that help with payments for bills • Provide education to talk about true healthcare costs • Providing education to address healthcare programs for prevention • Utilizing the Right Connection pamphlet • Utilizing more Community Health Workers • Better connections with nonprofits and community health centers to identify and address health needs • Opportunity for more FQHCs in Macomb County

GROWING IMMIGRANT POPULATION/DEMOGRAPHIC CHANGES

Threats Posed to the Community

- Lack of immigration services
- Services not provided in enough languages (nearly 177 different languages spoken in Macomb County Schools)
- Less students in school districts
- More immigrant students in schools
- Lack of medical professionals that speak the languages
- Lack of interpreters
- Gender bias

Opportunities Created for the Community

- Increased diversity in community
- Get more bilingual individuals working in the organizations/state/schools/etc.
- Opportunity to create a welcoming group to Macomb County
- Immigrants are good workers – more likely to hold a job
- Healthcare organization can partner with ECBO's
- Utilize ONE Macomb more in the county for educational opportunities
- Neighborhood stabilization for immigrant populations
- Tap into more faith based organizations
- Need for more ESL programs in schools
- Cultural diversity programs – opportunity for more events in schools and communities

INCREASED DISEASE/CHRONIC DISEASE

Threats Posed to the Community

- Chronic disease utilizes a lot of resources (doctors, time, costs)
- Hard to get PCPs to refer clients
- Perspective shifting to wellness
- Emergency room admissions
- These are long term concerns (not things that can change overnight)
- Less physical activity among youth
- Shortened recess
- Lack of physical activity in schools
- Access to healthy food

Opportunities Created for the Community

- Opportunity to provide more education and opportunities in the community (diabetes programs, etc.)
- Evidence based curriculums
- Opportunity to change verbiage to positive versus negative presentation
- Opportunities for education on mental health

COST OF EDUCATION

Threats Posed to the Community

- Reduced opportunity for low and middle income families to graduate college
- Less educated society

Opportunities Created for the Community

- Identifying scholarship opportunities
- Making more lists of local scholarships
- Making a centralized scholarship program
- Identifying job opportunities for high school scholarships
- Push for more dual enrolled students

INCREASED SUBSTANCE ABUSE

Threats Posed to the Community

- Increase in drug deaths
- Increase in drug use
- Rise in prescription drug use
- Increase in multiple drug use
- Increase in driving crashes
- Low perception of risk
- Prenatal use creates long term damage and cost to society
- Increase in crime
- Increase in dropout and expulsion rates
- Increase in health care needs
- Not enough services available for substance abuse

Opportunities Created for Community

- Education for parents
- Education for providers
- Opportunity to provide more resources and opportunities for providers to make better referrals
- Opportunity Rx community based programming

CLIMATE CHANGE / NATURAL RESOURCES, GREEN INITIATIVES, AIR POLLUTION

Threats Posed to the Community

- Introduction of new diseases
- Chronic respiratory illness
- Asthma increases/concerns
- Concerns about homelessness and severe weather alerts
- How to address individuals with handicaps in times of severe weather

Opportunities Created for the Community

- Resilient Macomb Project
- Create a coalition to address climate change
- Education opportunity in schools especially with younger kids
- Public Works – ENV educations – utilize more frequently
- LEED Design education in schools
- Community education groups to address recycling

Prioritization of Forces Results of Voting/All brainstorming

Social	
Growing Aging Population	14
Violence	13
Growing Immigrant Population/Demographic	13
Homelessness	6
Transportation	4
Health Related	
Increased Disease/Chronic Disease	12
Increased Substance abuse	11
Health System Changes	6
Prenatal Care	4
E Cigarettes	3
Economic	
Cost of Healthcare	11
Cost of Education	10
Lower Employment	7
Environmental	
Climate Change	10
Flood/Flood Concerns	1
Technological	
Social Media	8
Increased use of tech for activities	7
Electronic Health Records	6
Legal	
Immigration Issues	6
Open Carry / Weapons	5
Education	
School Safety	6
Schools of Choice	1
Scientific	
Vaccines	6
Other	
Built Environment	4

Appendix: Summary of Forces of Change Brainstorming

Macomb County Community Health Assessment
Forces of Change Subcommittee Brainstorming Results

Forces of Change (Trend, Events, Factors)	Threats Posed to the Community	Opportunities Created for the Community
Social		
Homelessness	<ul style="list-style-type: none"> ● Increase causes more homeless students ● Definition of homeless (leaving their home because of mold, flooding, etc) ● Hard to find people who keep moving around/can't address health issues when they aren't in the same place all the time ● Mental health issues are a portion of the homeless population ● Lack of data - threat 	<ul style="list-style-type: none"> ● Creating stability for students ● Transportation Services can be improved/better opportunities for transportation ● Title 1 Funding for transportation ● Provision of funding for more transportation ● Creating more partnerships to find funding to address homelessness in the community ● Loss of family homes - possibility to find more family homes - improve the system, be able to track individuals ● Database creation of homeless population and services provided/identification of homeless families (who are they/where are they) ● Finding more resources to address the issue in Macomb County ● Program creation for education and address the literacy levels/budgeting programs/etc. ● Bridges out of Poverty
Growing Aging Population	<ul style="list-style-type: none"> ● Higher healthcare costs ● Less kids for the schools/decrease in population ● Alzheimer's will have a large effect on this population ● Strains on caregivers (parents caring for kids and parents) ● Aging in place ● Economics and Social Security 	<ul style="list-style-type: none"> ● More volunteerism ● Encore careers ● Stable Neighborhoods ● Aging in place ● Create individuals/volunteers to visit seniors ● Need for home help program
Growing Immigrant Population/ Demographic Changes (People moving out of county/state)	<ul style="list-style-type: none"> ● Lack of immigration services ● Services not provided in enough languages - many years ago over 177 languages ● Less Students in school districts ● More immigrant students in schools ● Lack of medical professionals that speak that language 	<ul style="list-style-type: none"> ● Increased diversity in community ● Get more bilingual individuals working in the organizations/state/schools/etc. ● Opportunity to create a welcoming group to Macomb County ● Immigrants are good workers - more likely to hold a job. ● Healthcare organizations can partner with ECBO's.

	<ul style="list-style-type: none"> ● Lack of interpreters ● Gender bias 	<ul style="list-style-type: none"> ● Utilize ONE Macomb more in the county for educational opportunities ● Neighborhood stabilization for immigrant populations ● Tap into more faith based organizations ● Need for more ESL programs in school ● Cultural diversity programs - opportunity for more events in schools and communities
Transportation	<ul style="list-style-type: none"> ● Isolation-not required to go outside because of the living situations now ● Lack of ability to get to health services ● Lack of ability to go outside of specific areas (i.e., only go to senior center in one location) ● Reliability (definition: bus, car, gas, shared ride) ● Curb to curb is not affordable ● Lack of education on availability of resources 	<ul style="list-style-type: none"> ● Access to recreation and Community Centers ● Opportunities to build stronger communities ● EMS agencies used for transportation/different level of service being provided ● Medicare provide transportation services (long term) ● Use of technology - can agencies purchase technology to help with transportation ● Curb to curb is available - better way to find it?
Violence	<ul style="list-style-type: none"> ● Perception of Fear ● Large Crowds ● Desensitized to violence ● Value of life is less ● Lack of reinforcement that it's wrong ● Core values being compromised on what we teach our children ● Media sensationalizes violence ● Is becoming more like entertainment 	<ul style="list-style-type: none"> ● Mental health services ● Opportunity for education on violence ● Find ways to instill values in youth ● Collaboration on all fronts to make a difference
Economic		
Lower Employment	<ul style="list-style-type: none"> ● Low income /Increased Poverty ● Increased Commute times ● Decreased federal budgets and funding ● Technology taking jobs ● Individuals not trained on finances ● Lack of opportunity for middle aged folks ● Lack of programs with Michigan Prisoner Re-Entry 	<ul style="list-style-type: none"> ● Opportunity for educational opportunities and certifications ● Increased partnerships with schools - internship opportunities ● College sponsorships ● Businesses creating partnerships with schools ● Career Technological Education opportunities are increasing - get the community ● Education/employment days at schools ● Refocus on different training opportunities ● Make a commitment to livable wages ● Financial literacy education ● Older adults re-enter workforce in different ways to share education/experience/opportunities/volunteerism ● Mentoring opportunities

Cost of education	<ul style="list-style-type: none"> ● Reduced opportunity for low and middle income families to graduate college ● Less educated society 	<ul style="list-style-type: none"> ● Identifying scholarship opportunities ● Making more lists of local scholarships ● Making a centralized scholarship program ● Identifying job opportunities for high school scholarships ● Push for more dual enrolled students
Cost of healthcare	<ul style="list-style-type: none"> ● Less access to medications ● Increase of ER visits vs primary/preventive care ● Making choices of healthcare versus dinner 	<ul style="list-style-type: none"> ● Identify programs that help with payment for bills ● Provide education to talk about true healthcare costs ● Providing education to address health care programs for prevention ● Utilizing the Right Connection pamphlet ● Using the community paramedic group ● Utilizing more Community Health Workers ● Better connections with nonprofits and community health centers to identify and address health needs ● Opportunity for more FQHCs in Macomb County
Technology		
Increased use in technology for activities	<ul style="list-style-type: none"> ● Leads to misinformation in regards to health ● Parenting Techniques 	<ul style="list-style-type: none"> ● Opportunity for more mobile websites (i.e. Health Department) ● Opportunity for training in health education ● Opportunity for health department to provide certified websites on health topics/provide accurate health listings/health education sites/resources ● Opportunity to use technology for more program updates and better outreach - tie this into other programs other organizations ● Opportunity to change BRFSS
Social Media	<ul style="list-style-type: none"> ● Cyber bullying ● Expectations leading to stress (response time) ● Lack of community involvement ● Decreased family support ● Lack of connectedness between person to person ● Disconnect on social media - not everyone uses it 	<ul style="list-style-type: none"> ● Having legitimate sources send out information through social medias ● Utilizing social media and online resources to provide more live chat options ● Using social media to remind people to check their health records/patient portals ● Schools already use portals for parents to check on children's grades - good opportunity to expand this into other organizations
Electronic Health Records	<ul style="list-style-type: none"> ● Each provider/hospital uses different EHR system ● Hard to link people on EHR systems without a SSN ● There's an age difference and not all users can use the patient portals 	<ul style="list-style-type: none"> ● More organizations using EHR ● Education process on using these systems and portals ● Opportunity for doctors/hospitals/clinics to actually create accounts for people to use the portals instead of having the people do it themselves ● Utilizing school portals to better do outreach and education consumers in the community about upcoming things in the county (i.e., flu shots, checking your health records)
Scientific		

Vaccine	<ul style="list-style-type: none"> ● Increase in Vaccine preventable Disease ● Vaccination Waiver ● Is the vaccine waiver the best use of the health department's time 	<ul style="list-style-type: none"> ● Increase in Vaccine of preventable Disease (??) ● Opportunities for grant opportunities to educate on immunizations
Legal		
Immigration Issues	<ul style="list-style-type: none"> ● Populations that are functionally disenfranchised ● Lack of services provided for these ● Lack of trust in communities 	<ul style="list-style-type: none"> ● Opportunity for cultural changes and diversity ● Opportunity to provide multicultural/multilingual services out in the field ● Opportunity to build trust in the communities ● Opportunity to train service providers on differences in immigration status ● Providing id cards for undocumented individuals
Open Carry/Weapons	<ul style="list-style-type: none"> ● Increase opportunity for misuse/death/injury ● Increase in crime rates ● Increase in opportunity for youth access ● Making a constitutional change is a difficult and long process ● Violence is desensitized ● Open carry/concealed weapons in schools a concern 	<ul style="list-style-type: none"> ● Provide mental health screening before purchases ● Opportunity to address mental health issues ● Parental education and school youth education on health, stress, and opportunities ● Providing more in work office videos about office safety and how to evacuate if needed
Health Related		
Health System Changes	<ul style="list-style-type: none"> ● Immigrants not covered ● Increase of health insurance coverage ● Rise in medication costs ● Lack of use in insurance ● Lack of Healthcare Providers ● Health education ● Access to healthcare ● lack of interpretation available regarding health system changes ● services are being reduced that are provided by hospitals 	<ul style="list-style-type: none"> ● Coverage to Care
Increased Disease/Chronic Disease <ul style="list-style-type: none"> ● Diabetes ● Depression ● Food allergies ● Obesity 	<ul style="list-style-type: none"> ● Chronic diseases suck up a lot of the resources (doctors, time, costs) ● Hard to get PCPs to refer clients ● Perspective shifting to wellness ● Emergency room admissions ● These are long term concerns (not things that can change overnight) ● Less physical activity among youth ● Shortened Recess ● Lack of physical activity in schools ● Access to healthy food 	<ul style="list-style-type: none"> ● Opportunity to provide more education and opportunities in the community (diabetes programs, etc) ● Evidence based curriculums ● Opportunity to change verbiage to positive versus negative presentation ● Opportunities for education on mental health

<p>Increased Substance Abuse</p> <ul style="list-style-type: none"> ● Marijuana Laws 	<ul style="list-style-type: none"> ● Increase Drug Deaths ● Increase in Drug Use ● Rise in prescription abuse ● Increase in poly drug use ● Increase in Driving crashes ● Low perception of risk ● Prenatal use creates long term damage and cost to society ● Increase in Crime ● Increase in dropout and expulsion rates ● Increase in health care needs ● Not enough services available for substance abuse 	<ul style="list-style-type: none"> ● Education for parents ● Education for providers ● Opportunity to provide more resources and opportunities for providers to make better referrals ● Opportunity Rx community based programming
<p>E-cigarettes</p>	<ul style="list-style-type: none"> ● Increase in teen nicotine use ● Also used for THC and synthetic drugs as well as nicotine ● Increase use in public areas ● increase in nicotine poisoning in children and elderly because there's no safety cap 	<ul style="list-style-type: none"> ● Opportunity to push for more legislation as a 'tobacco product' ● Needs to be more education about e-cigarettes ● Health department/steering committee can write a letter in support of education and legislation
<p>Prenatal Care</p>	<ul style="list-style-type: none"> ● Access to prenatal care ● Increase in Preterm birth rate 	<ul style="list-style-type: none"> ● Utilize a MIHP program more frequently ● More referrals to WIC program in Macomb County ● Increased collaboration
<p>Environmental</p>		
<p>Climate Change</p> <ul style="list-style-type: none"> ● Natural Resources ● Green initiatives ● Air pollution 	<ul style="list-style-type: none"> ● Introduction of new diseases ● Chronic respiratory illness ● Asthma increases/concerns ● Concerns about homelessness and severe weather alerts (?) ● How to address individuals with handicaps in times during severe weather (i.e., deaf individuals during tornado siren) 	<ul style="list-style-type: none"> ● Resilient Macomb Project ● Create a coalition to address climate change ● Education opportunity in schools especially with younger kids ● Public Works - ENV educators - utilize more frequently ● LEAD design education in schools ● Community education groups to address recycling
<p>Flood/Flood Concerns</p>	<ul style="list-style-type: none"> ● Mental health plays a huge role in this ● Destruction of entire homes in Macomb County ● Pollution concerns - in home and in local water supplies ● Soil erosion ● Safety issues 	<ul style="list-style-type: none"> ● Social assistance call lines to address issues and/or mental health issues caused by flood ● More education about flooding ● More education about not putting materials in the storm drain ● Improving infrastructure (bad roads, bad systems under the roads)
<p>Schools of choice</p>	<ul style="list-style-type: none"> ● Lack of community connections ● Reduced funding for low SES districts ● "have nots" have less 	<ul style="list-style-type: none"> ● Can bring diversity to the schools (sometimes) ● Consolidation of school districts ● Access to healthcare services

School Safety	<ul style="list-style-type: none"> ● Funding diversion from possibly more needed resources to be put into school safety funding (i.e., funds from textbook purchases) 	<ul style="list-style-type: none"> ● Maintain school drills/increase school drills ● Finding a way to better educate and prepare students for issues - especially something like Active Shooter - don't just do the drill but prepare students on how to address the mental implications ● Parent education on safety training ● Continuing to have strong partnerships with local police ● Increased opportunity for communication with schools and parents (notification systems, phone calls, etc)
Other		
Built Environment	<ul style="list-style-type: none"> ● Building Construction not conducive to children ● Road Conditions ● Neighborhood Safety ● Lack of Sidewalks 	<ul style="list-style-type: none"> ● More LEED design ● Planning for communities (i.e., planning committees, etc) ● Planning for green space

Community Members Who Participated

Advantage Health Center

Roxanne McDuffie

Beaumont Health System

Julie Kitchen

Chippewa Valley Schools

Don Brosky

Great Start Macomb

Lisa Sturges

Henry Ford Health System

Ameldia Brown

Pat Coppola

Julia Huck

Judson Center

Melissa Savage

Macomb Community Action

Katherine Benford

Joe Cooke

Macomb County Community Mental Health

Sue Gough

Macomb County Health Department

Andrew Cox

Michele Ford

Steve Gold

Jenny Gubler

Sherry LaBelle

Steve Lichota

Whitney Litzner

Erika Lojko

Ashley Mascagni

Angela Prince-May

Bill Ridella

Niki Ross

Ricki Torsch

Lauren Scipione

Maria Swiatkowski

Cheryl Woods

Krista Willette

Macomb County Medical Control Authority

Luke Bowen

Debbie Condino-Bell

Macomb County Office of Substance Abuse

Dawn Radzioch

Macomb County Sheriff

Walter Zimny

Macomb County Veteran Services

Laura Rios

Macomb Family YMCA

Rheanne Suszek

Macomb Intermediate School District

Mary Lebioda

Michigan Department of Health and Human Services

Linda Girolamo

Valerie Nunn

Smart Bus

Fred Barbret

St. John Providence Hospital

Karen Beger

Utica Community Schools

Steve Bernier

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COMMUNITY **HEALTH STATUS** ASSESSMENT

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Assessment Methodology

The CHSA team met three times to gather quantitative data on health status, quality of life and risk factors that answered the questions:

- How healthy are our residents?
- What does the health status of our community look like?

The CHSA team utilized the following process to complete the assessment:

- 1) Review of the Community Health Status Assessment (1 meeting)
 - a. Overview of the data collection
 - b. Current status of Macomb County
 - c. Review of the indicators needing to be addressed
- 2) Data indicators were distributed among group members based on each person's specialty. (2 meetings)
- 3) Data was collected from team members, organized in a workbook, and then shared with the group.
- 4) CHSA members identified areas where Macomb County was comparatively doing better, worse or about the same as a benchmark – either the State of Michigan or Healthy People 2020. (1 meeting)
- 5) Committee members then identified areas of focus where Macomb County needs to be continuing to improve the health status of community members. These results were shared with the Steering Committee for review for the Community Health Improvement Plan.

About the Data

Unless otherwise stated, statistics and rates are from 2015 estimates. These estimates are either from surveys specifically collected in 2015, or contain averages from a 3 or 5-year range (Michigan Behavioral Risk Factor Surveys, 2013-2015).

Results

Benchmark Comparisons

The CHSA team narrowed 221 indicators down to a list of 67 indicators with benchmarks. The benchmarking comparison process resulted in the indicators being grouped as listed below:

- 30 indicators were better than the benchmark
- 18 indicators were about the same as the benchmark
- 19 indicators were worse than the benchmark

After reviewing the data and having group discussions about what was presented and available, the committee narrowed the themes and indicators down to four themes and 16 indicators. The CHSA team voted to finalize these themes and indicators.

Recommendation: the themes and indicators selected by the committee area shown below and are being recommended to the Steering Committee for consideration in the identifying strategic issues phase.

Four Theme Indicator Analyses

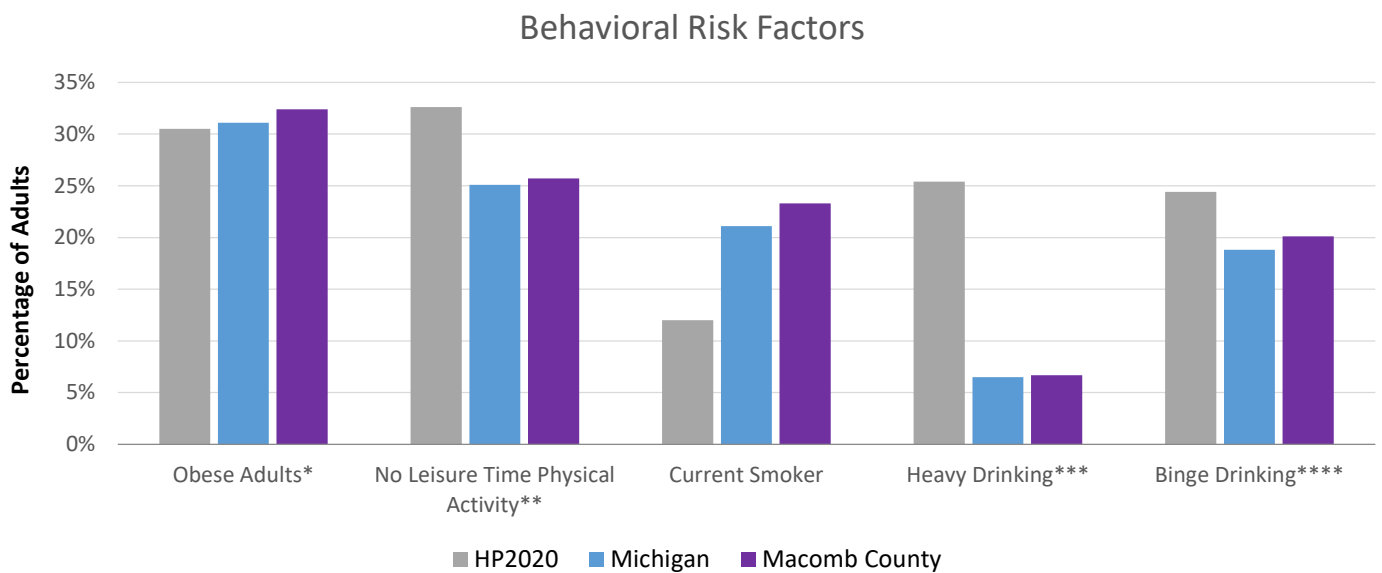
Behavioral Risk Factors Weight Status Physical Activity Tobacco Use Fruit and Vegetable Consumption Drug Use	Maternal and Child Health Low Birthweight Infant Mortality Prenatal Care Pregnancy and Tobacco Use
Chronic Disease Cardiovascular Disease High Blood Pressure Cancer Stroke	Access to Care Healthcare Access No coverage No selected provider

Supporting Data

Behaviors

Health isn't solely related to bacteria and the immune system: actions and personal characteristics, such as poor diet and physical inactivity, can greatly contribute to generating disease or exacerbating existing conditions. Health promotion should focus on both the proximal and distal causes of diseases. Social and behavioral theories and models can improve individual practices for a wide variety of populations and problems.

While many indicators are relative to behavioral risk factors, the following data pieces helped to determine the theme of Behavioral Risk Factors. All of these indicators are negative: lower population percentages are preferred. As shown in the data below, Macomb County has higher rates of obese adults and current smokers, and are far from the Healthy People 2020 target levels. However, the county rates of heavy drinking, binge drinking, and lack of leisure time have successfully surpassed the Healthy People 2020 objectives.



Source: 2013 - 2015 Michigan BRFSS Regional and Local Health Department Estimates, Healthy People 2020

* The proportion of adults whose BMI was greater than or equal to 30.0.

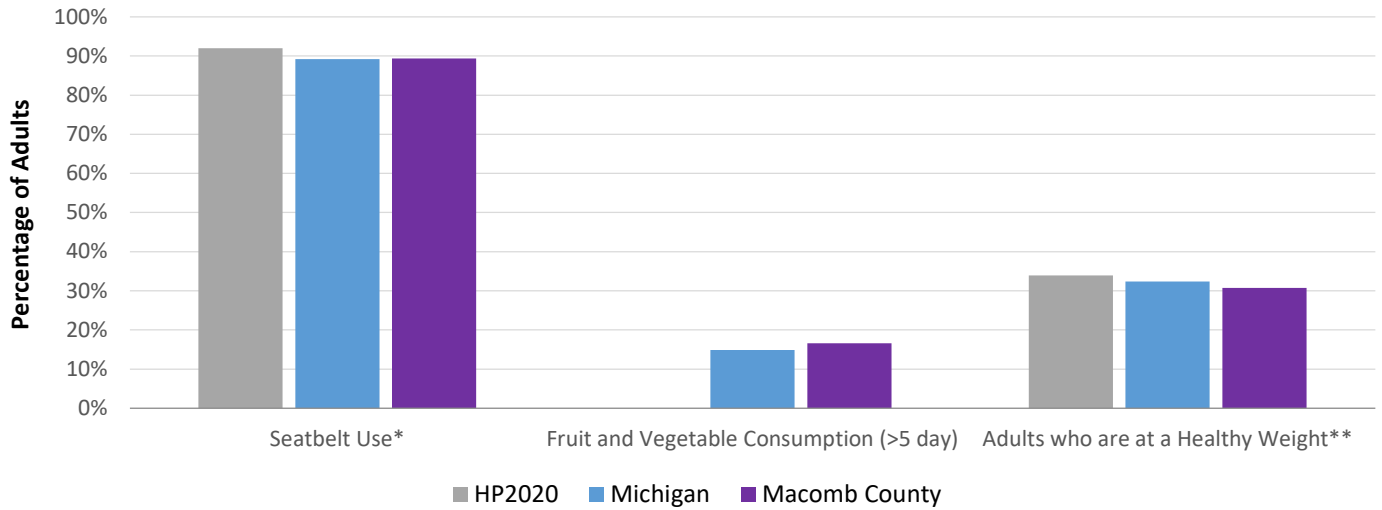
** The proportion of adults who reported not participating in any leisure time physical activities or exercises such as running, calisthenics, golf, gardening, or walking during the past month.

*** Among all adults, the proportion who reported consuming an average of more than two alcoholic drinks per day for men or more than one per day for women in the previous month.

**** Among all adults, the proportion who reported consuming five or more drinks per occasion (for men) or 4 or more drinks per occasion (for women) at least once in the previous month.

It is just as important to boost positive behaviors as it is to discourage risky actions. For these positive indicators, higher values are desirable. Macomb County (31%) is slightly worse than Healthy People 2020 target (33.9%) and the State of Michigan rate (32.4%) for adults who are at a Healthy Weight. While only 16.6% of adults report adequate fruit and vegetable consumption in the county, it is on par with that of Michigan. Fortunately, Macomb County (89.4%) exceeds the Michigan rate (89.2%) for adults who use seatbelts on a regular basis, although it still has a ways to go before it reaches the HP2020 goal of 92%.

Healthy Behaviors



Source: 2013 - 2015 Michigan BRFSS Regional and Local Health Department Estimates, Healthy People 2020

* The proportion of adults who reported always using a seatbelt when driving or riding in a car.

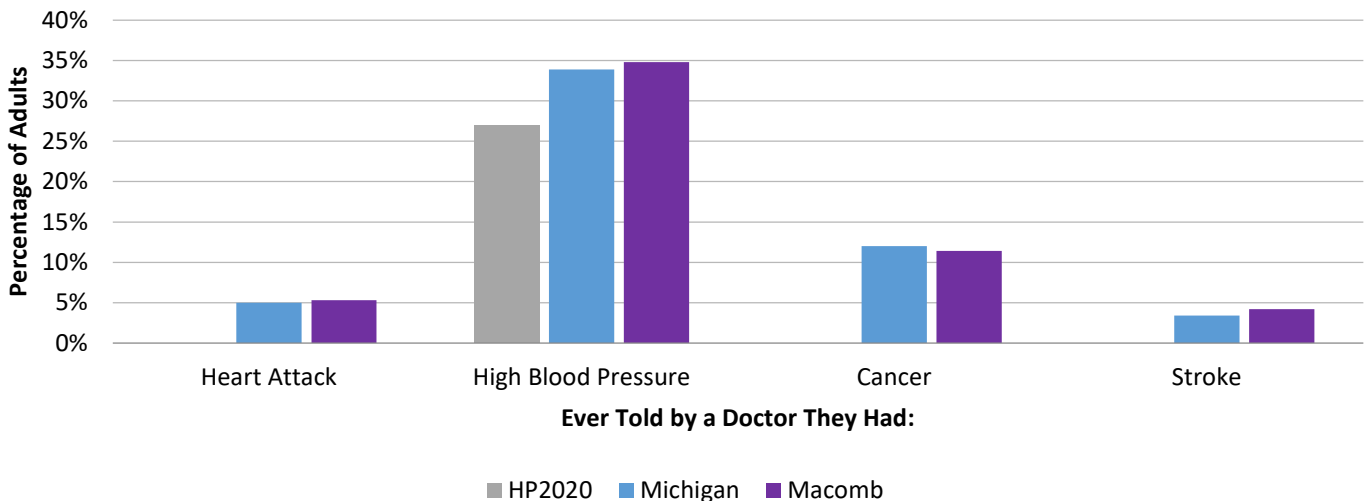
** The proportion of adults whose BMI was greater than or equal to 18.5, but less than 25.0.

Disease & Death

Macomb County continues to have a higher incidence and mortality for heart disease, cancer, and stroke. In all areas, Macomb had significantly higher rates compared to the State of Michigan and HP2020 where applicable.

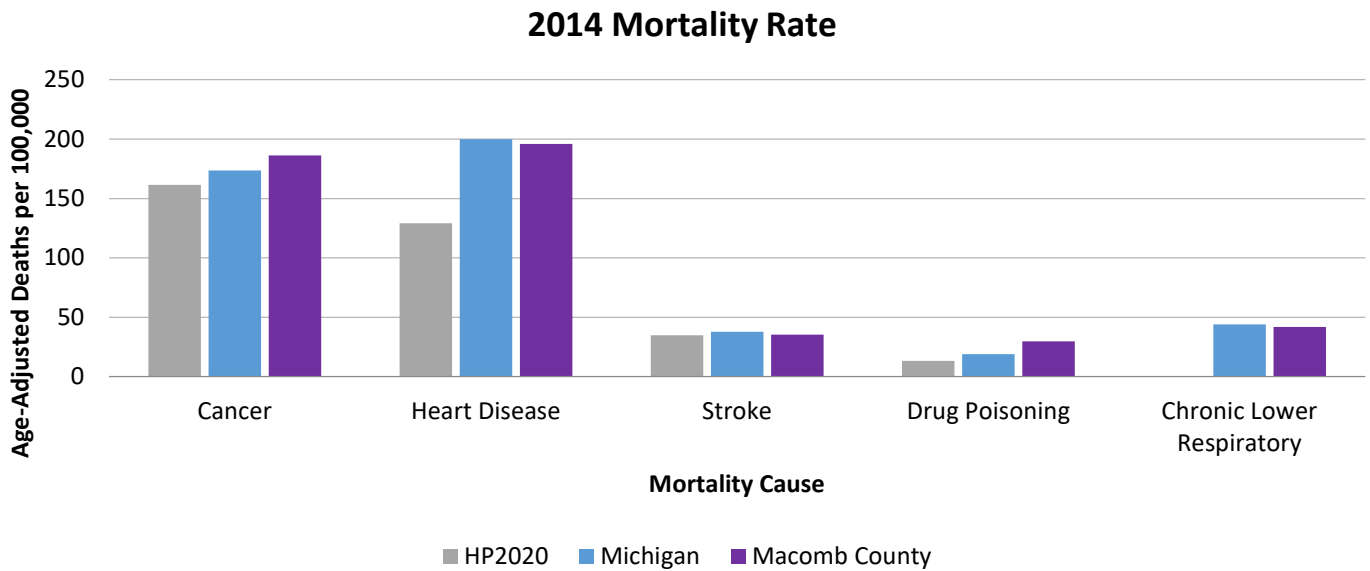
Proportionately, more Macomb adults have been informed of having high blood pressure (34.8%) or a stroke (4.2%) compared to the State of Michigan (33.9% and 3.4%, respectively). Incidence or awareness of cancer was the only category in which Macomb (11.4%) had a smaller population proportion than the state (12%).

Chronic Disease



Source: 2013 - 2015 Michigan BRFSS Regional and Local Health Department Estimates, Healthy People 2020

Macomb County has a higher age-adjusted mortality than both the HP2020 benchmark and Michigan State for cancer and drug poisoning. HP2020 recommends a target of 13.2 deaths per 100,000 people due to drug poisoning; Macomb in 2014 reported 29.8 deaths – a rate 225% higher. While Michigan itself has a higher rate (18.9 deaths per 100,000), Macomb is far and away suffering the greatest due to drug poisoning; Macomb’s rate of drug poisoning deaths is 1.6x higher than the state rate, and 2.6x higher than the HP2020 objective.



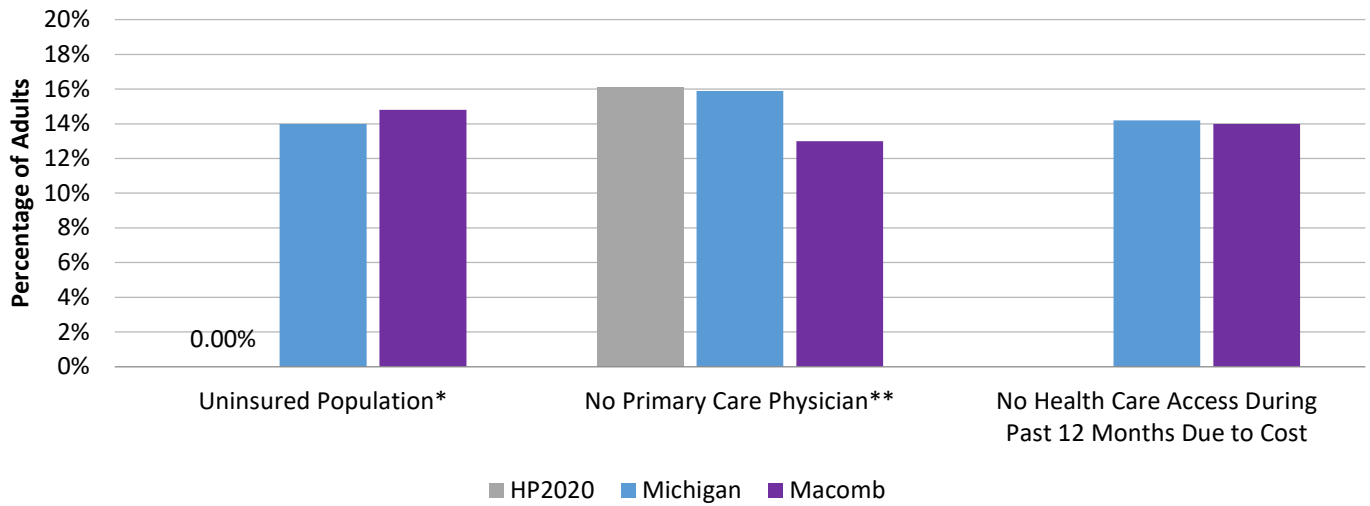
Source: Michigan Department of Health and Human Services, Vital Records & Health Statistics, Single Year Average Age-adjusted Mortality Rates 2014, CDC WONDER 2014, Healthy People 2020

Access to Care

Access to care has been repeatedly recognized as having a great influence on other health behaviors and conditions, especially those also identified in the Community Health Assessment. Lacking insurance can have drastic effects on health. Research has repeatedly demonstrated that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases, leading to expensive hospital bills and outcomes down the road.

The latest Michigan Behavioral Risk Factor Survey identified that 14.8% of Macomb County adults were uninsured, and 13% of residents do not have a usual care provider. The high cost of medical treatment prevented 14% of adults from seeing a doctor when needed. The CHSA team decided to focus on Access to Care because the goal of having an insured population is 100% as set by Healthy People 2020, and Macomb County is still working on reaching that goal. While Macomb is doing better than the State of Michigan in some categories of Access to Care, there are still a few areas that Macomb County can continue to improve in such as No Health Care Access during the Past 12 Months.

Access to Care



Source: 2013 - 2015 Michigan BRFSS Regional and Local Health Department Estimates, Healthy People 2020

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

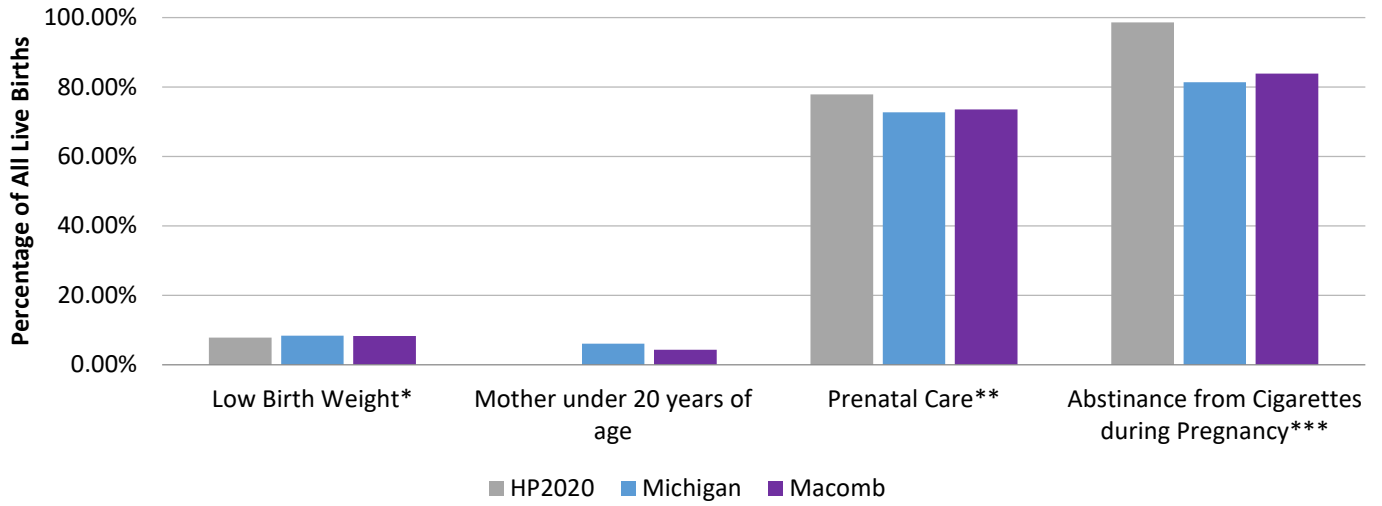
** The proportion of adults who reported that they did not have anyone that they thought of as their personal doctor or health care provider.

Women and Infants

Infant mortality rate is often used as an indicator to measure the health and well-being of a nation or community, because factors affecting the health of entire populations can also impact infant mortality. Similarly, maternal health and pregnancy characteristics are important gauges to track. Low birth weight is a negative indicator: babies born at a low weight are at a higher risk for disease, disability, and death. Teenage pregnancy can be dangerous for both the mother and the child due to socio-economic reasons and a lack of stable support – it too is a negative indicator, where a lower rate is preferred. In contrast, early entry into prenatal care and abstinence from substance use (e.g., alcohol and cigarettes) are positive indicators – higher numbers are desired.

While Macomb County is doing relatively similar or better than the State of Michigan with respect to most MCH indicators, the CHSA team still decided to put focus on this category. The County does not meet HP2020 objectives for adequate prenatal care and cigarette abstinence, which may be associated with the higher neonatal (less than 28 days old) mortality compared to both the State of Michigan and HP2020 benchmark. Fortunately, Macomb County favorably achieves and goes past the HP2020 targets for post-neonatal mortality. Reducing premature births, low birth weight babies and infant deaths due to unsafe sleep practices is a continual goal in Macomb County. There is always room for improvement in areas of Maternal and Child Health.

Maternal and Child Health



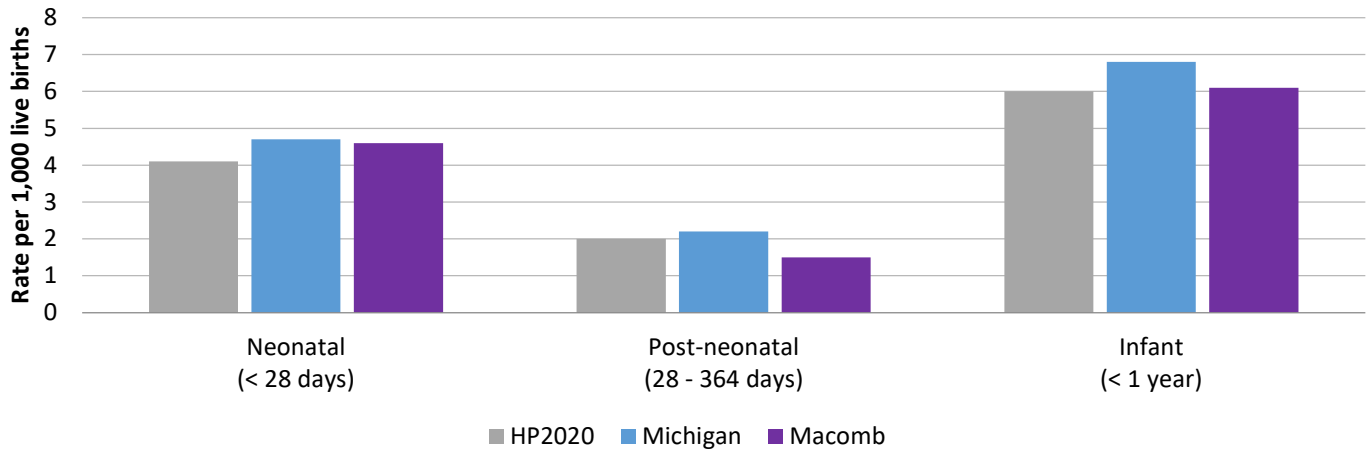
Source: Michigan Department of Health and Human Services, Vital Records & Health Statistics 2014 Characteristics, Healthy People 2020

* Low weight births are less than 2,500 grams.

** Received prenatal care during first trimester.

*** Mothers who smoked while pregnant where those who had a history of smoking, but never quit, plus those who quit at some point between estimated conception and birth date.

Infant Mortality, Macomb County Residents 2012-2014 Average

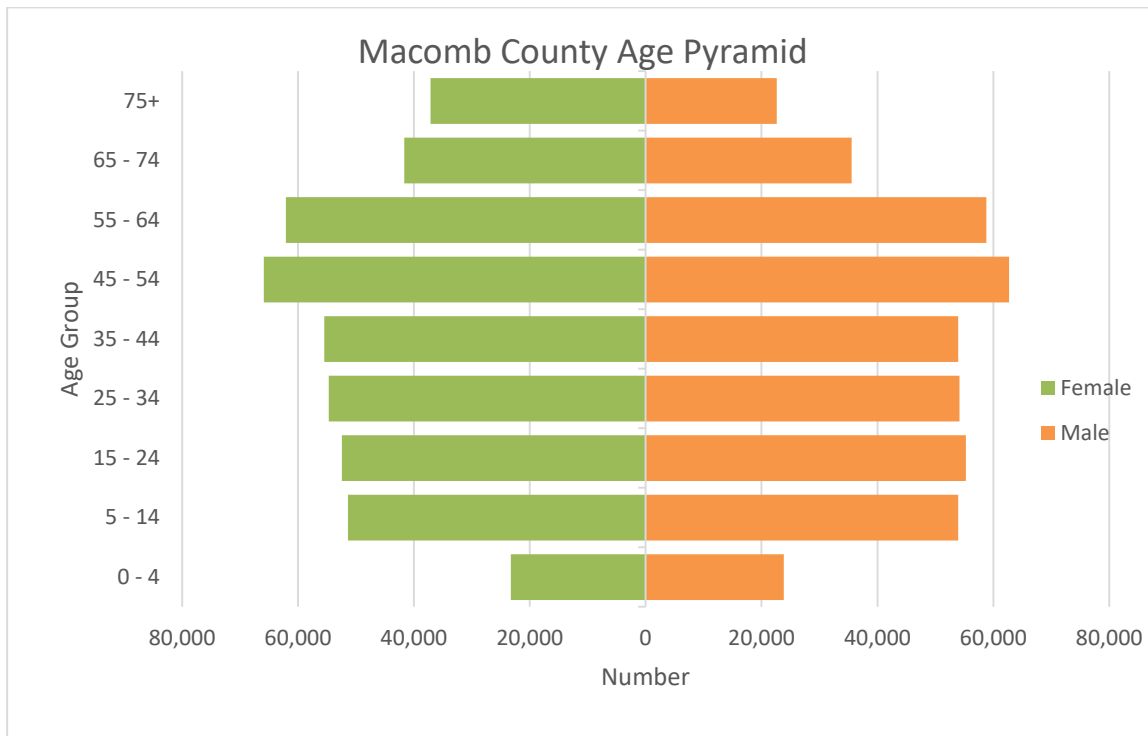


Source: Michigan Department of Health and Human Services, Vital Records & Health Statistics 2012-2014 Average, Healthy People 2020

Macomb County Charts and Graphs

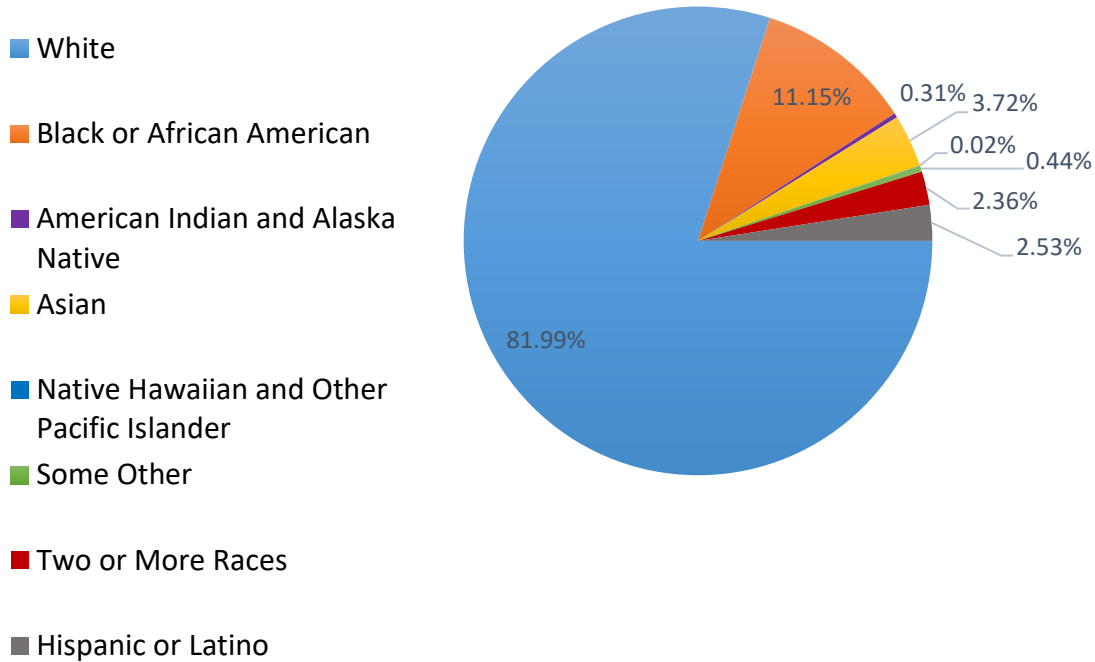
Demographics of Macomb County and Michigan		
	Michigan	Macomb County
Total Population	9,922,576	864,840
Male	49.10%	48.60%
Female	50.90%	51.40%
Age (in years)	Michigan	Macomb County
<5	5.80%	5.40%
5 -17	16.50%	16.20%
18 - 64	61.90%	62.60%
≥65	15.80%	15.80%
Race/ Ethnicity	Michigan	Macomb County
White	78.62%	81.99%
Black or African American	13.89%	11.15%
American Indian and Alaska Native	0.54%	0.31%
Asian	2.95%	3.72%
Native Hawaiian and Other Pacific Islander	0.04%	0.02%
Some Other	1.21%	0.44%
Two or More Races	2.74%	2.36%
Hispanic or Latino	4.90%	2.53%

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimate



Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimate

Racial Composition of Macomb



Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimate

Socioeconomic Measures		
	Michigan	Macomb County
Percent of Population below the poverty level	15.80%	11.70%
Percent unemployment among those 16 yrs and older	7.20%	6.60%
Number of households receiving food stamps/SNAP	580,043	44,357

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimate

Education Level*		
	Michigan	Macomb County
Less than high school (including grades 9-12 without a diploma)	9.90%	10.80%
High school graduate (includes equivalency)	29.40%	30.50%
Some college or associate's degree	32.90%	35.00%
Bachelor's degree or higher	17.00%	15.10%
Graduate or professional degree	10.80%	8.60%

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimate

*Among those aged 25 years and older.

Household Income		
	Michigan	Macomb
Total Households	3,858,532	341,532
Household Income	<i>Percent of Households</i>	
Less than \$10,000	7.70%	5.60%
\$10,000 to \$14,999	5.10%	4.20%
\$15,000 to \$24,000	11.00%	10.10%
\$25,000 to \$34,999	10.60%	11.00%
\$35,000 to \$49,000	14.40%	14.20%
\$50,000 to \$74,999	18.70%	19.50%
\$75,000 to \$99,999	12.00%	12.80%
\$100,000 or more	20.50%	22.60%

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimate

Percent Below Poverty Level		
Year	Michigan	Macomb
2012	17.40%	12.40%
2013	17.00%	13.30%
2014	16.20%	12.20%
2015	15.80%	11.70%

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimate

Housing		
	Michigan	Macomb
Housing Tenure:		
Owner-Occupied	70.40%	71.70%
Renter-Occupied	29.60%	28.30%
Selected Monthly Owner Costs as a Percentage of Household Income		
With a Mortgage:		
Less than 20.0 percent	49.90%	50.40%
20.0 to 24.9 percent	15.10%	15.20%
25.0 to 29.9 percent	9.90%	10.00%
30.0 to 34.9 percent	6.40%	6.70%
35.0 percent or more	18.80%	17.60%
Without a Mortgage:		
Less than 10.0 percent	39.50%	36.70%
10.0 to 14.9 percent	20.50%	22.90%
15.0 to 19.9 percent	12.40%	15.20%
20.0 to 24.9 percent	7.20%	6.20%
25.0 to 29.9 percent	5.10%	4.50%
30.0 to 34.9 percent	3.40%	3.40%
35.0 percent or more	12.00%	11.00%
Gross Rent as a Percentage of Household Income		
Less than 15.0 percent	13.40%	11.90%
15.0 to 19.9 percent	12.60%	11.40%
20.0 to 24.9 percent	12.30%	12.30%
25.0 to 29.9 percent	11.70%	13.80%
30.0 to 34.9 percent	8.70%	9.60%
35.0 percent or more	41.30%	41.00%

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimate

Population with Limited English Proficiency			
	US	Michigan	Macomb County
	Percent Population		
Speak a language other than English at home	21.50%	9.50%	13.90%
Speak English less than "very well"	8.60%	3.40%	6.30%

Source: U.S. Census Bureau, 2015 American Community Survey 1-Year Estimate

* Population with limited English Proficiency represents the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well."

Top Ten Leading Causes of Death in Macomb County, Age-Adjusted Rates per 100,000

	All Races			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
1. Heart Disease	196	240.9	160.6	196	244.6	157.2	224.1	200	233.8
2. Cancer	186.1	219.4	163.4	186.8	220.5	164.1	186	212.1	166.5
3. Chronic Lower Respiratory Diseases	42	45.3	40.4	42.1	46	40.2	45.5	•	•
4. Stroke	35.5	39.2	33	34.5	39	31.4	36.3	•	•
5. Unintentional Injuries/ Accidents	46.2	66.5	27.6	49	70.6	28.6	39.1	51.3	•
6. Alzheimer's Disease	24.2	18.6	27.3	24.4	18.4	27.7	•	•	•
7. Diabetes Mellitus (Type 2)	27.1	35.6	20.7	25.1	32.7	19.2	58.6	•	•
8. Pneumonia/Influenza	14.7	18.9	12.1	14.6	18.4	12.2	•	•	•
9. Kidney Disease	14.1	14.8	13.7	14.2	14.8	14	•	•	•
10. Intentional Self-harm (Suicide)	13.3	20	7.1	15.4	22.9	8.1	•	•	•

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

* Age-adjusted 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.

* indicates that the data do not meet standards of reliability or precision.

**Rates of Years of Potential Life Lost Below Age 75 Due to
Leading Causes of YPLL in Macomb County**

Cause of Death	All Races			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
All Causes	9,297.6	11,433.3	7,209.1	9,285.0	11,490.3	7,088.5	10,874.4	12,987.3	9,059.3
1. Malignant neoplasms	2,144.9	2,257.0	2,035.3	2,197.1	2,323.1	2,071.5	1,976.0	1,930.9	2,014.8
2. Diseases of heart	1,439.3	2,057.1	835.1	1,469.1	2,130.7	810.1	1,550.1	1,964.7	1,194.0
3. Accidents	1,465.6	2,069.6	874.9	1,527.3	2,178.6	878.5	1,328.5	1,653.4	1,049.3
4. Intentional self-harm (suicide)	546.7	845.5	254.6	600.9	931.3	271.8	•	•	•
5. Certain conditions originating in the perinatal period	407.3	418.6	396.3	290.2	265.4	314.9	1,251.5	1,710.8	857
6. Assault (homicide)	194.4	313.6	77.8	85.1	117.1	•	1,081.5	2,006.1	•
7. Chronic lower respiratory diseases	256.6	240.2	272.7	265.9	237.8	293.9	252.6	333	183.6
8. Chronic liver disease and cirrhosis	246.4	326.4	168.2	268.9	358.2	179.9	115	•	•
9. Diabetes mellitus	261.1	320.4	203.1	252.5	309.6	195.5	391.1	470.1	323.3
10. Cerebrovascular diseases	236.6	248.3	225	217.6	236.3	198.9	362.5	318.9	400
11. Congenital malformations, deformations and chromosomal abnormalities	178.2	181.6	174.9	174.7	194.8	154.6	•	•	•
12. Influenza and pneumonia	96.8	85	108.3	99.5	89.7	109.2	109.1	•	134.2
13. Septicemia	89.1	105.5	73.1	76.7	93.4	60	193.1	197.7	189
14. Nephritis, nephrotic syndrome and nephrosis	79.5	89.9	69.3	73.1	79.7	66.6	151.8	207.3	104.1
15. Viral hepatitis	43.5	61	26.4	42.5	57.6	27.6	•	•	•
All Other Causes	1,611.5	1,813.4	1,414.1	1,644.0	1,886.8	1,402.2	1,654.8	1,550.1	1,744.1

Source: Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services Population Estimate, 2010-2014

Note: The years of potential life lost (YPLL) below age 75 is a measure of mortality designed to emphasize mortality which is prevalent among persons under age 75. The number of years of potential life lost is calculated as the number of years between the age at death and 75 years of age for persons dying before their 75th year. Rates are per 100,000 population under 75 years of age.

The causes of death are listed in order of the 15 leading causes of YPLL for Michigan residents in 2014.

•: A dot (•) indicates that the data do not meet standards of reliability or precision.

**Rates of Years of Potential Life Lost Below Age 75 Due to
Certain Cancers, Firearm, Drug and Alcohol-related Deaths in Macomb County**

Cause of Death	All Races		
	Total	Male	Female
1. Drug-induced deaths	1,167.90	1,566.00	778.6
2. Malignant neoplasms of trachea, bronchus and lung	550.8	603	499.6
3. Injury by firearms	372.4	635.6	115.1
4. Alcohol-induced deaths	270.7	372.6	171
5. Malignant neoplasm of breast	189.3	•	371.3
6. Malignant neoplasms of lymphoid, hematopoietic and related tissue	187.6	229	147.2
7. Malignant neoplasms of colon, rectum and anus	186.4	213.1	160.4

Source: Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services Population Estimate, 2010-2014

Note: The years of potential life lost (YPLL) below age 75 is a measure of mortality designed to emphasize mortality which is prevalent among persons under age 75. The number of years of potential life lost is calculated as the number of years between the age at death and 75 years of age for persons dying before their 75th year. Rates are per 100,000 population under 75 years of age.

The causes of death are listed in order of the 15 leading causes of YPLL for Michigan residents in 2014.

•: A dot (•) indicates that the data do not meet standards of reliability or precision.

Leading Communicable Diseases Overall, Macomb County and Michigan

	Macomb County		Michigan	
	Number of Cases	Rate	Number of Cases	Rate
Chlamydia (Genital)	2,479.0	294.0	45,390.0	459.0
Influenza	821.0	97.0	7,928.0	80.0
Hepatitis C, Chronic	721.0	85.0	8,419.0	85.0
Gonorrhea	476.0	56.0	9,766.0	98.0
Hepatitis B, Chronic	390.0	46.0	2,352.0	23.0
Chickenpox (Varicella)	88.0	10.0	713.0	7.2
Campylobacter	86.0	10.0	1,156.0	11.0
Pertussis	83.0	9.9	1,387.0	14.0
Salmonellosis	75.0	8.9	1,057.0	10.0
Shingles	50.0	5.9	491.0	5.0

Source: Michigan Department of Health & Human Services, Michigan Disease Surveillance System, 2014

Top ten ranking order is for Macomb County only, based on confirmed and probable cases. Investigation Status includes Active, Canceled, Completed, Completed - Follow Up, New, Review, Superseded cases. Michigan cases are provided for comparison and are not ranked.

Rates are per 100,000 population using the 2010 census data estimates.

Maternal and Child Health					
	Reference	2010		2014	
	HP 2020	Macomb	Michigan	Macomb	Michigan
<i>Rate per 1,000 Resident Population</i>					
Live births	N/A	55.9	59.9	57.2	60.6
<i>Percent Population</i>					
Mother under 20 years old	N/A	5.8	9.5	4.3	6.1
Live births with prenatal care beginning in the first trimester	77.9	73.8	74.3	73.6	72.7
Inadequate prenatal care (Kessner Index)	N/A	15.4	8.3	8.7	8.9
Low birth weight	7.8	8.5	8.4	8.3	8.4
Very low birth weight	1.4	1.7	1.7	1.4	1.5
Very Preterm (prior to 32 weeks gestation)	1.8	2.0	2.2	1.8	2.2
Live births (32 to 33 weeks gestation)	1.4	1.5	1.5	1.8	1.6
Late preterm (34 to 36 weeks of gestation)	8.1	8.2	8.4	7.5	8.5
Total Preterm	11.4	11.7	12.1	11.1	12.3
Low-risk live births that were first birth Cesarean sections	23.9	20.6	18.8	18.5	17.5
Women delivering a live birth who had a healthy weight prior to pregnancy	57.8	24.0	27.6	22.8	28.6
Weight gained while pregnant for singleton moms was excessive	N/A	43.3	46.6	43.9	46.4
Mothers who did not smoke while pregnant	98.6	80.1	80.4	83.9	81.4
Breastfeeding not planned	N/A	27.1	25.9	22.5	20.0
Breastfeeding planned	N/A	32.7	37.2	38.4	36.8
Breastfeeding initiated	N/A	34.3	34.6	37.3	42.4

Source: Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, Natality

Infant Mortality			
	HP 2020	Macomb County	Michigan
<i>Rate per 1,000 live births</i>			
Infant mortality	6.0	6.1	6.8
Neonatal mortality	4.1	4.6	4.7
Post-neonatal mortality	2.0	1.5	2.2

Source: Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, Natality 2012 – 2014 Average

Nativity Characteristics by Maternal Race								
	All	White	Black	American Indian	Asian & Pacific Islander	Other Races	Hispanic	Arab
Number of Live Births	114,460	84,492	21,282	601	3,835	4,138	7,625	4,744
Fertility Rate*	60.6	57.8	65	31.1	48.6	N/A	70	108

Source: Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, Natality 2014 Characteristics

* Rates are per 1,000 female population.

Macomb County Access to Care			
	Year		
	2012	2013	2014
<i>Percent Population</i>			
Without insurance	11.4	11.4	10.5
Health Coverage by Type*			
Private Health Insurance	--	72.8	73.0
Private Health Insurance alone	--	57.0	57.1
Employment-based health insurance	--	62.8	62.7
Employment-based health insurance alone	--	51.7	51.5
Direct-purchase health insurance	--	12.6	12.7
Direct-purchase health insurance alone	--	4.9	5.2
TRICARE/military health coverage	--	1.2	1.3
TRICARE/military health coverage alone	--	0.4	0.4
Public coverage	--	30.2	31.0
Public coverage alone	--	14.1	14.6
Medicare coverage	--	16.6	17.0
Medicare coverage alone	--	2.7	2.9
Medicaid/means-tested public coverage	--	16.0	16.4
Medicaid/means-tested public coverage alone	--	11.2	11.5
VA Health Care	--	1.4	1.5
VA Health Care alone	--	0.2	0.2

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

* Percent Insured by Coverage Type; the denominator only contains Macomb residents who were recording as having insurance.

Mental Health			
	Michigan	Macomb	Year
	<i>Percent Population</i>		
Poor mental health on at least 14 days in the past month	12.2%	11.3%	2013-2015
Binge drinking (adult population)	18.8%	20.1%	2013-2015
	<i>Rate per 100,000</i>		
Rate of confirmed child abuse and neglect cases among children	1470	780	2014
Homicide rate	5.14	1.30	2014
Suicide rate	13.20	13.30	2014
Domestic violence rate	921.70	841.83	2014
Hate crime rate	4.46	5.53	2014

Data source: 2013 - 2015 Michigan BRFSS Regional and Local Health Department Estimates, Michigan Department of Health and Human Services Vital Statistics, Michigan State Police Crime Data and Statistics, Michigan League for Public Policy

Women Screening		
	Macomb County	Michigan
	<i>Percent Female Population</i>	
Pap Test*	74.9	77.2
Mammogram**	46.7	49.1

Source: 2012 - 2014 Michigan BRFSS Regional and Local Health Department Estimates

* Among women aged 18 years and older, the proportion who reported having a Pap test within the previous three years.

**Among women aged 40 years and older, the proportion who reported having a mammogram and clinical breast exam in the past year.

Sex-Based Economic Equity in Macomb County			
	Total	Male	Female
	<i>Percent Population</i>		
Below Poverty Level	11.7%	10.5%	12.8%
Households receiving food stamps/SNAP	13.0%	N/A	N/A
Unemployment Rate (20 - 64 years)	6.6%	6.5%	6.0%
Uninsured Population	5.8%	6.7%	4.9%
Population with No High School Diploma*	10.8%	10.8%	10.7%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

*Among those aged 25 years and older.

Sex-Based Health Disparity in Macomb County

Multiple Cause of Death	Total	Male	Female
Cancer	195.5	238.8	166.9
Ischemic Heart Disease	193	258.2	146.2
Heart Disease	336.6	420.9	275.6
Homicide	3.9	6.2	1.6
Chronic Lower Respiratory Disease	85	98.7	76.6
Motor Vehicle Accident	8.7	12.6	5.1
Stroke	61.3	66.4	57.2
Suicide	13.5	21.7	6.0
Unintentional Injury	48.6	67.2	32.1
Drug-Induced	153.7	208.9	111.6
Alcohol-Induced	16.6	25.4	8.6
HIV	1.1	1.9	N/A

Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014 five-year average
Age Adjusted Rate per 100,000

N/A = Death rates are flagged as Unreliable when the rate is calculated with a numerator of 20 or less. This also includes Suppressed Data when the data meet the criteria for confidentiality constraints

Race-Based Health Disparity in Macomb County

Multiple Cause of Death	Total	White	Black	Asian or Pacific Islander	American Indian Alaskan Native	Hispanic Latino
HIV Prevalence, 2013	1.1	0.7	5.6	N/A	N/A	N/A
Cancer 2010-2014	195.5	195.2	221	123.2	179.2	174.6
Heart Disease 2010-2014	336.6	337.1	396.5	134.6	365.1	232.1
Ischemic Heart Disease 2010-2014	193	194.7	203	79.7	240.1	143.1
Homicide 2010-2014	3.9	2	18.6	N/A	N/A	N/A
Chronic Lower Respiratory Disease 2010-2014	85	86.4	76.8	31.3	N/A	55.9
Motor Vehicle Accident 2010-2014	8.7	8.7	10.2	N/A	N/A	N/A
Stroke 2010-2014	61.3	59.6	96.7	55.7	N/A	63.2
Suicide 2010-2014	13.5	15.1	4.5	N/A	N/A	N/A
Unintentional Injury 2010-2014	48.6	50.7	38.8	N/A	N/A	55.7
Drug-Induced	153.7	159.4	125.6	32.8	198.9	152.3
Alcohol-Induced	16.6	17.7	10	N/A	N/A	N/A

Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014 five-year average
Age Adjusted Rate per 100,000

N/A = Death rates are flagged as Unreliable when the rate is calculated with a numerator of 20 or less. This also includes Suppressed Data when the data meet the criteria for confidentiality constraints

Indicators

Core Indicator Categories

The CHSA team utilized MAPP's eleven broad-based core and extended data categories to review the data.

Category One

Definition of Category: Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and subpopulations are located, and the rate of change in population density over time, due to births, deaths and migration patterns.

- Overall Demographic Information
- Demographic Profile: Age and Sex
- Demographic Profile: Race / Ethnic Distribution

Category Two

Definition of Category: Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

- Employment/Unemployed
- Percent Below Poverty Level
- Median Household Income
- Ratio of students graduating who entered 9th grade 3 years prior
- Special Populations Number Proportion of
 - Migrant persons
 - Homeless persons
 - non-English speaking persons
- Persons aged 25 and older with less than a high school education
- Persons without health insurance
- Single parent families

Category Three

Definition of Category: This domain represents factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, the category of health resources includes measures of access, utilization, cost and quality of health care and prevention services. Service delivery patterns and roles of public and private sectors as payers and/or providers may also be relevant.

- Medicaid eligibles to participating physicians
- Licensed dentists: rate total population (CHSI Report)
- Licensed primary care physicians (general practice, family practice, internal, ob/gyn, and pediatrics): rate total population (CHSI Report)
- Licensed hospital beds: total, acute, specialty beds; rate total population (and occupancy rate)
- Visiting nurse services/in home support services: rate total population
- Proportion of population without a regular source of primary care (including dental services)
- Per capita health care spending for Medicare beneficiaries (the Medicare adjusted average per capita cost)
- Local health department full-time equivalents employees (FTEs): number per total population
- Total operating budget of local health department: dollars per total population

Category Four

Definition of Category: Quality of Life (QOL) is a construct that “connotes an overall sense of well-being when applied to an individual” and a “supportive environment when applied to a community” (Moriarty, 1996). While some dimensions of QOL can be quantified using indicators research has shown to be related to determinants of health and community-well being, other valid dimensions of QOL include perceptions of community residents about aspects of their neighborhoods and communities that either enhance or diminish their quality of life.

- Proportion of persons satisfied with the quality of life in the community (IOM, 1997)
- Proportion of adults satisfied with the health care system in the community (IOM, 1997)
- Proportion of parents in the PTA
- Number of openings in child care facilities for low income families
- Number of neighborhood crime watch areas
- Civic organizations/association members per 1,000 population
- Percent of registered voters who vote

Category Five

Definition of Category: Risk factors in this category include behaviors which are believed to cause, or to be contributing factors to, injuries, disease, and death during youth and adolescence and significant morbidity and mortality in later life. The indicators below correlate with information found in the Behavioral Risk Factor Surveillance System (BRFSS). For more information, go to <http://www.cdc.gov/nccdphp/brfss/pdf/userguide.pdf>.

For each of the following, look at risk by percent of total population, by subgroups: age, gender, race, ethnicity, income, education

- Substance Use and Abuse
 - Tobacco use
 - Illegal drug use
 - Binge drinking
- Lifestyle
 - Nutrition
 - Obesity
 - Exercise
 - Sedentary lifestyle
- Protective Factors (safety)
 - Seatbelt use
 - Child safety seat use
 - Bicycle helmet use
 - Condom use
- Screening
 - Pap Smear (Percent of age-specific female population)
 - Mammography (Percent of age-specific female population)

Category Six: Environmental Health Indicators

Definition of Category: The physical environment directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health. Exposure to environmental substances such as lead or hazardous waste increases risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality.

- Air quality - number and type of U.S. Environmental Protection Agency air quality standards not met
- Water quality - proportion of assessed rivers, lakes, and estuaries that support beneficial uses (e.g., fishing and swimming approved) (IOM, 1997)
- Indoor clean air - Percent of public facilities designated tobacco-free
- Workplace hazards - Percent of OSHA violations
- Food safety - foodborne disease: rate per total population (CHSI Report)
- Lead exposure - Percent of children under 5 years of age who are tested and have blood levels exceeding 10mcg/dL
- Waterborne disease: rate per total population
- Fluoridated water - percent total population with fluoridated water supplies
- Rabies in animals: number of cases

Category Seven

Definition of Category: This category represents social and mental factors and conditions which directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being and safety may be influenced by substance abuse and violence within the home and within the community.

- During the past 30 days, average number of days for which adults report that their mental health was not good (IOM, 1997) [See Category 9 for similar question regarding physical health]
- Number and rate of confirmed cases of child abuse and neglect among children (IOM, 1997)
- Homicide rate: age adjusted; total, white, non-white (IOM, 1997, CHSI Report)
- Suicide rate: age adjusted; total, white, non-white; teen suicide (IOM, 1997, CHSI Report)
- Domestic violence: rate per total population
- Psychiatric admissions: rate per total population
- Alcohol related motor vehicle injuries/mortality: rate per total population
- Drug-related mortality rate

Category Eight: Maternal and Child Health

Definition of Category: One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care is included. Births to teen mothers is a critical indicator of increased risk for both mother and child.

- Infant mortality (death within 1st year): total, white, non-white rate per 1000 live births
- Entrance into prenatal care in 1st trimester: Percent total, white, non-white per live births
- Births to adolescents (ages 10-17) as a proportion of total live births (IOM, 1997, CHSI Report)
- Adolescent pregnancy rate (ages 15-17)
- Very low birthweight (less than 1,500 grams): Percent total live births, white, non-white

- Child mortality: rate per population age 1-14 / 100,000
- Neonatal mortality: total, white, non-white, rate per live births
- Post Neonatal mortality: total, white, non-white rate per live births

Category Nine: Death, Illness, and Injury

Definition of Category: Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates (AAM); by degree of premature death (Years of Productive Life Lost or YPLL); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted (AA) incidence of cancer and chronic disease.

- General health status (percent respondents reporting their health status as excellent, very good, good, fair, poor) (IOM, 1997, CHSI Report) [See Category 7 for similar question regarding mental health]
- Average number of sick days within the past month (CHSI Report) Mortality (Age adjusted rates)
- All causes: AAM, total, by age, race, and gender (CHSI Report)
- All cancers: AAM, total, white, non-white (CHSI Report)
- Unintentional Injuries: Total, by age, race, and gender (CHSI Report)
- Years of Productive Life Lost (YPLL): number of YPLL under age 75 per population (total, white, non-white)
- Breast cancer (IOM, CHSI Report)
- Lung cancer (IOM, CHSI Report)
- Cardiovascular disease (IOM, 1997, CHSI Report)
- Motor vehicle crashes (IOM, 1997, CHSI Report)
- Cervical cancer
- Colorectal cancer (CHSI Report)
- Chronic obstructive lung disease
- Chronic liver disease and cirrhosis: AAM, total, white, non-white
- Diabetes mellitus: AAM, total, white, non-white (CHSI Report)
- Pneumonia/influenza: AAM, total, white, non-white
- Stroke: AAM, total, white, non-white (CHSI Report)

Category Ten: Communicable Disease

Definition of Category: Measures within this category include diseases which are usually transmitted through person-to-person contact or shared use of contaminated instruments /materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations, or through the use of protective measures, such as condoms for the prevention of sexually-transmitted diseases.

- Proportion of 2-year old children who have received all age-appropriate vaccines, as recommended by the Advisory Committee on Immunization Practices (IOM, 1997)
- Proportion of adults aged 65 and older who have ever been immunized for pneumococcal pneumonia (IOM, 1997)
- Proportion of adults aged 65 and older who have been immunized in the past 12 months for influenza (IOM, 1997, CHSI Report)
- Vaccine preventable: Percent of appropriately immunized children/population
- Syphilis (primary and secondary) cases: reported incidence by age, race, gender
- Gonorrhea cases: rate total population

- Chlamydia: reported incidence
- Tuberculosis: AAM, reported incidence by age, race, and gender (IOM, 1997, CHSI Report –number of cases)
- AIDS: AAM, reported incidence by age, race, gender (IOM, 1997, CHSI Report – number of cases)
- Bacterial meningitis cases: reported incidence
- Hepatitis A cases: reported incidence (CHSI Report – number of cases)
- Hepatitis B cases: reported incidence (CHSI Report – number of cases)
- Hepatitis C cases: reported incidence

Category Eleven: Sentinel Events

Definition of Category: Sentinel events are those cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely medical care or preventive services were provided. These include vaccine-preventable illness, late stage cancer diagnosis, and unexpected syndromes or infections. Sentinel events may alert the community to health system problems such as inadequate vaccine coverage, lack of primary care and/or screening, a bioterrorist event, or the introduction of globally transmitted infections.

- Vaccine preventable disease
 - Measles: number and rate/total population (CHSI Report – number of cases)
 - Mumps: number and rate/total population
 - Rubella: number and rate/total population (CHSI Report – number of cases)
 - Pertussis: number and rate/total population (CHSI Report – number of cases)
 - Tetanus: number and rate/total population
- Other
 - Percent late stage diagnosis cancer – cervical
 - Percent late stage diagnosis cancer – breast
 - Number of deaths or age-adjusted death rate for work-related injuries (IOM, 1997)
 - Unexpected syndromes due to unusual toxins or infectious agents, possibly related to a bioterrorist event (i.e., smallpox, anthrax)

Extended Indicator Categories

Category One: Demographic characteristics

- No extended indicators

Category Two: Socioeconomic Characteristics

- Per Capita Income
- WIC eligibles: Percent of total population
- Medicaid eligibles: Percent of total population
- High School Graduation Rate
- Percent of population with a college or higher level of education
- Food Stamp Recipients -Percent of total population
- Number of subsidized housing units per total number of households.

Category Three: Health Resource Availability

- Medicaid physician availability: ratio
- Medicaid dentist availability: ratio
- Licensed doctors: rate total population
- Licensed opticians/optometrists: rate total population
- Licensed practical nurses: rate total population
- Licensed advanced registered nurse practitioners: rate total population
- Licensed registered nurses: rate total population
- Nursing home beds: rate total population (and occupancy rate)
- Adult living facility beds: total population
- Percent of population provided primary care services by private providers
- Percent of population provided primary care services by community and migrant health centers
- Percent of population provided primary care services by other sources

Category Four: Quality of Life

- Proportion of residents planning to stay in the community / neighborhood for next five years
- Proportion of youth involved in organized after school recreational/educational activities
- Number of child care facilities/ preschool –age population
- Number of small/medium licensed businesses/population
- Number of small locally owned businesses/population
- Proportion of minority-owned businesses
- Number of neighborhood/community-building get-togethers /year
- Number of support resources identified by residents
- Outreach to the physically, mentally, or psychologically challenged
- Number of cultural events per year
- Number of ethnic events per year
- Number of inter-ethnic community groups and associations
- Participation in developing a shared community vision
- Number of grass root groups active at neighborhood level
- Number of advocacy groups active at community level
- Civic participation hours/week (volunteer, faith-related, cultural, political)
- Percent registered to vote

Category Five: Behavioral Risk Factors

- No extended indicators

Category Six: Environmental Health Indicators

- Solid Waste Management - number of sanitary nuisance complaints
- Solid Waste Management - percent of residences serviced by sanitary elimination program (garbage pickup, recycling)
- Solid Waste Management - pounds of recycled solid waste per day per person
- Compliance in tributary streams with water standards for dissolved oxygen
- Salmonella cases: rate per total population (CHSI Report – number of cases)
- Shigella: rate per total population (CHSI Report – number of cases)
- Enteric cases: total cases per total population
- Incidence of animal/vector-borne disease (e.g., Lyme, West Nile, encephalitis)
- Contaminated wells: percent of total wells sampled
- Septic tanks: rate per total population
- Septic tanks: rate of failure
- Sanitary nuisance complaints: rate per total population
- Radon Detection - percent of homes tested for or remedied of excessive levels
- Hazardous Waste Sites number - percent of population within exposure area
- Percent of restaurants that failed inspection
- Percent of pools that failed inspection
- Number of houses built before 1950 (risk for lead-based paint exposure): number and proportion in community

Category Seven: Social and Mental Health

- Elderly abuse: rate per population > age 59
- Simple assaults: rate per total population
- Aggravated assaults: rate per total population
- Burglary: rate per total population
- Illegal drug sales and possession: rate per total population
- Forcible sex: rate per total population
- Intentional injury: age-adjusted mortality
- Alcohol related mortality rate
- Binge drinking -- percent of adult population
- Treatment for mental disorder -- percent of population
- Crime rates: violent crimes; hate crimes; sexual assault

Category Eight: Maternal and Child Health

- Live birth rate
- Fertility rates
- 3rd trimester prenatal care: percent of total, white, non-white per live births
- No prenatal care: percent of total, white, non-white live births
- Prenatal care; no care; adequate care
- Repeat births to teens
- Family planning numbers as percent of target population
- Low birthweight: percent of total, white, non-white live births (CHSI Report – percent of total population)
- Perinatal conditions: AAM
- Mortality due to birth defects: total, white, non-white rate population (CHSI Report)

- EPSDT as percent of eligibles
- WIC recipients as percent of eligibles
- Teen and young adult tobacco smoking rates
- C-section rate

Category Nine: Death, Illness, and Injury

- Morbidity (Incidence of newly diagnosed cases)
 - Breast cancer (total, white, non-white)
 - Cervical cancer (total, white, non-white)
 - Colorectal cancer
 - Lung and bronchus cancer
 - Prostate cancer
 - Melanoma
 - Oral cancer
 - Dental caries in school-aged children
- Hospitalizations (number and rate/total pop.) for the following:
 - Asthma
 - Cellulitis
 - Congestive heart failure
 - Diabetes
 - Gangrene
 - Influenza
 - Malignant hypertension
 - Perforated/bleeding ulcers
 - Pneumonia
 - Pyelonephritis
 - Ruptured appendix

Category Ten: Communicable Disease

- Nosocomial infections
- Group B streptococcus

Category Eleven: Sentinel Events

- Congenital syphilis
- Childhood TB
- Drug-resistant TB
- Residential fire deaths (number and rate)
- Drug overdose deaths (number and rate)
- Gun-related youth deaths
- Maternal death

Benchmark Comparisons

Worse than the Benchmark

- No Health Care Coverage Among Those Aged 18-64 Years, Michigan & HP2020
- Health Care Access - No Personal Health Care Provider, Michigan & HP2020
- Health Care Access - No Health Care Access During Past 12 Months Due to Cost, Michigan & HP2020
- Low Birth Weight Babies, Michigan
- Unintentional injuries, Michigan
- CVD, Michigan
- Chlamydia, Michigan
- High Blood Pressure, Michigan
- Cholesterol Screening and Awareness - Ever Told High Cholesterol, Michigan
- Chronic Obstructive Pulmonary Disease (COPD), Michigan
- Stroke, Michigan
- Cardiovascular Disease, Michigan
- Cancer, Michigan
- Fruit and Vegetable Consumption – Fruits, Michigan
- Activity Limitation on at least 14 Days in the Past Month, Michigan
- Cigarette Smoking - Current Smoking, Michigan
- Alcohol Consumption - Any Alcohol in past Month, Michigan
- Alcohol Consumption - Heavy Drinking, Michigan
- Alcohol Consumption - Binge Drinking, Michigan

About the same as the benchmark

- Post neonatal mortality, Michigan
- All Cancers, Michigan
- Chronic Liver disease and cirrhosis, Michigan
- Pneumonia, Michigan
- Rubella, Michigan
- Cholesterol Screening and Awareness – Cholesterol Ever Checked, Michigan
- Asthma - Ever told have Asthma, Michigan
- Asthma - Still have Asthma, Michigan
- Heart Attack, Michigan
- Angina/Coronary Heart Disease, Michigan
- Weight Status – Obese, Michigan
- Weight Status – Overweight, Michigan
- Weight Status - Healthy Weight, Michigan
- Fruit and Vegetable Consumption – Vegetables, Michigan
- Fruit and Vegetable Consumption - Fruits and Vegetables, Michigan
- Adequate Physical Activity, Michigan
- Cigarette Smoking - Former Smoking, Michigan

Better than the Benchmark

- Increase the proportion of person with medical insurance, HP2020
- Domestic Violence, Michigan
- Infant Mortality, Michigan
- Neonatal mortality, Michigan
- Live birth rate, Michigan
- Adolescent pregnancy rate, Michigan
- Entrance into prenatal care in 1st trimester, Michigan
- WIC recipients, Michigan
- COPD, Michigan
- Diabetes-related Deaths, Michigan
- Stroke, Michigan
- Measles, Michigan
- Mumps, Michigan
- Pertussis, Michigan
- Gonorrhea, Michigan
- AIDS, Michigan
- Bacterial Meningitis, Michigan
- Hep A, Michigan
- Colorectal Cancer Screening Among Adults 50 Years and Older, Michigan
- Immunizations Among Adults aged 65 years and Older - Had flu vaccine in past year, Michigan
- Immunizations Among Adults aged 65 years and Older - Ever had Pneumonia Vaccine, Michigan
- HIV Testing Among Adults aged 18-64 years, Michigan
- Arthritis, Michigan
- Diabetes, Michigan
- Kidney Disease, Michigan
- Breast Cancer screening among women age 40 and Older, Michigan
- Poor Physical Health on at Least 14 Days in the Past Month, Michigan
- No leisure time physical activity, Michigan
- Cigarette Smoking -Never Smoked, Michigan
- Seatbelt Use - Always Uses a Seatbelt, Michigan

Partners

Great Start Macomb

Lisa Sturges

Henry Ford Health System

Debora Murray

Judson Center

Melissa Savage

Macomb County Community Mental Health

Sue Gough

Macomb County Health Department

Martha Brooks

Renai Edwards-Malayil

Michele Ford

Jenny Gubler

Sherry LaBelle

Steve Lichota

Whitney Litzner

Kathleen McCarthy

Bill Ridella

Niki Ross

Lillian Schrieber

Ricki Torsch

Krista Willette

Cheryl Woods

Macomb County Medical Control Authority

Luke Bowen

Macomb County Office of Substance Abuse

Dawn Radzioch

McLaren Macomb

Kelley Lovati

Michigan Department of Health and Human Services

Linda Girolamo

MIHP – My Pregnancy Coach

Amy Fratarcangeli

MyCare Health Center

Darlene Vasi

Karen Wood

Southeastern Michigan Health Association

Gary Petroni

St. John Providence Hospital

Erica Trash-Sall

Cynthia Taueg

Welcome Mat Detroit

Mary Lane



COMMUNITY THEMES AND STRENGTHS ASSESSMENT

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Assessment Methodology

The CTSA team met nine times over the course of 11 months to create, distribute and assess a Community Health Survey and to facilitate focus groups. Through the survey and the focus groups, the following questions were answered:

- What is important to the community?
- How is the quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

The CTSA team utilized the following process to complete the assessment:

1. Review of the Community Themes and Strengths Assessment process
 - a. Through this planning the CTSA team decided the best way to answer the above three questions was to conduct a Community Health Survey and community focus groups within target populations.
2. Survey planning (2 meetings)
 - a. Review of optional questions
 - b. Survey distribution locations
 - c. Survey languages
3. Focus Group Planning (5 meetings)
 - a. Review of optional questions
 - b. Focus group target areas
4. Distribution of Survey (November 2015-June 2016)
 - a. The Community Health Survey was distributed both via electronic methods (Survey Monkey) and via paper methods with our community partners.
 - b. The survey was available electronically in English and in paper form as English, Arabic and Spanish.
5. Completion of community focus groups (x6) during May and June 2016
 - a. The focus groups were conducted in target populations across all of Macomb County. Two of the focus groups were conducted in Arabic and Spanish.
6. Assessment team members then reviewed and compared the survey results and the focus group results. Assessment team members identified themes from the surveys and the focus groups.
7. The highest identified themes and priority areas from the survey and focus groups were submitted to the Steering Committee for review for the Community Health Improvement Plan.

Executive Summary

Focus Group:

The CTSA team completed six focus groups throughout Macomb County:

- Thompson Center, Warren
- ACCESS, Sterling Heights
- Clinton Township Senior Center, Clinton Township
- Mount Clemens Lions Club, Mount Clemens
- Chesterfield Senior Center, Chesterfield
- St Francis, New Haven

The average size of the focus groups were 16 individuals per group. Overall there were 98 individuals who participated in the groups.

After brainstorming, review and discussion the CTSA team was able to identify seven priority focus areas that were present in the Focus Group. These seven priority focus areas are:

- Obesity, Diabetes, High Blood Pressure
- More Education/Classes
- Drug Abuse, Substance Abuse
- Mental Health Care
- Access to health foods
- Safety
- Communication
 - Communication via internet
 - Improved electronic communication

The full results of the Focus Group can be found in the Appendix.

Survey:

The Community Health Survey was completed during the months of November – June. During this time 4,071 surveys were collected via Survey Monkey and paper formats. The survey was open to all individuals who live, work or play in Macomb County. Of the survey respondents, 93% of individuals who completed the survey live in Macomb County while 74% of survey respondents work in Macomb County.

After reviewing the survey results the CTSA team was able to identify eight priority focus areas that were present throughout the survey. These eight priority focus areas are:

- Access to Foods, Healthcare, Housing, Jobs
 - Use of ER/Urgent Care
- Lack of knowledge on Programs and services in County
- Improved Communication
- More education/Classes
- Obesity, Diabetes, Heart Disease, Cancer
- Mental Health
- Drug Abuse

- Language Barriers – non English Population

After reviewing both the focus groups and the surveys, the CTSA team narrowed the priority areas down to the following six categories:

- Chronic Disease
 - Obesity
 - Diabetes
 - Cancer
 - Heart Disease
- Access
 - Food
 - Healthcare
 - Insurance cost, healthcare cost, prescription drug cost
 - Housing
 - Jobs
- Mental Health
- Drug Abuse/Substance Abuse
- Communication and Education
- Safety/Built Environment

The full results of the Community Health Survey can be found in the Appendix along with a copy of the distributed survey.

The CTSA team reviewed not only the survey results as a whole, but in comparison with different populations, geographic locations and gender. However, some unique focus areas did emerge for specific groups of individuals:

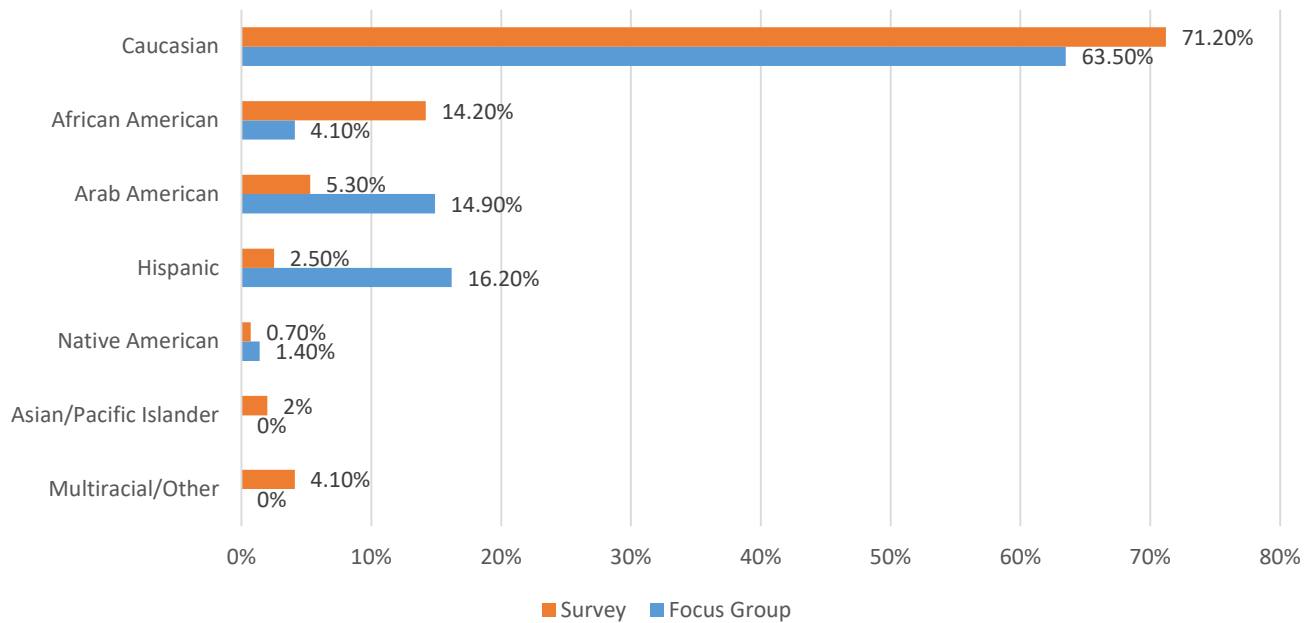
- Asthma (Black)
- Oral Health (Non English Speaking Populations)
- Healthy Pregnancy (Non English Speaking Populations)
- STDS (Black)
- Lack of Healthcare and Insurance (Minority Populations)

While these listed focus areas were not encompassing of the entire population, it is important to see that some of the specific groups of people in Macomb County have very different needs.

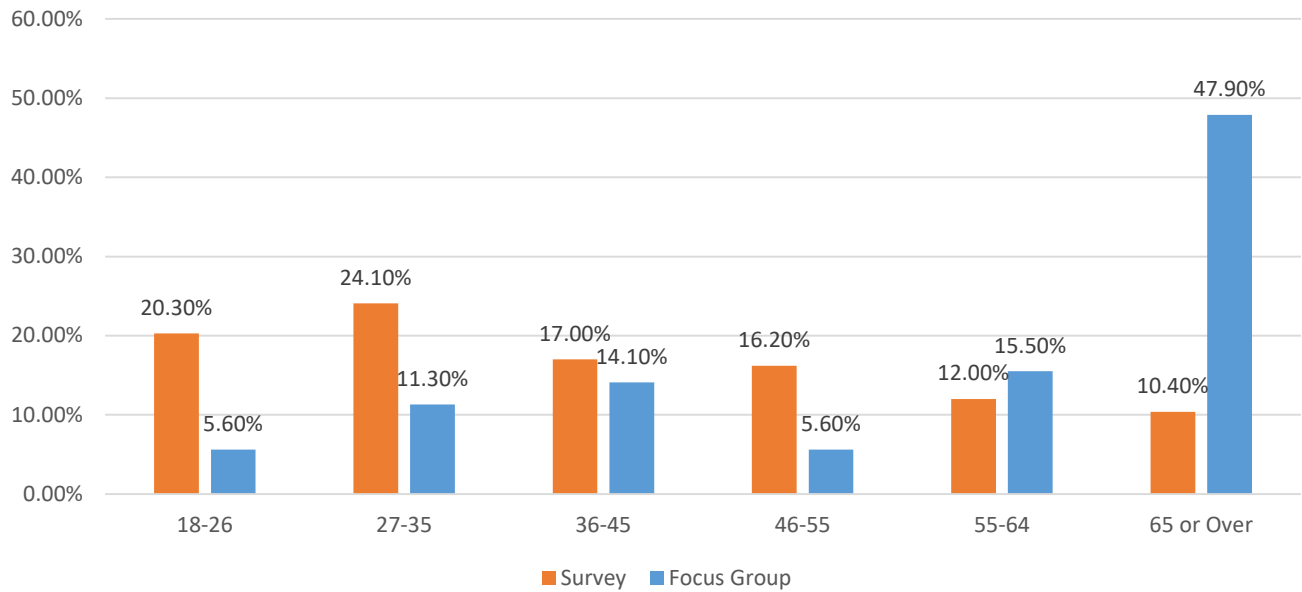
Respondent Profile

The respondents of the survey followed the demographic make-up of Macomb County. The focus groups were held in targeted populations to address any gaps that the survey demonstrated. Below you will see the respondent profile of both the Community Health Survey as well as the community focus groups.

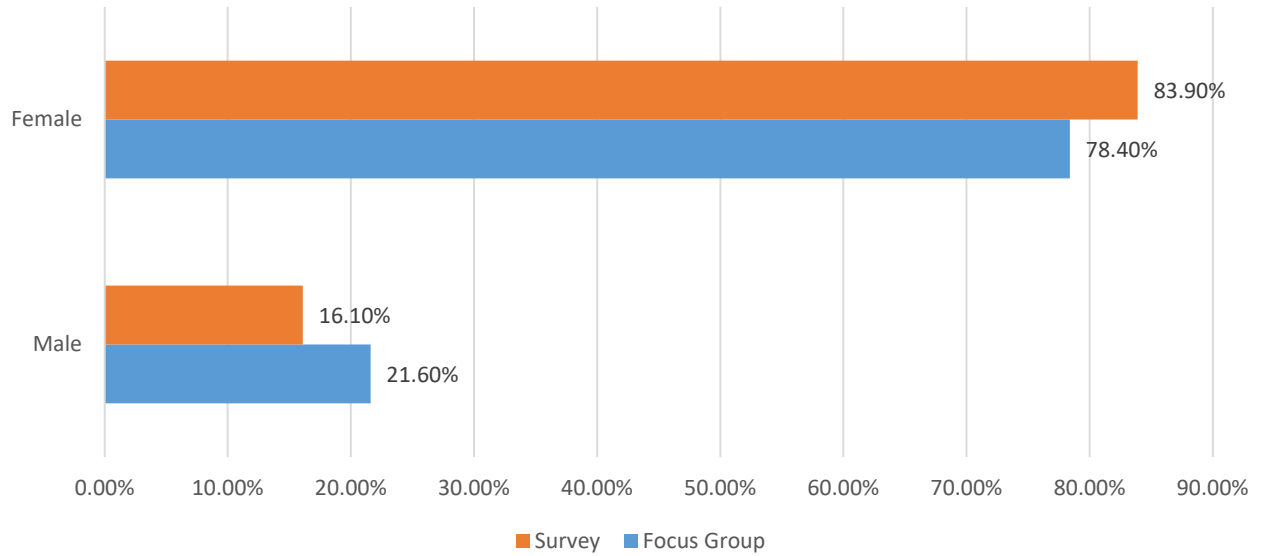
Race/Ethnicity of Respondents



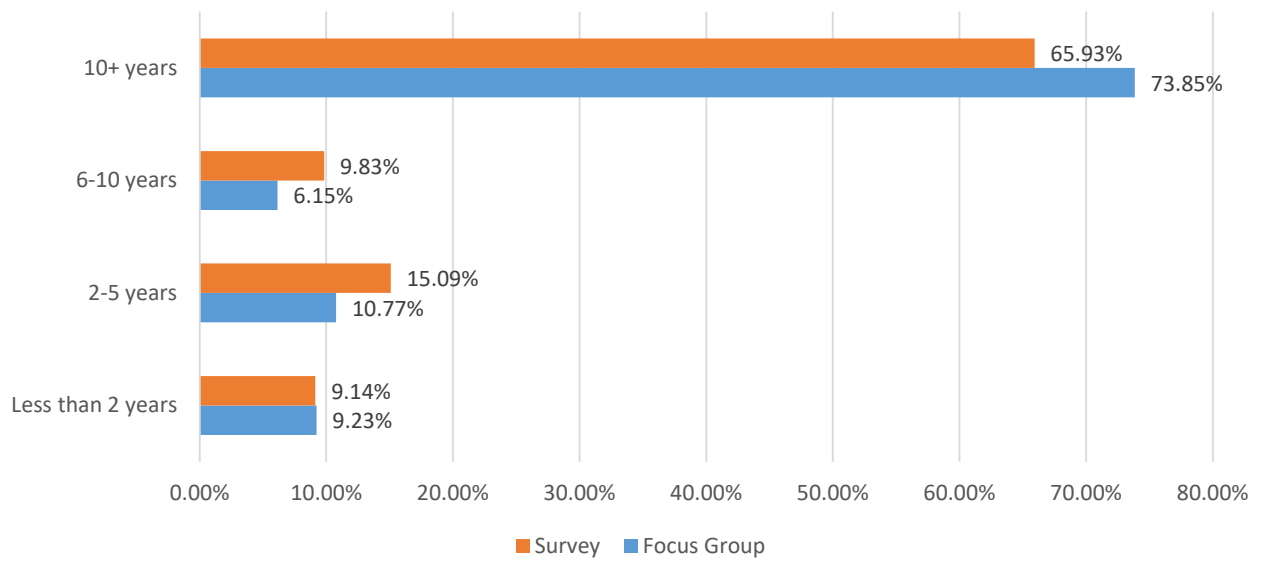
Age of Respondents



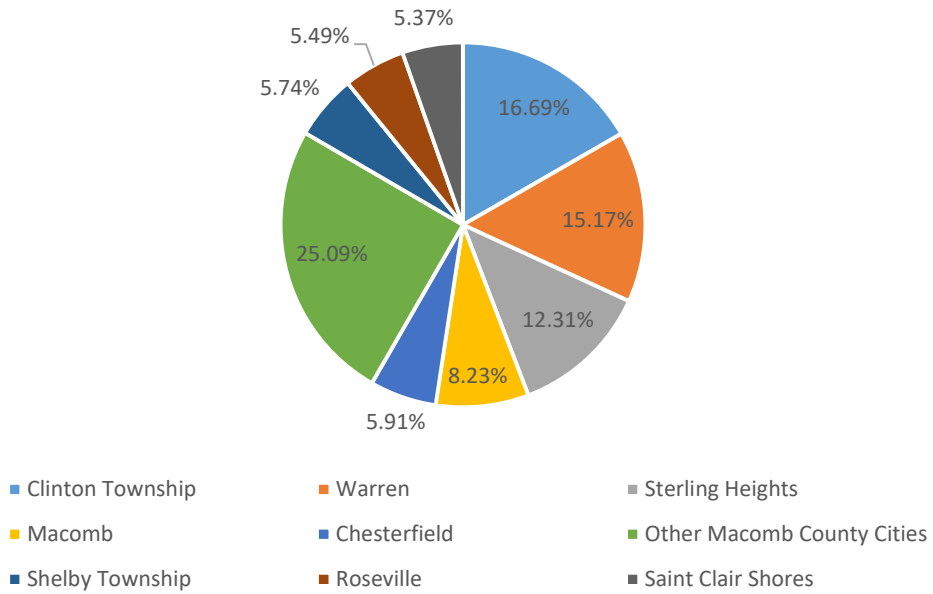
Gender of Respondents



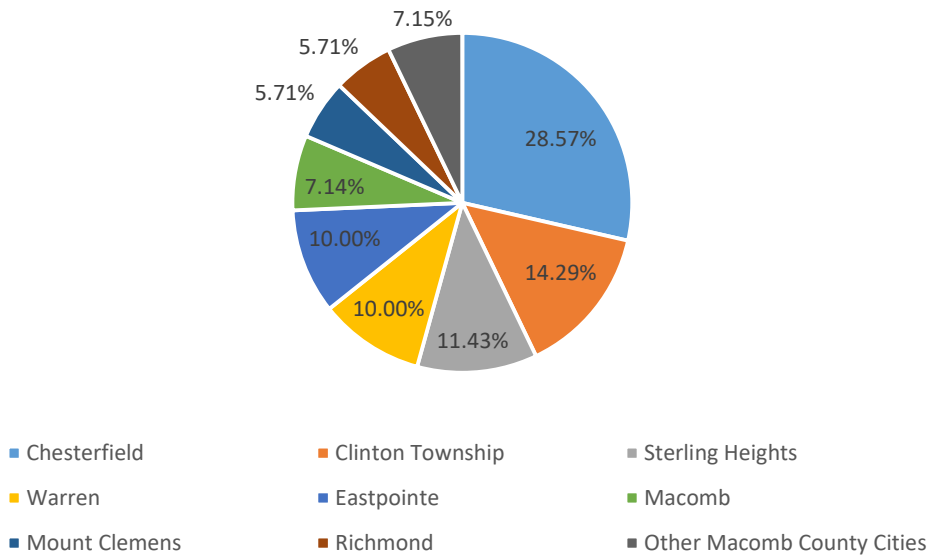
Time Living in the Community



Top Survey Respondent Locations



Top Focus Group Respondent Locations

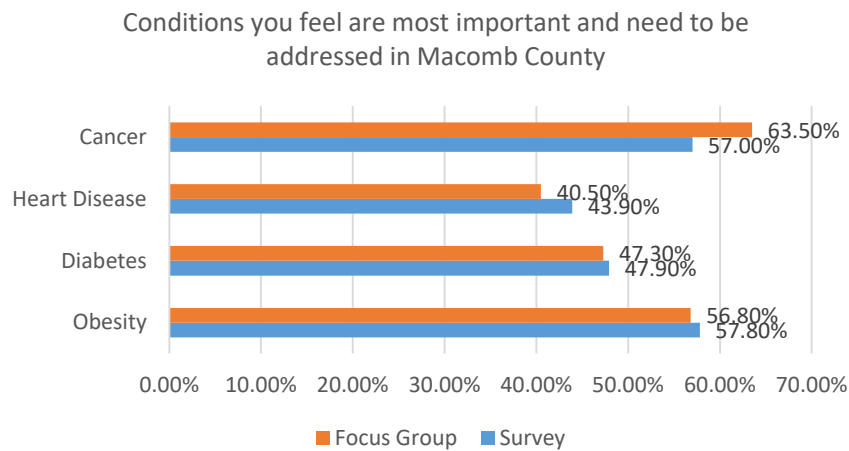


Priority Theme Results

The below graphs show the data that helped the CTSA team to prioritize the themes from the survey and the focus groups.

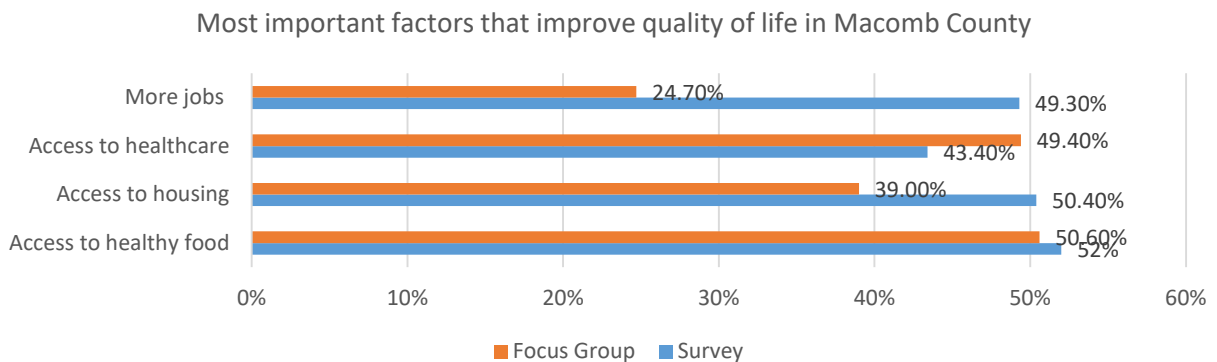
1. Chronic Disease

Many health issues emerged from the results of the survey and the focus group and thus the CTSA team decided to categorize these as one theme of Chronic Disease. This theme encompasses Cancer, Heart Disease, Diabetes, and Obesity.



2. Access

To improve the quality of life in Macomb County many survey respondents and focus group respondents agreed that Access to Services would help the most. The CTSA team agreed that increased Access would improve quality of life and created the theme Access, which encompasses access to affordable health food, access to housing, access to healthcare, and more jobs. The CTSA team also considered cost and prescription medication costs as part of the Access to Healthcare category. 53.5% of focus group respondents and 50.7% of survey respondents stated that cost was a barrier to getting healthcare, while 47.9% of focus group respondents and 34.9% of survey respondents stated that prescription medication cost was a barrier to care.



3. Mental Health

Mental health was a very prevalent issue that appeared in the survey results, therefore the CTSA team decided to address this as a priority theme. Overall, 53.2% of the population surveyed stated that Mental Health was an important health issue to address (the top rated in the survey). While the CTSA team is making this one of the priority themes it is important to note that only 27.35% of Non-English speaking populations felt that Mental Health was an important issue and only 5% of Focus Group respondents felt this was an important issue.

4. Drug Abuse/Substance Abuse

Two additional areas that were common in the survey responses among all populations were Drug Abuse and Substance Abuse. Of all survey respondents, 45.8% stated drug abuse was an important issue and 33.4% stated alcohol misuse was an issue. Among focus group respondents however, only 15% of individuals stated that drug/substance abuse was an issue that needed to be addressed in Macomb County.

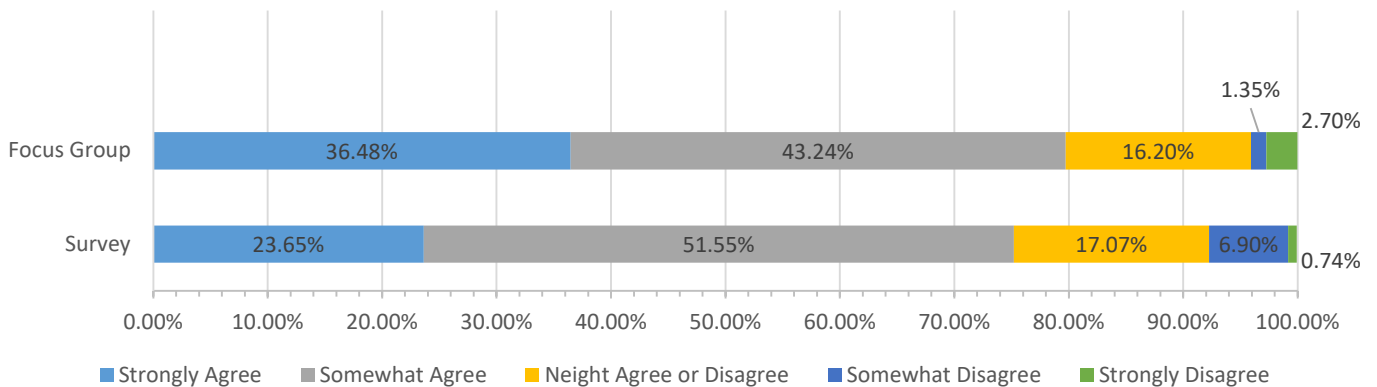
5. Communication/Education

Communication and Education were two topics that appeared frequently in the focus groups and had supporting data from the survey results. 66% of focus group respondents stated that they would like to see improved communication regarding county services and more education (classes, trainings, etc) on health topics in the county. Many participants stated that while they believe Macomb County has a lot to offer, they were mostly unaware of the resources available and how to access them. From the survey, 53.4% of respondents stated they received their health related information from the internet (not social media) – which give the CTSA team the understanding that we could strive to do better in communicating to the public.

6. Safety and Built Environment

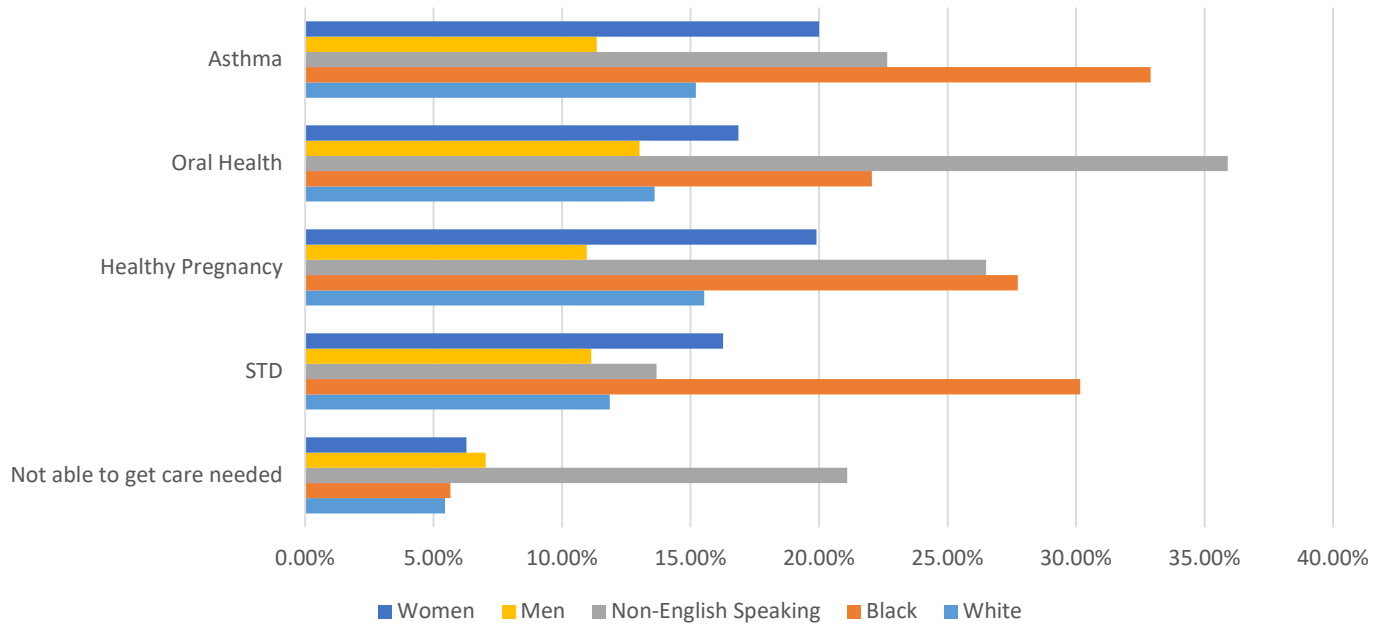
Safety and the Built Environment were both recurring themes that appeared in both the survey and the focus groups. Therefore, the CTSA team has decided to make this a priority for the CTSA. Overall, 47.3% of survey respondents stated that less violence/crime (safer neighborhoods) would improve the quality of life and 50.6% of focus group respondents felt the same. Through the focus groups, during all conversation and discussion, safety and the built environment came up among all questions and was mentioned by 36% of the participants.

Macomb County is a safe place to live



Outliers/Area of Note:

The CTSA team noticed some variation in results between different population groups in the survey and focus groups. While these areas are not necessarily large enough to become a priority theme, the CTSA team felt it was important to share these differences with the Steering Committee.



Focus Group Summaries

Focus Group Question 1: What are the most important health related issues in the community?

ACCESS	Thompson Center	Clinton Township Senior Center	Chesterfield Senior Center	St. Francis	Mount Clemens Lions Club
<ul style="list-style-type: none"> ●Depression and chronic disease ●Unhealthy food (x2) – leads to chronic disease ●Environmental pollution (water, air) ●Health insurance ●Education ●Construction in streets? ●Increased stress 	<ul style="list-style-type: none"> ●Mosquitos (Zika) in the community this time year and the related spraying ●Mental health ●Drugs or substance use (prescription drug abuse, addiction, leading to other drugs) – 3 people agreed ●Teenagers getting weed south of 8 mile ●Obesity (x2) ●Sex registry (lots of sex offenders in Warren) ●High blood pressure ●Strokes, Heart Health ●Diabetes 	<ul style="list-style-type: none"> ●Water safety (Flint) reference, are they doing additional checking on water (x2) ●Violent crime ●Heroin problem with youth ●Need more police ●School safety, fake bomb threats, lockdowns, send kids home for day, search needed, most of time bogus, but all it takes is one real bomb ●Obesity child through adult ●Programs in schools needed gym/health class, to focus on you are what you eat, you should be concerned about what you put in your body ●Concerns about school lunch the food is not good, it's not as tasty, it's healthier but they don't like it ●Peanut allergy discussion in schools 	<ul style="list-style-type: none"> ●high blood pressure(x4) ●high sugar intake ●weight/obesity (x3) ●keeping our water safe ●alcohol (x3) ●drug abuse (x4) ●drunk driving – afraid to drive on roads ●cancer (x3) ●lack of exercise (x2) ●diabetes ●transportation to health care provider (x2) ●knee and hip joints ●air and water quality ●COPD ●Alzheimer's ●old age ●elder care ●child care cost ●long term care 	<ul style="list-style-type: none"> ●lack of health insurance (x4) ●people unable to see doctor ●lack of transportation ●immigration issues ●accidental injuries ●mental health ●not enough help ●financial assistance for medical expenses ●diabetes (x6) ●mammograms (x2) ●alcoholism ●drug addiction ●drunk driving ●texting and driving ●not feeling safe (x3) ●nutrition (x2) ●racism (x2) ●employment ●allergies ●flu (x7) ●high blood pressure (x2) ●no medical access ●obesity (x6) ●smoking (x2) ●car seat information (x2) ●can't afford healthcare ●cholesterol ●parasites ●depression 	<ul style="list-style-type: none"> ●Substance abuse, drug abuse, (agreement seen between members) ●Timely access to primary care provider, too long wait times to see doc for medical issues ●Diabetes major health concern ●Obesity ●Lack of enough exercise ●Accessibility to prescriptions, easier accessibility to prescriptions ●Lack of adequate resources for adolescent mental health issues ●Transportation to major health care provider, some people without, or do not operate vehicles ●Water supply; possible concerns down the road ●Debris/trash around road that causes hazards ●Childhood immunizations, those that don't

				<ul style="list-style-type: none"> ●mosquito diseases ●poor hygiene ●heart disease 	believe in imms affecting other children in school setting
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Question 2: When thinking about health, what are some of the greatest strengths and assets of your community?

ACCESS	Thompson Center	Clinton Township Senior Center	Chesterfield Senior Center	St. Francis	Mount Clemens Lions Club
<ul style="list-style-type: none"> ●Lots of parks (bathrooms in parks not clean, parks not clean) not comfortable going there ●ACCESS ●Chaldean Foundation ●Google (for stuff not found at ACCESS) 	<ul style="list-style-type: none"> ●Gyms, lots of affordable gyms ●Available track fields at HS ●Parks available, community center in Warren ●Some insurance that pays for Weight Watchers ●Health center that provides services for free to kids (at DHS? Mobile dentists, some services in schools) ●MCHD (Thompson Center, Breast feeding group at Thompson) ●Access to Mental Health through Macomb County was good (better than Oakland in this case, same for health department) multiple community members had very positive feedback about staff, services ●MCHD staff is very attentive to client needs both remotely and in person (echoed by multiple Community members) ●Good wait times at MCHD 	<ul style="list-style-type: none"> ●Lots of parks, that are very nice, even for handicapped individuals, wide paths, black topped ●Senior centers with screenings, lots of programs for seniors to participate in ●Health nurse in apartment complex, blood pressure and blood sugar screening ●Nurse at church (free blood pressure screening) 	<ul style="list-style-type: none"> ●more activities (x3) ●walking in parks (x2) ●senior centers provide exercise and friendship for seniors to stay healthy ●health fairs (x3) ●health department is a good resource for me (x3) ●lots of exercise programs ●senior centers (x5) ●hospitals (x3) ●emergency services (x2) ●medical clinics (x3) ●exercise (x3) ●all services are available ●trails for bikes ●there are many places to get information ●community center ●immunizations ●physical therapy 	<ul style="list-style-type: none"> ●Hispanic leadership ●hospitals (x7) ●health centers (x5) ●orientation ●support for diabetes ●strong church support (x2) ●unity (x3) ●clinics/doctors willing to help those without insurance ●community support (x3) ●there are lots of resources (x3) ●family aid ●good community centers 	<ul style="list-style-type: none"> ●Opportunities hiking, biking, parks ●3 hospitals in community ●Good pharmacies in area ●Free senior activities ●Good job putting together rails to trails, new biking routes ●Lots of rehabilitative centers around ●Most schools and colleges have athletic trainers on staff that alleviate visits to other sites ●Health department for children immunizations (3 positive responses, including very cost effective) ●Family planning program very helpful to have ●Large lakeshore for recreation ●Large Metroparks for recreation ●We have easy access to emergency services in Macomb ●Medstar provides ambulance services at

	<ul style="list-style-type: none"> ●Food Pantries (Hope Center – good reviews from 4 members) ●Churches (diverse, very active, community engagement is excellent) 		<ul style="list-style-type: none"> ●aerobics ●transportation 	with activities	no cost to the community <ul style="list-style-type: none"> ●WEAKNESS – lack of knowledge about program availability
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Question 3: What would help Macomb County residents achieve the highest level of health (i.e., optimum health)?

ACCESS	Thompson Center	Clinton Township Senior Center	Chesterfield Senior Center	St. Francis	Mount Clemens Lions Club
<ul style="list-style-type: none"> ●Healthy food, clean water ●Increase number of places for free health care ●Low cost places for health care ●Safety (public safety, police department) ●Community activities, education would make people feel healthier ●Increase education on health topics ●Increase education from county on what is available ●More accessibility to resources 	<ul style="list-style-type: none"> ●Food related education about fresh foods and vegetables (member signed up at MSUE and never received a return phone call after signing up) ●Would be good to know how to grow their own food ●Food cost is an issue for healthy foods ●More places for kids to play – outside the house ●Community gardens ●Farmers Market double bucks ●Cost to pay for membership at Warren Community Center is too high for some families (need sliding scale), make it more affordable for more families, and be allowed to go to other communities community centers if their community does not have one ●More educational resources of what is available in community ●Give out vegetable plants ●A YMCA in the area ●Exercise classes at high schools (swimming) for community 	<ul style="list-style-type: none"> ●Need to stop eating crap. Ban all cookies. ●Money/funding ●More classes on how to use smart phones to reduce stress, especially stuff on electronic technology ●Need more winter activities ●More space for exercise and activities ●Improvements in busing public transportation, hard to get an appointment for Smart bus because so many people are on the buses now, difficult to communicate with smart bus about appointments ●Need infrastructure to support senior housing, 	<ul style="list-style-type: none"> ●activities like aerobics at senior center (x3) ●activities(x10) ●food (x10) ●education (x5) ●parks (x4) ●more classes (x2) ●weight loss classes ●more affordable activities ●more activity and places to meet other seniors ●having a younger body ●aerobics ●diet ●more space in the senior centers to accommodate the population ●free medical checkups ●low cost dental 	<ul style="list-style-type: none"> ●community education about nutrition (x2) ●nutrition (x7) ●education (x12) ●exercise (x8) ●more services to help people with low resources ●more classes on healthcare (x3) ●activities (x4) ●having health insurance (x5) ●more jobs ●more mobile clinics ●more community information ●communication ●lower prices on healthy food ●stress relief ●safety 	<ul style="list-style-type: none"> ●Better communication of services and programs available to residents; availability of programs/services ●More playgrounds or spaces for ADULTS, places for exercise, pickleball court, geared toward seniors, communicate where these are if available ●Knowledge of what mental health facilities or treatment is available to general public ●Gun control and education on gun control and use ●Educating seniors on proper diets to stay healthier; diabetic cooking

<p>they can trust</p> <ul style="list-style-type: none"> ●Quality of jobs (some are dangerous) ●Need playgrounds 	<ul style="list-style-type: none"> ●Family Fun Day in the area to get kids active ●Nutrition classes (fiber, protein, water, vitamins, calories, body structure, metabolism what do I need eat for my age, vegan nutrition, label reading) ●It's expensive to eat healthy ●Need more parks in Eastpointe, need places in walking distance ●Splash pads in community parks (small ones) Eastpointe suggested ●Exercise classes for new moms, mom and baby together ●Less chemicals in food ●Vacant lot gardens, share extra vegetables amongst community members ●More trees needed in this area and the benefits that we gain from them 	<p>condo's senior apartments,</p> <ul style="list-style-type: none"> ●Need help picking out buying the better food. <p>More education on what to eat. Ways to identify healthier foods in the store for those that don't know what a healthy choice is</p> <ul style="list-style-type: none"> ●More education, more classes (health related) 			<ul style="list-style-type: none"> ●STRENGTH – lots of 5K's and community walks, easy to access them
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Questions 4: What would most improve the health and quality of life in your community?

ACCESS	Thompson Center	Clinton Township Senior Center	Chesterfield Senior Center	St. Francis	Mount Clemens Lions Club
<ul style="list-style-type: none"> ●Money ●Safety very important ●Healthy environment ●Education – more classes including language classes ●Classes on how to choose the right insurance, more information on true costs ● (After talking to doctor, felt he gave him too much information (on diseases) makes him feel depressed) ●Find a way to have a better patient/doctor relationship 	<ul style="list-style-type: none"> ●Money ●More public lighting needed (doesn't feel safe on street) ●More education about health/wellness, nutrition ●More parks, being able to walk places, ride bike and feel safe 	<ul style="list-style-type: none"> ●If water was checked for lead, contaminants ●Grateful for what she has ●Living in Macomb has made their life better (yes responses, multiple) 	<ul style="list-style-type: none"> ●walking ●jobs (x2) ●senior center improvements ●happy with quality of life ●improve things for seniors ●education (x2) ●having more recreational activities 	<ul style="list-style-type: none"> ●education (x13) ●activities (x3) ●more hospitals ●more recreational activities (x4) ●to know about more things ●more information /resources (x5) 	<ul style="list-style-type: none"> ●Better communication of what is available to residents to improve health ●Safety of going out in community, public areas especially for seniors ●Lack of cleanliness throughout community (litter) = why are we not using services of prisoners and inmates to help clean up roads

<ul style="list-style-type: none"> ●Other treatment options (holistic) ●Health information is too commercial (not enough humanity) ●Want to make county strong = health and education ●Problems with some doctors taking all insurances, hard to find a doctor ●Coming from a country that has low cost health care and medications, this is a culture shock ●Differences in co pay costs are issues ●Need more good quality free clinics for those without health insurance ●Jobs that pay more money are needed, not able to save money ●Didn't tell you that they would charge for 911, ambulance fees ●Billing issues from hospitals (confusing, expenses) need one system for all hospitals ●Make doctors accept all kinds of insurance, do not allow them to refuse certain insurances 	<ul style="list-style-type: none"> ●Some place safe to ride bikes (biking trail, or paths like on Metro Parkway), uncomfortable in the street ●Transportation for senior citizens (in Eastpointe) to take them to gym, or other places ●Education on nutrition, more access to proper food ●Walkability to stores ●Access to public transportation ●More focus on holistic approach to health 	<ul style="list-style-type: none"> ●Roads could be improved ●Their community knitting group has made their life better, it's a great way to cope, feel better after getting together, laughing, and have a good time 	<ul style="list-style-type: none"> ●a bigger senior community ●less stress ●diet and exercise (x2) ●more activities ●the air ●friends ●feeling safe ●healthcare costs ●transportation ●housing costs ●long term costs 	<ul style="list-style-type: none"> ●volunteers ●non discrimination ●being accessible to everyone ●more Spanish speaking staff ●better jobs (x3) ●more information in Spanish ●less stress ●the community ●safer community 	<ul style="list-style-type: none"> ●Better aesthetics will help people get out more often ●Sidewalk repair will help get out of house, and lack of sidewalks is an issue (general maintenance, repair of infrastructure) ●Easier interface with MICHILD and DHS – this is a night mare ●Better coordination of services, communication of departments, reduce duplication of services underneath the county umbrella, fill in gaps of things the services are not covering ●Health information, medical records, accessible by other medical providers so you don't have to repeat history to every person you saw for care, allows them to work on problems instead of starting a new record at each office or each provider ●Suggestion: Community by in to prevention, challenge Macomb county to become the healthiest county, maybe get Mark Hackel to by in, more walks along river, community clean ups, engage that prevention piece
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Community Members Who Participated

ACCESS

Kshama Vaghela

Advantage Health Center

Roxanne McDuffie

CARE of Southeastern MI

Paddy Laske

Clinton River Watershed

Michele Arquette-Palermo

Great Start Macomb

Sara Garasoulas

Lisa Sturges

Henry Ford Health Center

Amanda Krieg

Debora Murray

Kelly Warner

Macomb County Health Department

Michele Ford

Partow Guity

Rene Hewitt-Lichota

Whitney Litzner

Ashley Mascagni

Susan Rhein

Bill Ridella

Lauren Scipione

Maria Swiatkowski

Ricki Torsch

Krista Willette

Cheryl Woods

McLaren Macomb Hospital

Kelley Lovati

Molina Healthcare

Gregory Matzelle

MyCare Health Center

Darlene Vasi

Karen Wood

Smart Bus

Lauri Cowhy

Welcome Mat Detroit

Mary Lane

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APPENDIX

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Macomb County Health Department Community Health Assessment

VISION STATEMENT

A diverse, caring and engaged community where everyone works together to achieve optimum health.



COMMUNITY VALUES

Equity: We value a community where everyone has a fair chance to lead a healthy life.

Cultural Acceptance: We value a community that promotes respect and diversity to all.

Knowledge: We value a community where residents have the knowledge and education to achieve and maintain healthy lifestyles.

Shared Responsibility: We value a community where residents take responsibility for their health and where health leaders provide support.

Trust and Respect: We value a community where trust and respect flourish.

Wellness: We value a community that promotes healthy behaviors to reduce disease and promote overall health.

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The Macomb County Health Department

Needs Your Input

Your participation in this three to five minute survey will help us identify the most important health concerns in Macomb County right now and enhance future services.

TAKE THE SURVEY ONLINE AT
www.surveymonkey.com/r/MCcomhealth



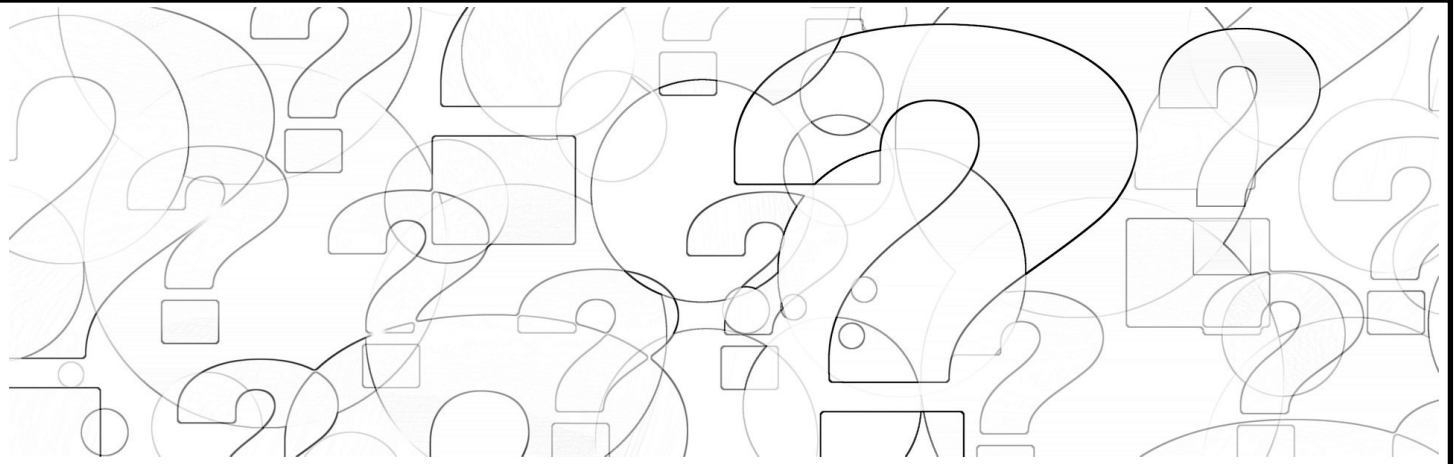
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www.surveymonkey.com/r/MCcomhealth

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Community Focus Group

We are looking for 12 Macomb County residents who would like to share their thoughts and opinions about health in Macomb County. Individuals must be 18 years or older, able to commit to the entire time frame, and live in Macomb County.

If you are interested please sign up at the Health Department Resource Table.
(Near the WIC office entrance.)

**All focus group participants will receive a \$20 Speedway Gift Card.
Lunch will be provided.**

**Thursday, June 2
12:00-1:30PM**

Thompson Center
WIC Education Room
11370 Hupp Avenue
Warren, MI



Seats are limited to 12 participants so please RSVP today to reserve your spot in the focus group.

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Your input matters! Take the 2015 Macomb County Community Health survey and tell us your thoughts and opinions on improving health and wellness in Macomb County. In partnership with community organizations, your answers will help us to identify the most pressing health concerns and assist with future improvement efforts!

1. What do you think are the most important factors that would improve the quality of life in Macomb County? Select up to five.

- Access to affordable, healthy food in everyone’s community.
- Access to affordable housing for everyone
- Access to healthcare/medical screenings
- Appreciation of social and cultural diversity (events, people, activities)
- Improved local 24-hour police, fire and rescue services, emergency services
- Increased access to parks and recreation (walk-ability, bike-ability)
- Less violence/crime (safer neighborhoods)
- Living in a cleaner and healthier environment (air quality, water quality, etc)
- Lower disease rates
- More access to transportation
- More jobs and a stronger economy
- More programs and activities to support the community and promote community involvement
- More resources available to schools
- Support during times of stress and crisis
- Reduced rates of domestic violence/child abuse
- Other (please specify)

2. Considering the following community factors, please indicate your level of agreement with each of the following statements (please select one per statement):

	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree
There are support networks for individuals and families during times of stress and need	5	4	3	2	1
There are jobs available in the community	5	4	3	2	1
Macomb County is a safe place to live	5	4	3	2	1
Macomb County is a good place to grow old	5	4	3	2	1
I have access to the resources I need to stay health	5	4	3	2	1
Overall, Macomb County has good environmental quality	5	4	3	2	1

3. Which of these medical conditions do you feel are most important and need to be addressed in Macomb County? Please select up to three options.

- Alzheimer’s/Dementia
- Asthma
- Cancer
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Heart Disease
- Kidney Disease
- Liver Disease
- Obesity
- Stroke

4. What other health issues do you feel are most important and should be addressed in Macomb County? Please select up to three options.

- Accidental injuries
- Alcohol Misuse
- Air quality
- Disabilities
- Drug Misuse
- Healthy Pregnancy
- Immunizations
- Infectious Disease
- Mental Health
- Nutrition/Eating Disorders
- Oral/Dental Health
- Sexually Transmitted Disease
- Suicide
- Water Quality
- Other: _____

5. **How would you rate your own personal health?**
 Very Healthy Healthy Somewhat Healthy Unhealthy

6. **What do you feel are barriers to getting healthcare where you live? Please select up to three options.**

<input type="checkbox"/> Cost	<input type="checkbox"/> Lack of doctors	<input type="checkbox"/> I have no barriers
<input type="checkbox"/> Doctors do not speak my language	<input type="checkbox"/> Location of health care	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Fear or distrust of the health care system	<input type="checkbox"/> Lack of transportation	_____
	<input type="checkbox"/> Prescription/Medication Cost	
	<input type="checkbox"/> Too much paperwork	

7. **Within the past year, were you able to get needed health care?**
 Yes No Did not need

8. **If no please explain:**

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

<input type="checkbox"/> Cash	<input type="checkbox"/> Medicaid/Healthy Michigan Plan	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Health insurance (private, health insurance marketplace)	<input type="checkbox"/> Medicare	_____
<input type="checkbox"/> Health insurance (work sponsored)	<input type="checkbox"/> Veterans Administration	_____
	<input type="checkbox"/> Indian Health Services	

10. **Where do you usually go for primary health services?**

<input type="checkbox"/> Emergency Room/Hospital	<input type="checkbox"/> Low Cost/Free Clinic
<input type="checkbox"/> Urgent Care	<input type="checkbox"/> I don't go anywhere
<input type="checkbox"/> Private Doctor Office	<input type="checkbox"/> Other _____

11. **Where do you receive information about health-related topics? Please select all that apply.**

<input type="checkbox"/> Doctor/medical Provider	<input type="checkbox"/> Hospital/urgent Care	<input type="checkbox"/> Social media
<input type="checkbox"/> Internet	<input type="checkbox"/> Friends/Family	<input type="checkbox"/> Other _____
<input type="checkbox"/> TV	<input type="checkbox"/> Health Insurance Company	_____
<input type="checkbox"/> Health Department	<input type="checkbox"/> Community Organizations	_____

12. **Where do you live in Macomb County?**

<input type="checkbox"/> I do not live in Macomb County	<input type="checkbox"/> Grosse Pointe Shores	<input type="checkbox"/> Richmond
<input type="checkbox"/> Armada	<input type="checkbox"/> Harrison	<input type="checkbox"/> Romeo
<input type="checkbox"/> Bruce Township	<input type="checkbox"/> Lenox	<input type="checkbox"/> Roseville
<input type="checkbox"/> Center Line	<input type="checkbox"/> Macomb Township	<input type="checkbox"/> Shelby Township
<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Memphis	<input type="checkbox"/> St. Clair Shores
<input type="checkbox"/> Clinton Township	<input type="checkbox"/> Mount Clemens	<input type="checkbox"/> Sterling Heights
<input type="checkbox"/> Eastpointe	<input type="checkbox"/> New Baltimore	<input type="checkbox"/> Utica
<input type="checkbox"/> Fraser	<input type="checkbox"/> New Haven	<input type="checkbox"/> Warren
	<input type="checkbox"/> Ray	<input type="checkbox"/> Washington Township

13. **Zip code where you live:** _____

14. Where do you work in Macomb County?

- | | | |
|---|---|--|
| <input type="checkbox"/> I do not work in Macomb County | <input type="checkbox"/> Grosse Pointe Shores | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Armada | <input type="checkbox"/> Harrison | <input type="checkbox"/> Romeo |
| <input type="checkbox"/> Bruce Township | <input type="checkbox"/> Lenox | <input type="checkbox"/> Roseville |
| <input type="checkbox"/> Center Line | <input type="checkbox"/> Macomb Township | <input type="checkbox"/> Shelby Township |
| <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Memphis | <input type="checkbox"/> St. Clair Shores |
| <input type="checkbox"/> Clinton Township | <input type="checkbox"/> Mount Clemens | <input type="checkbox"/> Sterling Heights |
| <input type="checkbox"/> Eastpointe | <input type="checkbox"/> New Baltimore | <input type="checkbox"/> Utica |
| <input type="checkbox"/> Fraser | <input type="checkbox"/> New Haven | <input type="checkbox"/> Warren |
| | <input type="checkbox"/> Ray | <input type="checkbox"/> Washington Township |

15. How long have you lived in Macomb County?

- | | | |
|--|--|---|
| <input type="checkbox"/> Less than 2 years | <input type="checkbox"/> 6-10 years | <input type="checkbox"/> I do not live in Macomb County |
| <input type="checkbox"/> 2-5 years | <input type="checkbox"/> Over 10 years | |

16. What is your age?

- | | | |
|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> 18-26 | <input type="checkbox"/> 36-45 | <input type="checkbox"/> 56-64 |
| <input type="checkbox"/> 27-35 | <input type="checkbox"/> 46-55 | <input type="checkbox"/> 65 or over |

17. What is your gender?

- | | | |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to disclose |
|-------------------------------|---------------------------------|---|

18. Race/Ethnicity you most identify with

- | | | |
|---|---|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American | <input type="checkbox"/> Multiracial |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Arab American/Chaldean | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Prefer not to disclose |

19. Primary Language

- | | | | |
|-----------------------------------|---------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Albanian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> German | <input type="checkbox"/> Bengali | |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Ukrainian | |
| <input type="checkbox"/> Chaldean | <input type="checkbox"/> Hmong | | |

20. Education Level

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> College Degree | <input type="checkbox"/> Other |
| <input type="checkbox"/> High school Diploma/GED | <input type="checkbox"/> Post Graduate Degree | |

21. Annual household income

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$30,000-\$49,000 | <input type="checkbox"/> \$80,000-\$129,000 |
| <input type="checkbox"/> \$10,000-\$29,000 | <input type="checkbox"/> \$50,000-\$79,000 | <input type="checkbox"/> \$130,000+ |

22. Are you currently employed?

- Not employed Self Employed Employed Part Time Employed Full Time

23. If not working, what is the main reason?

- Ill or disabled Taking care of family Other
 Seeking work Need training/education _____
 Retired In school

24. How did you learn about this survey?

- Online/Website Email Social Media (Facebook, Twitter)
 Church Newsletter
 Community Organization Newspaper Workplace
 Community Meeting Personal Contact Other _____

25. Do you have any other comments, questions, or concerns?

Macomb County Community Health Assessment Survey

Tuesday, July 05, 2016

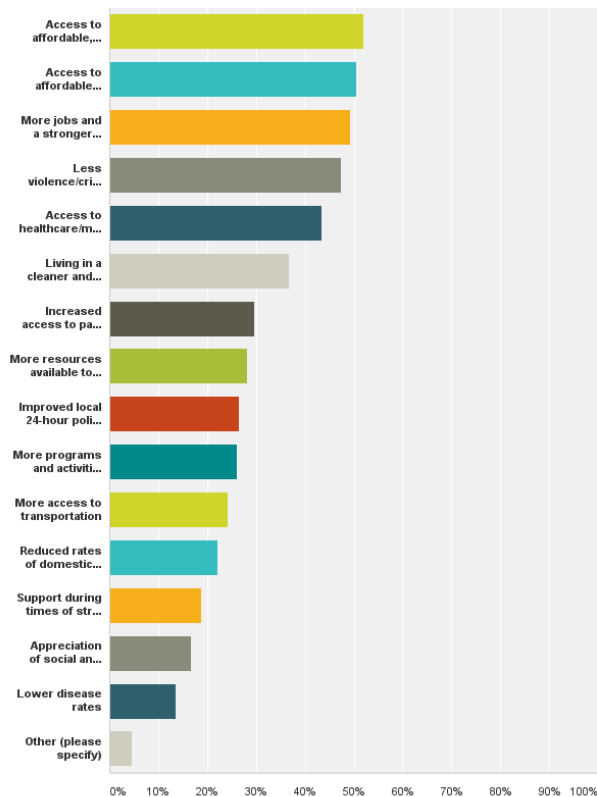
4071 Total Responses

Date Created: Monday, October 26, 2015

Complete Responses: 3976

Q1: What do you think are the most important factors that would improve the quality of life in Macomb County? Select up to five.

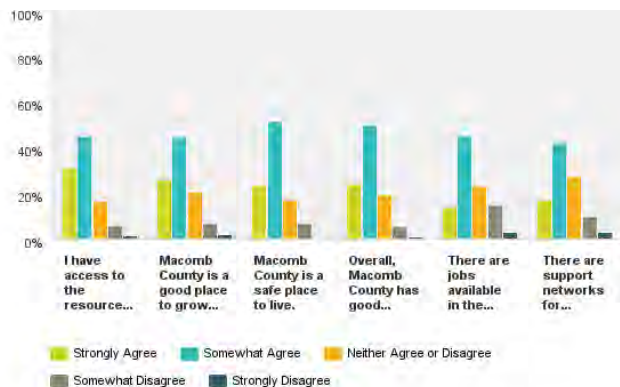
Answered: 4,001 Skipped: 70



Answer Choices	Responses
Access to affordable, healthy food in everyone's community	52.01% 2,081
Access to affordable housing for everyone	50.44% 2,018
More jobs and a stronger economy	49.31% 1,973
Less violence/crime (safer neighborhoods)	47.31% 1,893
Access to healthcare/medical screenings	43.44% 1,738
Living in a cleaner and healthier environment (air quality, water quality, etc)	36.84% 1,474
Increased access to parks and recreation (walk-ability, bike-ability)	29.69% 1,188
More resources available to schools	28.14% 1,126
Improved local 24-hour police, fire and rescue services, emergency services	26.44% 1,058
More programs and activities to support the community and promote community involvement	26.02% 1,041
More access to transportation	24.14% 966
Reduced rates of domestic violence/child abuse	22.09% 884
Support during times of stress and crisis	18.75% 750
Appreciation of social and cultural diversity (events, people, activities)	16.72% 689
Lower disease rates	13.52% 541
Other (please specify)	4.50% 180
Total Respondents: 4,001	98

Q2: Considering the following community factors, please indicate your level of agreement with each of the following statements:

Answered: 3,936 Skipped: 135

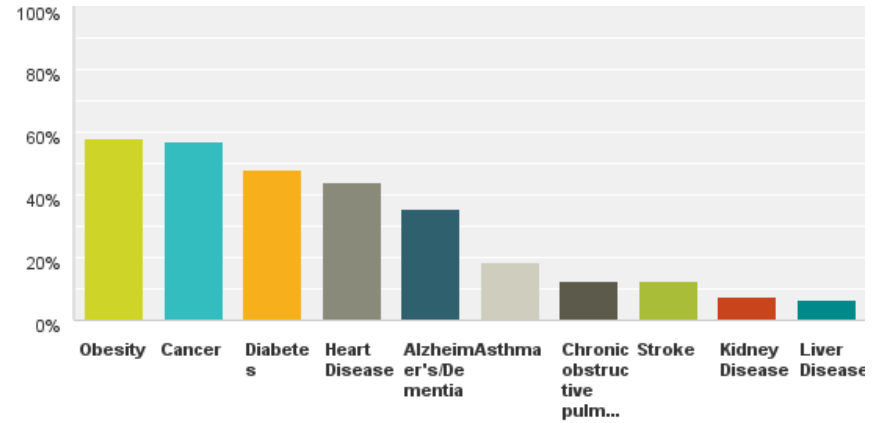


	Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree	Total
I have access to the resources I need to stay healthy.	31.11% 1,204	45.04% 1,743	16.72% 647	5.84% 226	1.29% 50	3,870
Macomb County is a good place to grow old.	25.76% 997	44.64% 1,728	20.56% 796	6.90% 267	2.14% 83	3,871
Macomb County is a safe place to live.	23.66% 920	51.56% 2,005	17.07% 664	6.97% 271	0.75% 29	3,889
Overall, Macomb County has good environmental quality.	24.21% 935	49.84% 1,925	19.73% 762	5.31% 205	0.91% 35	3,862
There are jobs available in the community.	13.81% 536	45.13% 1,752	23.00% 893	15.12% 587	2.94% 114	3,882
There are support networks for individuals and families during times of stress and need.	17.12% 661	42.15% 1,627	27.59% 1,065	10.00% 386	3.13% 121	3,860

Q3: Which of these medical conditions do you feel are most important and need to be addressed in Macomb County? Please select up to three options.

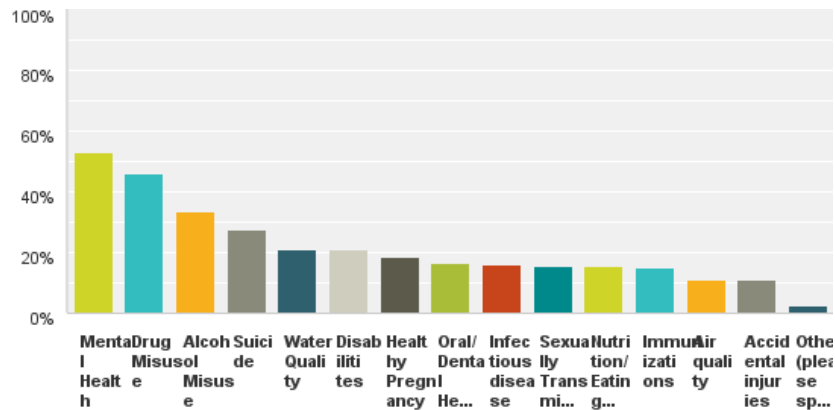
Answered: 3,793 Skipped: 278

Answer Choices	Responses
Obesity	57.84% 2,194
Cancer	56.97% 2,181
Diabetes	47.88% 1,818
Heart Disease	43.87% 1,684
Alzheimer's/Dementia	35.35% 1,341
Asthma	18.35% 696
Chronic obstructive pulmonary disease (COPD)	12.73% 483
Stroke	12.65% 480
Kidney Disease	7.72% 293
Liver Disease	6.59% 250
Total Respondents: 3,793	



Q4: What other health issues do you feel are most important and should be addressed in Macomb County? Please select up to three options.

Answered: 3,806 Skipped: 265



Answer Choices	Responses	Count
Mental Health	53.21%	2,025
Drug Misuse	45.77%	1,742
Alcohol Misuse	33.39%	1,271
Suicide	27.27%	1,038
Water Quality	20.81%	792
Disabilities	20.76%	790
Healthy Pregnancy	18.34%	688
Oral/Dental Health	16.63%	633
Infectious disease	15.97%	608
Sexually Transmitted Disease	15.58%	593
Nutrition/Eating Disorders	15.45%	588
Immunizations	14.77%	562
Air quality	11.19%	426
Accidental injuries	10.83%	412
Other (please specify)	2.29%	87
Total Respondents:	3,806	100%

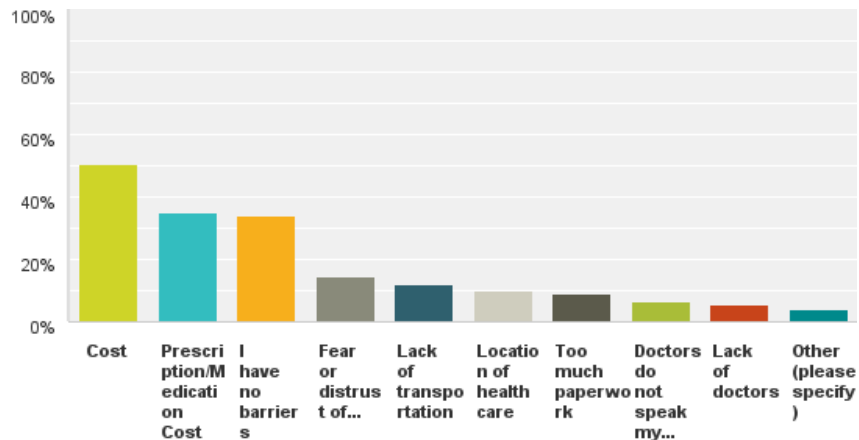
Q5: How would you rate your own personal health?

Answered: 3,876 Skipped: 195

	Very Healthy	Healthy	Somewhat healthy	Unhealthy	Very Unhealthy	Total	Weighted Average
(no label)	13.54% 525	52.79% 2,046	29.57% 1,146	3.87% 150	0.23% 9	3,876	2.24

Q6: What do you feel are barriers to getting healthcare where you live? Please select up to three options.

Answered: 3,763 Skipped: 308



Answer Choices	Responses	Count
Cost	50.70%	1,908
Prescription/Medication Cost	34.92%	1,314
I have no barriers	33.88%	1,275
Fear or distrust of the health care system	14.51%	546
Lack of transportation	11.91%	448
Location of health care	9.97%	375
Too much paperwork	8.93%	336
Doctors do not speak my language	6.75%	254
Lack of doctors	5.29%	199
Other (please specify)	4.17%	157
Total Respondents: 3,763		

Q7: Within the past year, were you able to get needed health care?

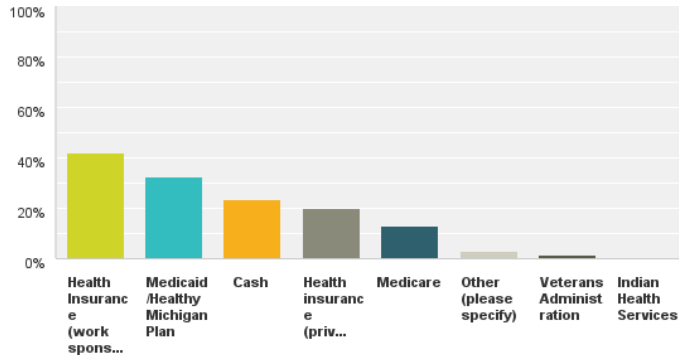
Answered: 3,843 Skipped: 228



Answer Choices	Responses	
Yes	87.38%	3,358
No	6.82%	262
Did not need	5.80%	223
Total		3,843

Q9: How do you pay for healthcare? Please check all that apply.

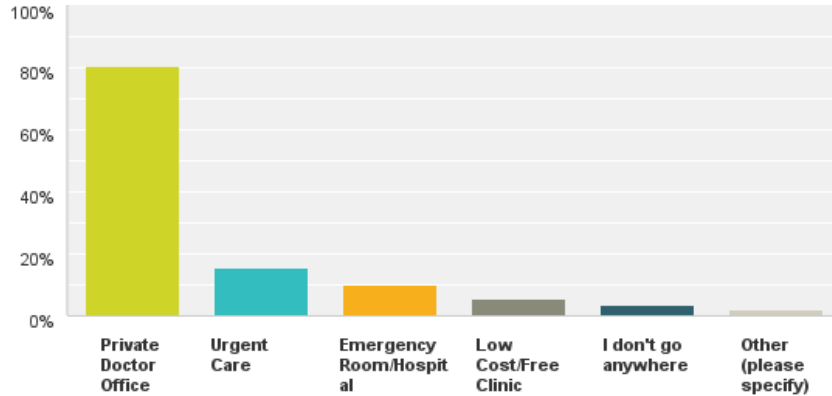
Answered: 3,822 Skipped: 249



Answer Choices	Responses
Health insurance (work sponsored)	41.92% 1,602
Medicaid/Healthy Michigan Plan	32.44% 1,240
Cash	23.55% 900
Health insurance (private, health insurance marketplace)	19.94% 762
Medicare	12.95% 495
Other (please specify)	2.80% 107
Veterans Administration	1.47% 56
Indian Health Services	0.13% 5
Total Respondents: 3,822	

Q10: Where do you usually go for primary health services?

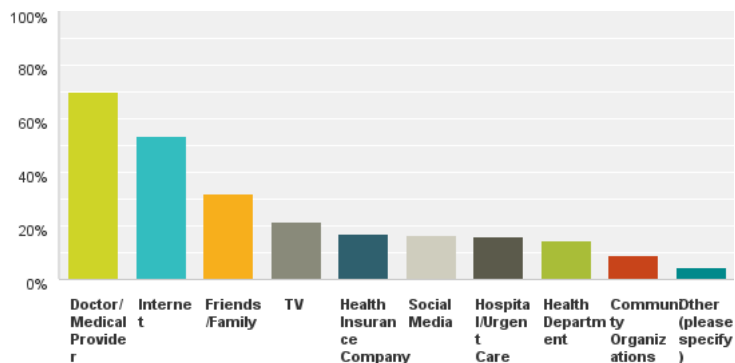
Answered: 3,843 Skipped: 228



Answer Choices	Responses
Private Doctor Office	80.74% 3,103
Urgent Care	15.74% 605
Emergency Room/Hospital	10.04% 386
Low Cost/Free Clinic	5.39% 207
I don't go anywhere	3.43% 132
Other (please specify)	1.93% 74
Total Respondents: 3,843	

Q11: Where do you receive information about health-related topics? Please select all that apply.

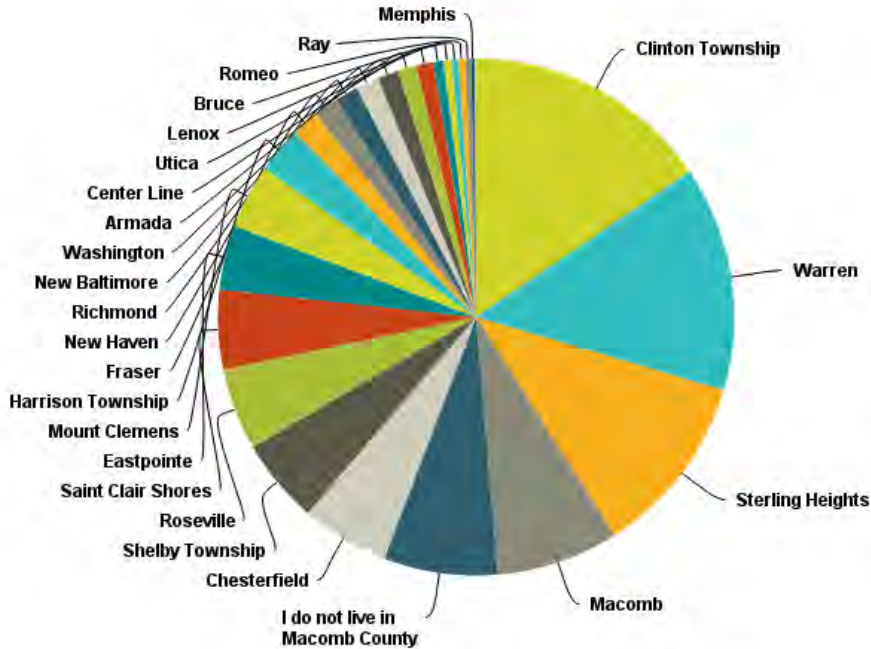
Answered: 3,794 Skipped: 277



Answer Choices	Responses	Count
Doctor/Medical Provider	70.03%	2,657
Internet	53.40%	2,026
Friends/Family	31.89%	1,210
TV	21.40%	812
Health Insurance Company	16.79%	631
Social Media	16.63%	631
Hospital/Urgent Care	15.95%	605
Health Department	14.52%	551
Community Organizations	8.83%	335
Other (please specify)	4.35%	165
Total Respondents: 3,794		

Q12: Where do you live in Macomb County?

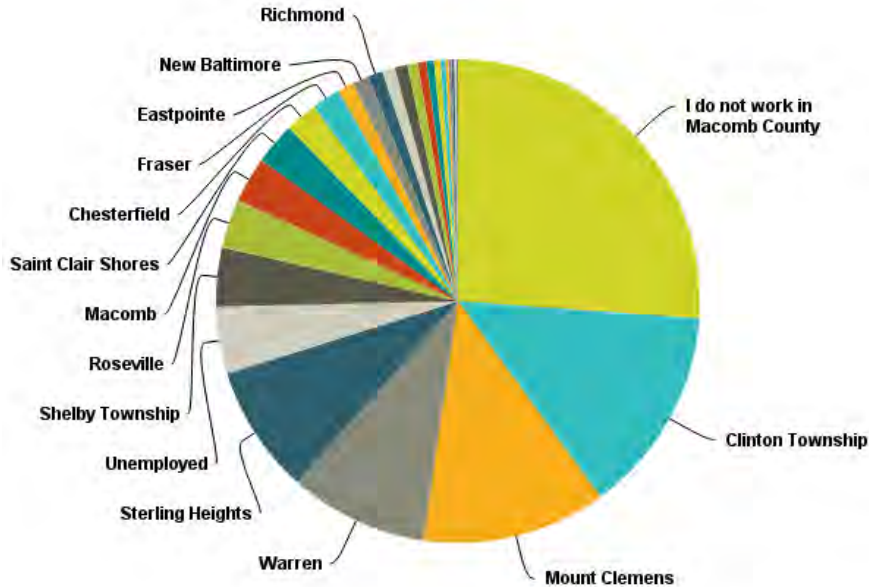
Answered: 3,770 Skipped: 301



Answer Choices	Responses	
Clinton Township	15.49%	584
Warren	14.08%	531
Sterling Heights	11.43%	431
Macomb	7.64%	288
I do not live in Macomb County	7.16%	270
Chesterfield	5.49%	207
Shelby Township	5.33%	201
Roseville	5.09%	192
Saint Clair Shores	4.99%	188
Eastpointe	4.03%	152
Mount Clemens	4.01%	151
Harrison Township	2.92%	110
Fraser	1.70%	64
New Haven	1.51%	57
Richmond	1.49%	56
New Baltimore	1.43%	54
Washington	1.33%	50
Armada	1.17%	44
Center Line	1.06%	40
Utica	0.64%	24
Lenox	0.50%	19
Bruce	0.42%	16
Romeo	0.42%	16
Ray	0.34%	13
Memphis	0.27%	10
Grosse Pointe Shores	0.05%	2
Total		3,770

Q14: Where do you work in Macomb County?

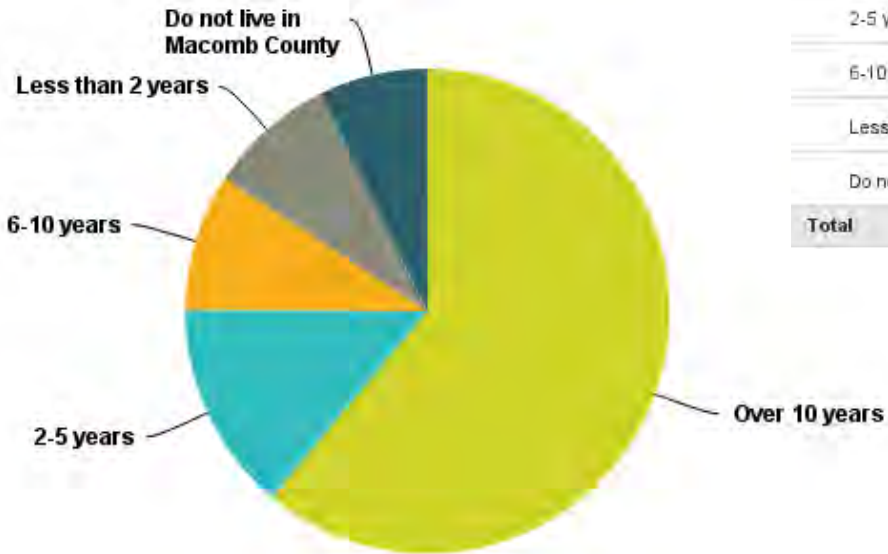
Answered: 3,044 Skipped: 1,027



Answer Choices	Responses	
I do not work in Macomb County	26.15%	796
Clinton Township	12.83%	421
Mount Clemens	12.32%	375
Warren	9.23%	291
Sterling Heights	8.64%	263
Unemployed	4.47%	136
Shelby Township	3.94%	120
Roseville	3.29%	100
Macomb	3.06%	93
Saint Clair Shores	2.79%	85
Chesterfield	2.14%	65
Fraser	1.94%	59
Eastpointe	1.08%	33
New Baltimore	1.08%	33
Richmond	0.99%	30
Center Line	0.85%	26
Harrison Township	0.85%	26
Washington	0.69%	21
Utica	0.59%	18
Armada	0.49%	15
Romeo	0.43%	13
Grosse Pointe Shores	0.33%	10
Lenox	0.20%	6
Memphis	0.20%	6
New Haven	0.20%	6
Bruce	0.13%	4
Ray	0.10%	3
Total		3,044

Q15: How long have you lived in Macomb County?

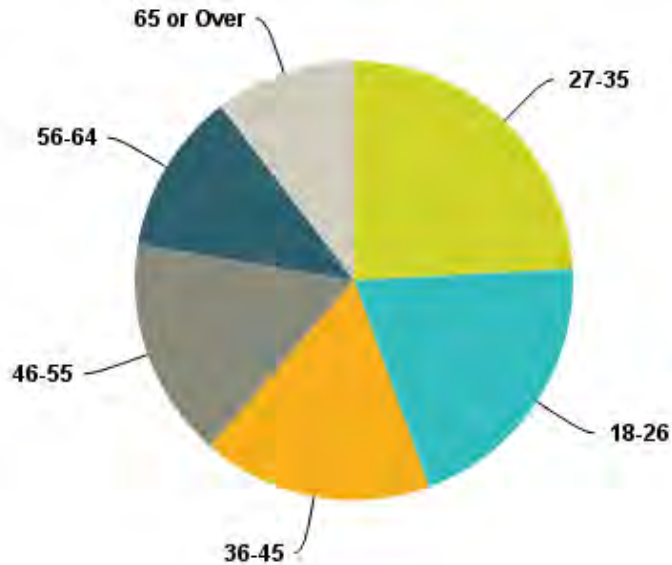
Answered: 3,752 Skipped: 319



Answer Choices	Responses	
Over 10 years	61.11%	2,293
2-5 years	13.99%	525
6-10 years	9.12%	342
Less than 2 years	8.48%	318
Do not live in Macomb County	7.30%	274
Total		3,752

Q16: What is your age?

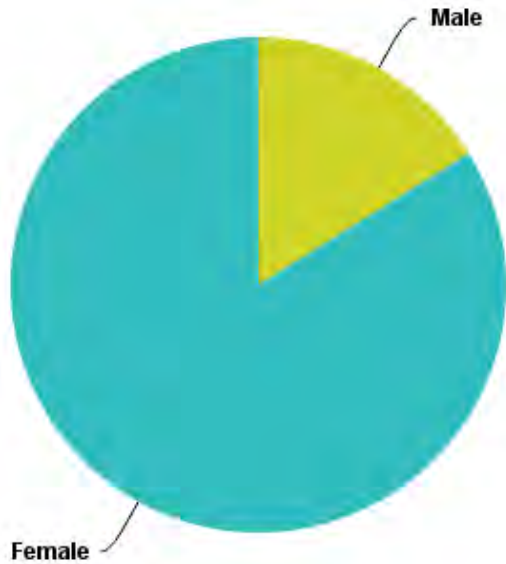
Answered: 3,732 Skipped: 339



Answer Choices	Responses	
27-35	24.14%	901
18-26	20.28%	757
36-45	16.99%	634
46-55	16.24%	606
56-64	11.98%	447
65 or Over	10.37%	387
Total		3,732

Q17: What is your gender?

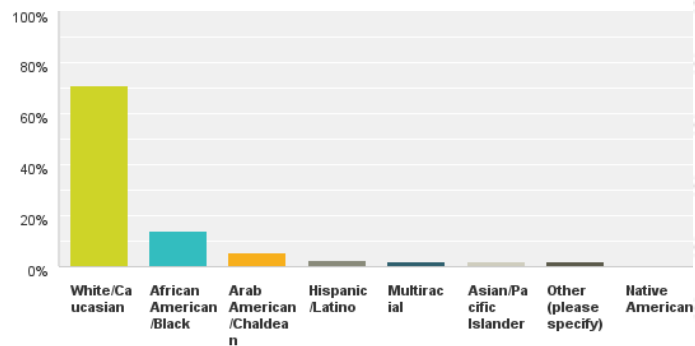
Answered: 3,687 Skipped: 384



Answer Choices	Responses	
Male	16.11%	594
Female	83.89%	3,093
Total		3,687

Q18: Race/ethnicity you most identify with

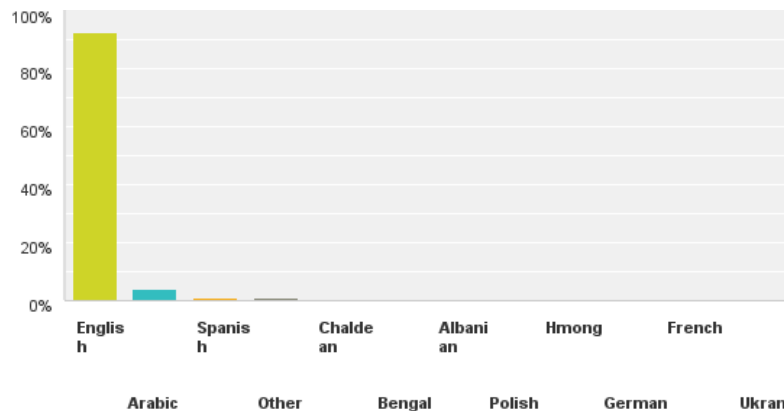
Answered: 3,743 Skipped: 328



Answer Choices	Responses	Count
White/Caucasian	71.23%	2,688
African American/Black	14.13%	529
Arab American/Chaldean	5.34%	200
Hispanic/Latino	2.51%	94
Multiracial	2.06%	77
Asian/Pacific Islander	2.03%	76
Other (please specify)	2.00%	75
Native American	0.69%	26
Total		3,743

Q19: Primary Language

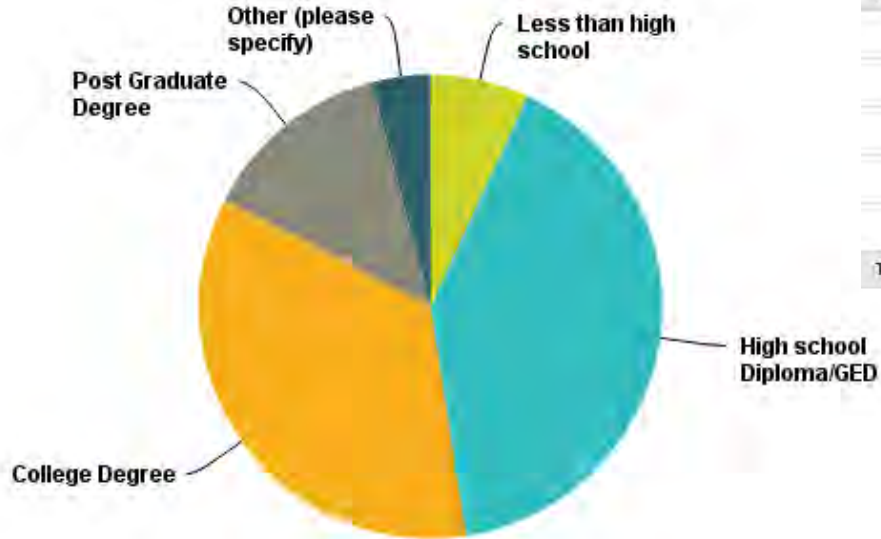
Answered: 3,792 Skipped: 279



Answer Choices	Responses
English	92.33% (3,501)
Arabic	4.11% (156)
Spanish	1.24% (47)
Other (please specify)	0.98% (37)
Chaldean	0.37% (14)
Bengali	0.34% (13)
Albanian	0.26% (10)
Polish	0.13% (5)
Hmong	0.11% (4)
German	0.08% (3)
French	0.05% (2)
Ukrainian	0.00% (0)
Total	3,792

Q20: Education level

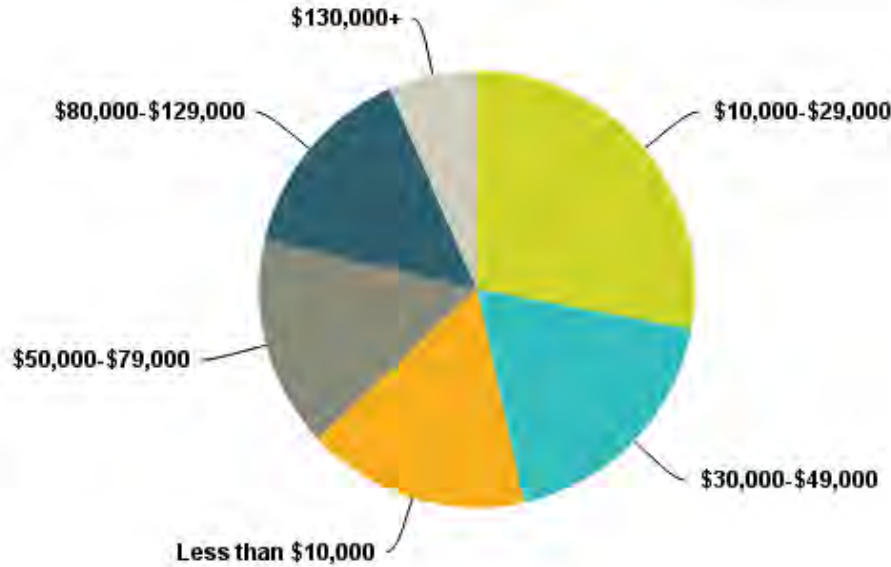
Answered: 3,714 Skipped: 357



Answer Choices	Responses
Less than high school	6.89% 256
High school Diploma/GED	40.66% 1,510
College Degree	35.08% 1,303
Post Graduate Degree	13.27% 493
Other (please specify)	4.09% 152
Total	3,714

Q21: Annual household income

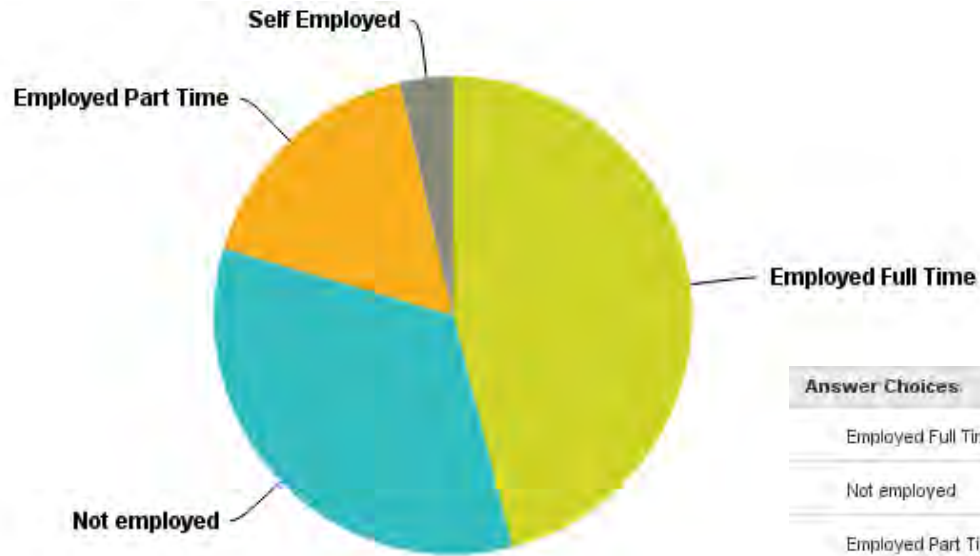
Answered: 3,506 Skipped: 565



Answer Choices	Responses	
\$10,000-\$29,000	27.92%	979
\$30,000-\$49,000	18.60%	660
Less than \$10,000	16.49%	578
\$50,000-\$79,000	15.60%	547
\$80,000-\$129,000	14.86%	521
\$130,000+	6.53%	229
Total		3,506

Q22: Are you currently employed?

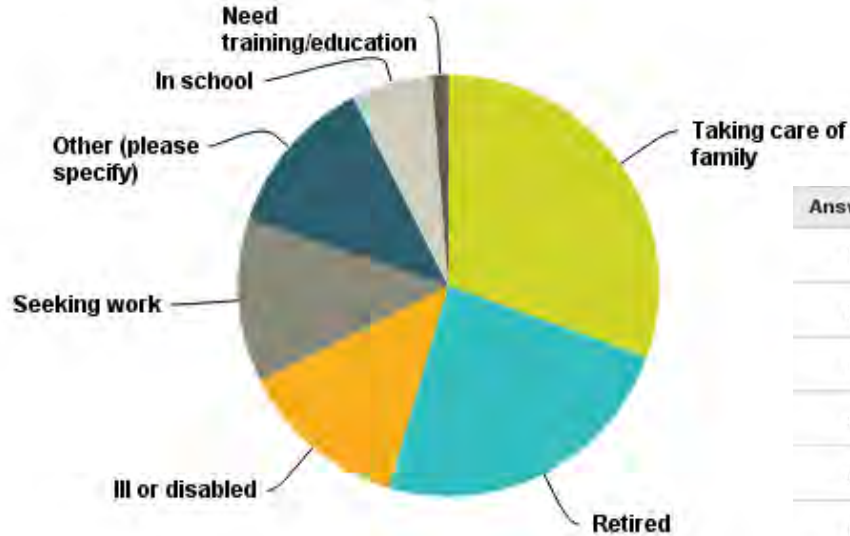
Answered: 3,749 Skipped: 322



Answer Choices	Responses	
Employed Full Time	45.99%	1,724
Not employed	33.56%	1,258
Employed Part Time	16.88%	633
Self Employed	3.57%	134
Total		3,749

Q23: If not working, what is the main reason?

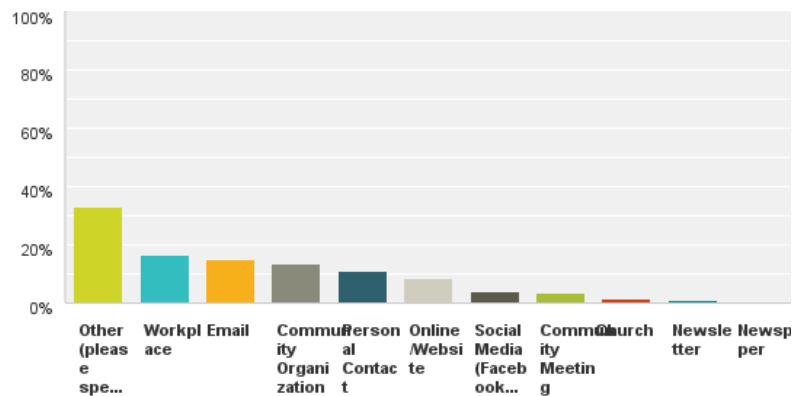
Answered: 1,405 Skipped: 2,666



Answer Choices	Responses	
Taking care of family	30.53%	429
Retired	24.06%	338
Ill or disabled	12.95%	182
Seeking work	12.53%	176
Other (please specify)	12.46%	175
In school	6.19%	87
Need training/education	1.28%	18
Total		1,405

Q24: How did you learn about this survey?

Answered: 3,337 Skipped: 734



Answer Choices	Responses
Other (please specify)	32.90% 1,098
Workplace	16.54% 552
Email	15.04% 502
Community Organization	13.28% 443
Personal Contact	10.97% 366
Online/Website	8.48% 283
Social Media (Facebook, Twitter, etc)	3.81% 127
Community Meeting	3.48% 116
Church	1.29% 43
Newsletter	0.81% 27
Newspaper	0.36% 12
Total Respondents: 3,337	

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Priority Summary
Summary of the top priorities from each of the four assessment teams

Forces of Change Assessment

- Cost of Healthcare
- Increased Disease/Chronic Disease
- Increased Substance Abuse
- Cost of Education
- Growing Immigrant Population
- Violence
- Growing Aging Population
- Climate Change

Community Themes and Strengths Assessment

- Access
 - Food
 - Healthcare
 - Insurance cost, healthcare cost, prescription drug cost
 - Housing
 - Jobs
- Chronic Disease
- Obesity
- Diabetes
- Cancer
- Heart Disease
- Mental Health
- Drug Abuse/Substance Abuse
- Communication and Education
- Safety/Built Environment

Community Health Status Assessment

- Access to Care
 - Healthcare Access
 - No Coverage
 - No selected provider
- Chronic Disease
 - Heart Disease
 - High blood pressure
 - Cancer
 - Stroke
- Behavioral Risk Factors
- Weight status
- Physical activity
- Tobacco use
- Fruit and Vegetable Consumption
- Drug Use
- Maternal and child health
 - Low birthweight
 - Infant mortality
 - Prenatal care
 - Pregnancy and tobacco use

Local Public Health Status Assessment

- Need for more integration among leaders of County programs and services
- Lack of knowledge about public health programs and services offered at agencies and partners in Macomb County
- The lack of knowledge at these partnering agencies directly correlates to the lack of knowledge within the resident of our community surrounding available public health programs and services.
- Essential Services to focus on:
 - Essential Service 1: Monitor health status to identify community health problems
 - Essential Service 3: Inform, educate, and empower people about health issues
 - Essential Service 4: Mobilize community partnerships and action to identify and solve health problems
 - Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable
 - Essential Service 8: Assure competent public and personal health care workforce
 - Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services

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Macomb County Assets and Resources

The following pages include maps and resources used in developing themes and conducting the community assessments.

- Macomb County Existing Community Resources
- Medicaid Dental Providers
- Macomb County Percentage of Individuals below poverty level
- Macomb County Public Transportation Routes and Poverty
- Macomb County Recreation Opportunities
- Macomb County Food Access Report
 - Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket
 - Low-income census tracts where a significant number or share of residents is more than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket.
 - Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 20 miles (rural) from the nearest supermarket.
 - Low-income census tract where more than 100 housing units do not have a vehicle and are more than ½ mile from the nearest supermarket, or a significant number or share of residents are more than 20 miles from the nearest supermarket
 - Tracts with a poverty rate of 20% or higher, or tracts with a median family income less than 80% of median family income for the state or metropolitan area.
 - Tracts in which at least 500 people or 33% of the population lives farther than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.
 - Tracts in which at least 500 people or 33% of the population lives farther than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket.
 - Tracts in which at least 500 people or 33% of the population lives farther than 1 mile (urban) or 20 miles (rural) from the nearest supermarket.
 - Tracts in which more than 100 households have no access to a vehicle and are more than 1/2 mile from the nearest supermarket.

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Macomb County Existing Community Resources

The below listed resources were used when conducting the assessments. While not an exhaustive list of resources, at the time of this plans writing, these were the most widely known and utilized resources.

PARKS AND TRAILS

Local Parks and Recreation Departments

Armada Township Parks Department

<http://www.armadatwp.org/parks-department>

Center Line Parks and Recreation

<http://www.centerline.gov/parks-recreation>

Chesterfield Parks and Recreation

<https://parks.chesterfieldtwp.org/>

Clinton Township Parks

<http://clintontownship.com/parks.html>

Clinton Township Recreation

<http://clintontownship.com/recreation.html>

Harrison Township Parks and Recreation

http://www.harrison-township.org/residents/parks_and_recreation/index.php

New Baltimore Parks and Recreation

<https://nbrecreation.org/Default.aspx?id=1>

Richmond Parks and Rec

<http://www.cityofrichmond.net/196/Parks-Recreation>

Romeo-Washington-Bruce

<http://www.rwbparksrec.org/>

Roseville/Eastpointe

http://www.roseville-mi.gov/departments/recreation_authority/index.php

<http://www.recreationalauthority.com/>

Shelby Township

<http://www.shelbytwp.org/departments/prm/>

St Clair Shores Parks and Rec

<http://www.scsmi.net/index.aspx?NID=303>

Sterling Heights Parks and Rec

<https://www.sterling-heights.net/339/Parks-Recreation>

Warren Parks and Rec

<http://cityofwarren.org/index.php/parks-and-rec>

Metropark Information

The Huron-Clinton Metroparks consist of 13 beautiful parks, covering over 25,000 acres throughout southeast Michigan, encompassing Livingston, Macomb, Oakland, Washtenaw and Wayne counties.

Macomb County is home to

[Lake St. Clair Metropark](#)

[Wolcott Mill Metropark](#)

[Stony Creek Metropark](#)

Use the [Metroparks Activity Locator](#) to search for park amenities including picnic shelters, play areas, splash pads, sports and more.

Park Resources

Out and About in Macomb County

<http://hkhf.macombgov.org/sites/default/files/content/government/hkhf/pdfs/OutandAbout2015.pdf>

Shelby Township Parks and Facilities

<http://www.shelbytwp.org/departments/prm/images/Images/201718%20Park%20Info%20booklet.pdf>

St Clair Shores Things to Do

<https://indd.adobe.com/view/1e44e577-4473-473a-8bfd-4b177df2e643>

Summer Fun in Macomb County

http://media.wix.com/ugd/ca7038_ed12166e35224fa68d51c1b2c24f36c4.pdf

TRAILS

You can find trails (paved, dirt or gravel) at nearly all of the parks listed above.

The [Macomb Orchard Trail](#) features 23.5 miles of smooth pavement and links to 180 miles of trails in southeast Michigan.

For a list of trails in Macomb County, visit Michigan Trails at <http://www.michigantrails.us/macomb-county-michigan/macomb-county-michigan-trails.html>

For a list of trails in the state, visit American Trails at <http://americantrails.org/resources/statetrails/MIstate.html>

The SEMCOG [Park Finder](#) or [Metroparks Activity Locator](#) to find more trails by setting the search filter.

Bike trails courtesy of Macomb Bike <https://www.macombbike.com/about/trail-maps-pg61.htm>

SPORTS TEAMS

Northeast Adaptive Recreation Softball League

Players with developmental and physical Impairments, ages 12 years through adult are welcome to join.

Clinton Valley Little League

Children 5 – 18 years of age who have mental or physical disabilities are welcome to join this team.

Little League Challenger

<https://www.littleleague.org/play-little-league/challenger/about-challenger/>

MI Challengers Team (Basketball)

michallengers@gmail.com

Pride of Trilogy Special Needs Cheerleading

<http://mcsa.me/trilogy/>

Elite Cheer Michigan

www.elitecheer-Michigan.com

AYSO VIP Soccer

The mission of the AYSO VIP Program is to provide a quality soccer experience for individuals whose physical or mental disabilities make it difficult for them to successfully participate on mainstream soccer teams. Successful participation is defined by the player's enjoyment and the safety of all team members.

<http://www.ayso.org/play/vip/>

FACILITIES

Play Place for Autism

Play-Place for Autistic Children is a 501(c)3 nonprofit organization located in Sterling Heights, MI. Play-Place's mission is to provide a fun-filled, judgment-free, haven of hope for families affected by autism and other special needs. Play-Place is open to all ages, all cognitive levels, and all special needs.

www.autisticplayplace.org

Team GUTS

Team GUTS™ is committed to improving the health, fitness and overall well-being of those in our community with special needs and disabilities. We are doing this by offering various adaptive fitness programs in a fun and recreational setting. All Team GUTS™ program sessions include eight (8) classes.

<http://www.teamgutsmichigan.com/>

Inclusively Fit

Inclusively Fit is a 5,000 square foot, fully staffed and equipped fitness facility. The center is designed to offer exercise and fitness programs for the special needs community and is located in Sterling Heights, MI.

<http://inclusivelyfit.com/>

St. Francis Camp

St. Francis Camp on the Lake serves children and adults with developmental disabilities. Our personalized day, residential and weekend camp experiences provide opportunities to participate in new and challenging activities which promote social, emotional, and physical development.

<http://www.saintfranciscamp.org/>

PROGRAMS AND CLASSES

Michigan State University Extension

Michigan State University Extension offers various classes and programs about healthy lifestyles, including physical activity. Visit their [physical activity website](#) for a complete list of programs.

Disease Prevention and Management

The following workshops are offered in convenient, easily accessible community locations and are offered for free or low cost.

[Personal Action Toward Health \(PATH\)](#)

[Diabetes Personal Action Toward Health \(Diabetes PATH\)](#) [Diabetes Prevention Program](#)

Community Education

Some school districts in Macomb County provide community education programs.

Chippewa Valley: <http://www.chippewavalleyschools.org/departments/community-ed/>

Lake Shore: www.scscommunityed.org

L'Anse Creuse: <http://www.lc-ps.org/programs/community-education/>

Roseville: <http://www.isd623.org/commed/>

Utica: <http://www.uticak12.org/cms/One.aspx?portalId=592136&pageId=5281705>

Van Dyke: <http://www.vdps.net/parents-and-community/>

Warren Woods: <http://www.warrenwoods.misd.net/our-schools/adultcommunity-education/>

Additional programs and classes

OUCARES programs

www.oakland.edu/oucares

Hippotherapy Stable Possibilities (Horseback riding)

www.stablepossibilities.com

Sterling Heights Parks and Recreation

<https://www.sterling-heights.net/DocumentCenter/View/5993/Sterling-Special-Summer-2018>

Macomb Township Parks and Recreation

<https://reach.gomtpr.org/wbwsc/webtrac.wsc/wbsearch.html?xxmod=AR&xxtype=ADREC&wbsi=f30289e4-546b-7684-3e14-91e77c59a50f>

Clinton Township Parks and Recreation Adaptive Camp and Bike Club

<http://online.flipbuilder.com/wknk/vgjs/mobile/index.html#p=8>

<http://clintontownship.com/recreation.html>

Shelby Township Parks and Recreation Special Recreation Program

http://www.shelbytwp.org/new_departments/prm/special_recreation_program.html

Warren Parks and Recreation Specials Needs Programs

https://www.facebook.com/pg/warrenparksandrecreationspecialneeds/about/?ref=page_internal

Romeo Washington Bruce Parks and Recreation

http://www.rwbparksrec.org/programs_br_and_amp_registration/adaptive_recreation_flyers.php

Families Exploring Down's Syndrome

www.FamiliesExploringDownSyndrome.org

Down Syndrome Guild of Southeast Michigan

www.dsgsemi.org

Silver Sneakers

<https://www.silversneakers.com/>

Enhance Fitness

http://www.michigan.gov/documents/mdhhs/enhance-fitness-michigan-class-list_524581_7.pdf

RECREATION CENTERS

Macomb Township Recreation Center

<https://www.gomtpr.org/recreation-center/>

New Baltimore Recreation Center

<https://nbrecreation.org/Default.aspx?id=87>

Richmond Community Center Pool

<http://www.cityofrichmond.net/Facilities/Facility/Details/Richmond-Community-Pool-9>

Recreation Authority of Roseville and Eastpointe

<http://www.recreationalauthority.com/>

Romeo Fitness Center

http://www.rwbparksrec.org/fitness/fitness_centers/index.php

Shelby Community Center

http://www.shelbytwp.org/departments/prm/shelby_community_center.jsp

Warren Community Center

<http://cityofwarren.org/index.php/community-center>

Washington Fitness Center

http://www.rwbparksrec.org/fitness/fitness_centers/index.php

Many of the parks and recreation departments in Macomb County also have a recreation center.

SENIOR CENTERS

Macomb County is home to multiple senior centers that offer fitness classes, exercise rooms, walking clubs and more. Some even offer computer rooms, transportation, monthly newsletters and event calendars.

Armada Senior Center

<http://www.armadatwp.org/senior-center>

Clinton Township Senior Center

<http://clintontownship.com/senior-center.html>

Roseville Senior Center

http://www.roseville-mi.gov/departments/senior_center/index.php

Roseville/Eastpointe Senior Recreation

http://cms6.revize.com/revize/raremi/seniors/seniors_overview/index.php

Sterling Heights Senior Center

<http://www.sterling-heights.net/397/Senior-Center>

St Clair Shores Senior Activity Center

<http://www.scsmi.net/index.aspx?nid=286>

Tucker Senior Center, Harrison Township

http://www.harrison-township.org/resources/senior_center/index.php

SPORTS

Many of the parks in Macomb County offer sports facilities. In addition to fields and courts, some parks even offer sports equipment for free or to rent at a low cost. There are a number of sports leagues available for children and adults with development and physical impairments.

Clinton Township Sports Leagues

<http://clintontownship.com/sport-leagues.html>

Joe Dumar's Fieldhouse

<http://www.joedumarsfieldhouse.com/sports/>

Macomb Suburban Ice (skating and hockey)

<https://www.suburbanicemacomb.com/page/show/365326-home>

Premier Sports Center (soccer and flag football)

<http://www.premiersportscenter.co/services.html>

Stay and Play Social Club

http://spscdetroit.com/league_info/

Social Sports Detroit

<https://socialsportsdetroit.com/>

The Sports Academy Online (soccer and flag football)

<http://www.thesportsacademyonline.com/>

United Soccer League (soccer)

<https://www.unitedsoccerleague.com/home>

WALK/RUN GROUPS

Walk/Run groups offer a network of support and motivation for those looking to get physical activity. Below you can find walking groups supported by hospitals or other organizations.

[Beaumont Gets Walking](#)

[Bike Dearborn](#)

[City Sneakers, Mount Clemens Running Club](#)

[Detroit Downtown Runners and Walkers](#)

[Ferndale Area Runners](#)

[Healthy Trenton](#)

[Healthy Wayne](#)

[Henry Ford Macomb Get Moving, Get Walking Club](#)

[Motor City Striders](#)

[New Haven Steppers](#)

[Run Detroit](#)

[Royal Oak Area Runners](#)

[Your Pace or Mine Rochester Hills](#)

Mall Walking:

Most shopping centers in Macomb County open early to allow for mall walkers.

[Mall Walkers Club at the Macomb Mall](#)

[Mall Walkers Club Great Lakes Crossing Outlets](#)

[Mall at Partridge Creek](#)

ADAPTIVE RECREATION

Macomb County is home to a first-of-its-kind adaptive recreation park and playground located in Fraser. McKinley Barrier-Free Park can be enjoyed by everyone but is designed to meet the needs of people with challenges. The park features universally designed interactive playground equipment, ramped wheelchair access, accessible pathways and sensory-rich activities for the hearing and visually impaired.

<https://www.metroparent.com/daily/parenting/special-needs-resources/sports-for-kids-with-disabilities-special-needs-in-southeast-michigan/>

HOSPITALS

Behavioral Center of Michigan

<http://www.behavioralcenter.com/>

Martha T. Berry Hospital

<http://www.marthatberry.org/>

Henry Ford Macomb Hospital - Mount Clemens Campus

<https://www.henryford.com/locations/mt-clemens-campus>

Henry Ford Macomb Hospital - West Campus

<https://www.henryford.com/locations/macomb>

McLaren -- Mount Clemens Regional Medical Center

<http://www.mclaren.org/macomb/macomb.aspx>

New Haven Medical Center

<http://www.communityfirsthc.org/>

Saint John Macomb-Oakland Hospital

<http://www.stjohnprovidence.org/macomb-oakland>

St. John Medical Center - Harrison Twp.

<http://www.stjohnprovidence.org/harrison/>
Select Specialty Hospital - Macomb County
<https://macomb.selectspecialtyhospitals.com/>
Southeast Michigan Surgical Hospital
<https://www.michigansurgicalhospital.com/>

HEALTHCARE CLINICS

Advantage Family Health Center - Warren
Anchor Bay Clinic
Cornerstone Schoenherr Family Practice
Fairchild Family Medicine
Henry Ford Macomb Family Medicine
Henry Ford Macomb Health Center - Richmond
Homeless Health Care Project Roseville Storefront
Macomb County Health Department - Southwest Health Service Center
Macomb County Health Department - Thompson Family Resource Center
Macomb County Health Department - Verkulen Building: WIC
Macomb Family Services
McLaren Family Medicine
McLaren Macomb Family Medicine
McLaren Macomb Primary Care
McLaren Macomb Sterling Heights Pediatrics & Family Medicine
McLaren Macomb-Lakeshore Medical Center
McLaren Macomb-Warren Family & Internal Medicine
Medical Outreach Clinic
MyCare Health Center - Clinton Township - Groesbeck
MyCare Health Center - Mt. Clemens
Neighbors Caring for Neighbors
New Haven Medical Center
Village Health Family & Urgent Care
Visiting Physicians Services Primary Care Clinic/Center Line

MENTAL HEALTH

Clinton Counseling Center Comprehensive Youth Services
Downriver Mental Health Clinic Advanced Counseling Services
Easter Seals Michigan
Eastwood Clinics
Harbor Oaks Hospital
Henry Ford Macomb Hospital Mount Clemens Campus
Macomb County CMH First North
Macomb County CMH First Resources and Treatment/Southwest
Macomb Family Services Inc
New Oakland Child/Adolescent and Family Center
Perspectives of Troy PC
Saint John Macomb Hospital Behavioral Health Services
Saint John Macomb/Oakland Hospital Macomb Center Partial Hospital

SUBSTANCE ABUSE

A 1 Counseling Center Inc
Action Counseling Clinic Inc Substance Abuse Services
Arab American and Chaldean Council
Bio Medical Behavioral Healthcare Inc
Choices Counseling Center
Clinton Counseling Center Comprehensive Youth Services
Community Programs Inc Meridian Health Services
Debra L Gainor MA LLP CAADC
Downriver Mental Health Clinic Advanced Counseling Services PC
Eastwood Clinics
Macomb Family Services Inc
Michigan Diagnostic Alc and Drug Services (MDADS)
New Alternatives Inc
Perspectives Counseling Center
Premier Services of Michigan LLC
Quality Behavioral Health
Sacred Heart Rehabilitation Center Inc

FARM TO SCHOOL

MSUE MI Farm to School
http://www.canr.msu.edu/farm_to_school/index
MSUE Farm to School Grant Program
http://www.canr.msu.edu/resources/mi_farm_to_school_grant_program_report
HOP Farm to School Directory
<https://www.oakgov.com/health/partnerships/Documents/HOP%20F2S.final.pdf>
MI Farm to Institute Network
<https://www.cultivatemichigan.org/michigan-farm-institution-network>
Cultivate Michigan
<https://www.cultivatemichigan.org/faq>
<https://www.cultivatemichigan.org/sites/default/files/documents/2016%20How%20to%20Join%20Cultivate%20Michigan.pdf>
Michigan Farm Bureau - Macomb County
<https://macomb.michfb.com/>
Macomb County Farm Bureau
<http://www2.michfb.com/counties/programs/50>
Marketing MI Products to Schools: A Step by Step Guide
https://food-hub.org/files/resources/MIFTS_Marketing_Guide.pdf

HEALTH INSURANCE

Healthy Michigan Plan (MiBridges)

https://newmibridges.michigan.gov/s/isd-landing-page?language=en_US

Health Insurance Marketplace

<https://www.healthcare.gov/>

Navigators/CACs

Jewish Family Services

<http://www.jfsdetroit.org/>

Chaldean Community Foundation

<https://www.chaldeanfoundation.org/>

ACCESS

<http://accesshealthcaremichigan.org/>

MyCare Health Center

<http://mycarehealthcenter.org/outreach-enrollment/>

Office of Congressman Sander Levin

<https://levin.house.gov/health-insurance-marketplace-2>

ORAL HEALTH

Tri County Dental Health

<http://www.dentalhealthcouncil.org/>

Michigan 2020 Oral Health Plan

https://www.michigan.gov/documents/mdhhs/2020_MichiganStateOralHealthPlan_FINAL_511929_7.pdf

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MACOMB COMMUNITY ACTION

Head Start 0-5

Medicaid Dental Providers



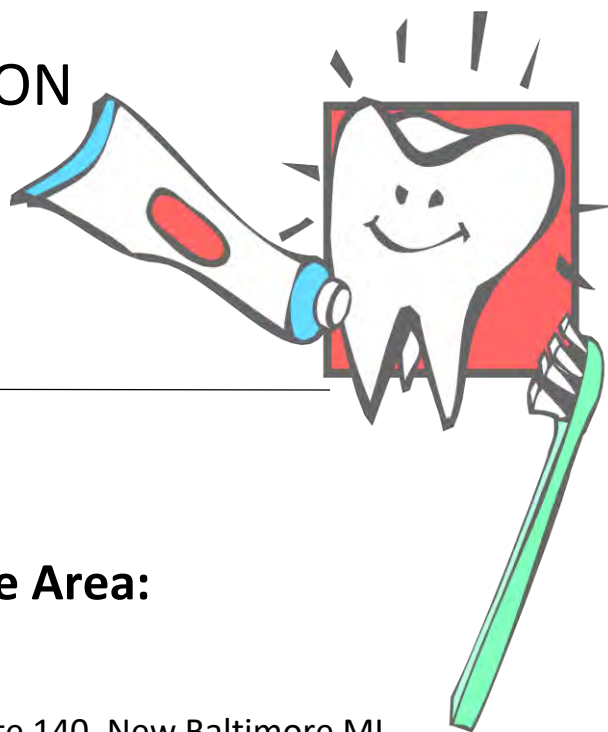
Clinton Township/Mt. Clemens Area:

- Florica Ardelean DDS, 23935 Denton, Clinton Township MI (586) 465-4505
- Wallace Colvin DDS, 69 Gratiot, Mt. Clemens MI (586) 783-7000
- Eric Romano DDS PC, 36075 Utica Rd Ste 200, Clinton Township MI (586) 792-4600

MACOMB COMMUNITY ACTION

Head Start 0-5

Medicaid Dental Providers



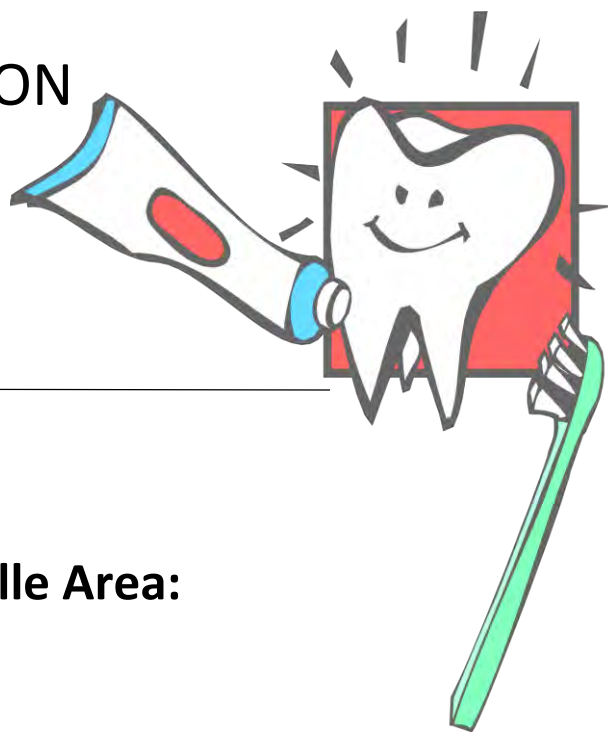
New Haven/Shelby/New Baltimore Area:

- Narin Ghahramani DDS, 33497 23 Mile Rd Ste 140, New Baltimore MI (586) 725-6662
- Yax & Stec Dental Associates PLLC, 58144 Gratiot, New Haven MI (586) 749-3333
- Eastside Family Dentistry, 48926 Schoenherr, Shelby MI (586) 566-5660
- Painless Dental Group Drs. Abdulsattar & Shakfa, 47151 VanDyke, Shelby MI (586) 997-9999
- Kids Smiles Pediatric Dentistry 48621 Hayes Rd., Shelby Park Bldg. 500, Shelby MI (586) 247-5437
- Northstar Family Dentistry, 64845 Van Dyke Rd. #3, Washington Twp., MI (586) 566-5660

MACOMB COMMUNITY ACTION

Head Start 0-5

Medicaid Dental Providers



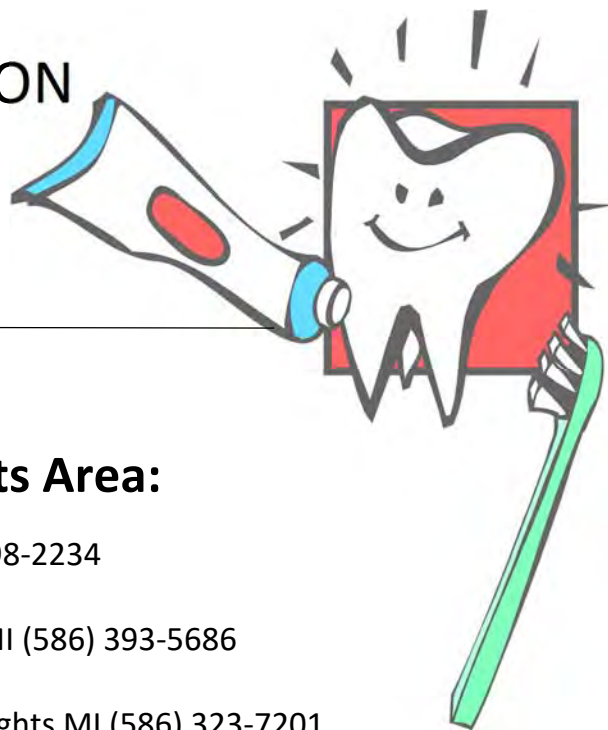
St. Clair Shores/Eastpointe/Roseville Area:

- Gentle Dental, 21537 Harper, St. Clair Shores MI (586) 779-0150 (MC 7-19)
- Great Expressions, 26298 Gratiot, Roseville MI (586) 776-5015
- Pleasant Dental, 31515 Gratiot, Roseville MI (586) 295-0900
- Preferred Dental Practice, 24901 Kelly, Eastpointe MI (586) 772-2090
- Shores Dental Reflection, 31198 Harper, St. Clair Shores MI (586) 285-2000
- Roseville Family Dental, 28350 Gratiot, Roseville MI (586) 772-7800

MACOMB COMMUNITY ACTION

Head Start 0-5

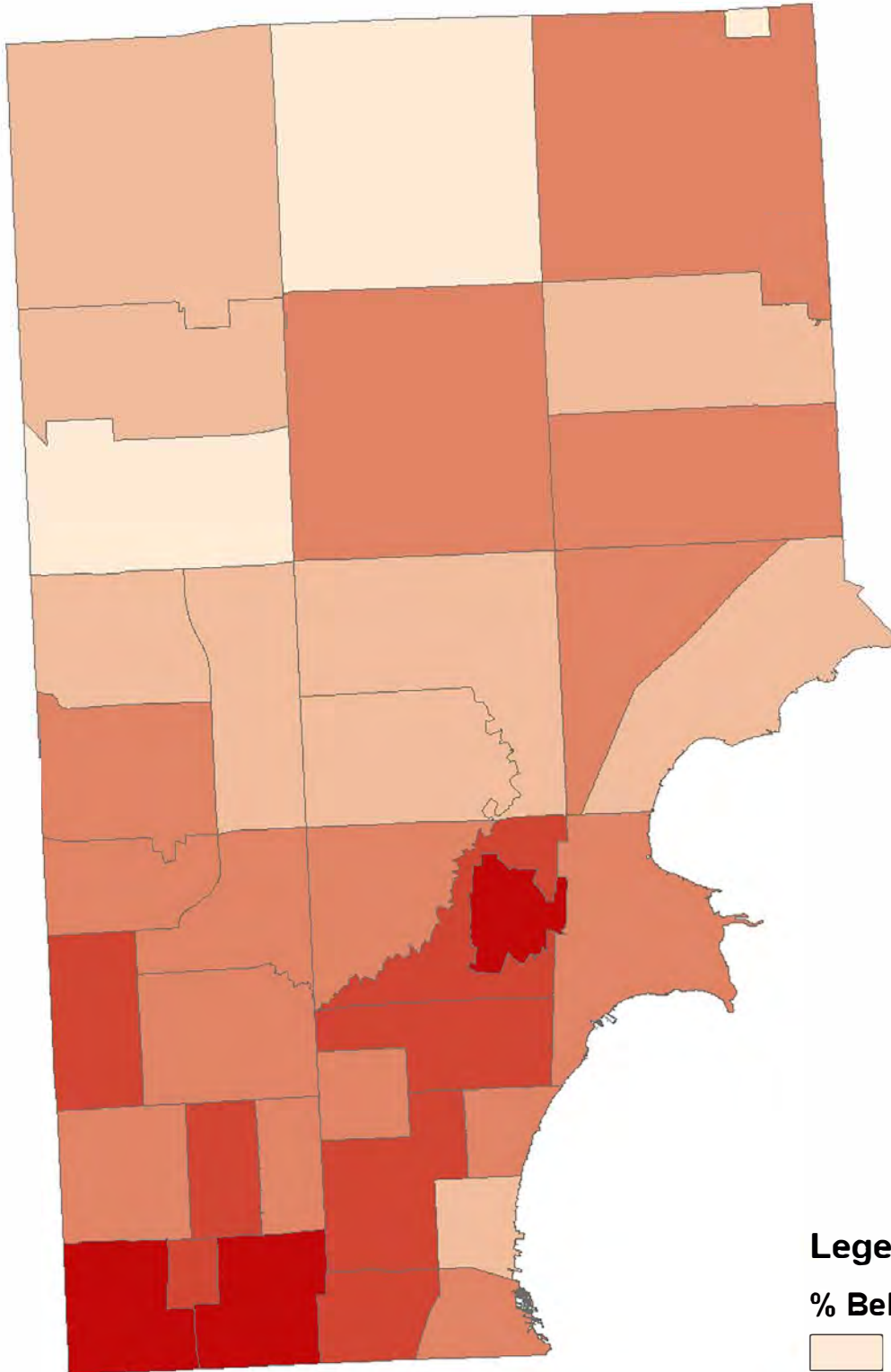
Medicaid Dental Providers



Warren/Centerline/Sterling Heights Area:






- Ashtar Dental, 32917 Ryan, Warren MI (586) 698-2234
- Destiny Dental, 26113 Hoover Road, Warren, MI (586) 393-5686
- Dr. Eva Goiree DDS, 44627 Mound, Sterling Heights MI (586) 323-7201
- Dr. Michael Herringshaw DDS, 28315 Hoover, Warren MI (586) 573-4042
- Macomb County Dental Clinic, 27690 VanDyke, Warren MI (586) 465-9152
- Pediatric Dental Center, 11662 Martin, Warren MI (586) 754-6300 (MC 0-6)
- Dr. Sorinela Paret DDS, 28501 Ryan Ste D, Warren MI (586) 753-7000
- Universal Dental Center, 28282 Dequindre, Warren MI (586) 574-2620
- Tiny Tooth Dental, 38242 Dequindre, Sterling Heights MI (586) 795-3251
- Centerline Family Dental, 26730 VanDyke, Centerline MI (586) 756-5858
- Dr. Golek DDS, 8053 Independence Dr, Sterling Heights MI (586) 264-1270
- Dr. Steven Miller DDS, 2425 12 Mile, Warren MI (586) 558-6684
- Dr. Delaney, Plunkett, & Ralstrom 39400 Garfield, Suite 200 Clinton Twp. MI (586) 586-0700
- I. Bohay, DDS - Smiles Personalized, 29500 Ryan Road, Suite C, Warren, MI 48092
Phone: (586) 574-3050

Macomb County Percentage of Individuals below poverty level



Legend

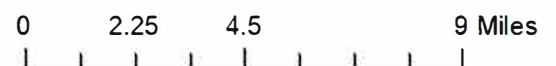
% Below FPL

-  0% - 3%
-  4% - 7%
-  8% - 12%
-  13% - 20%
-  21% - 30%



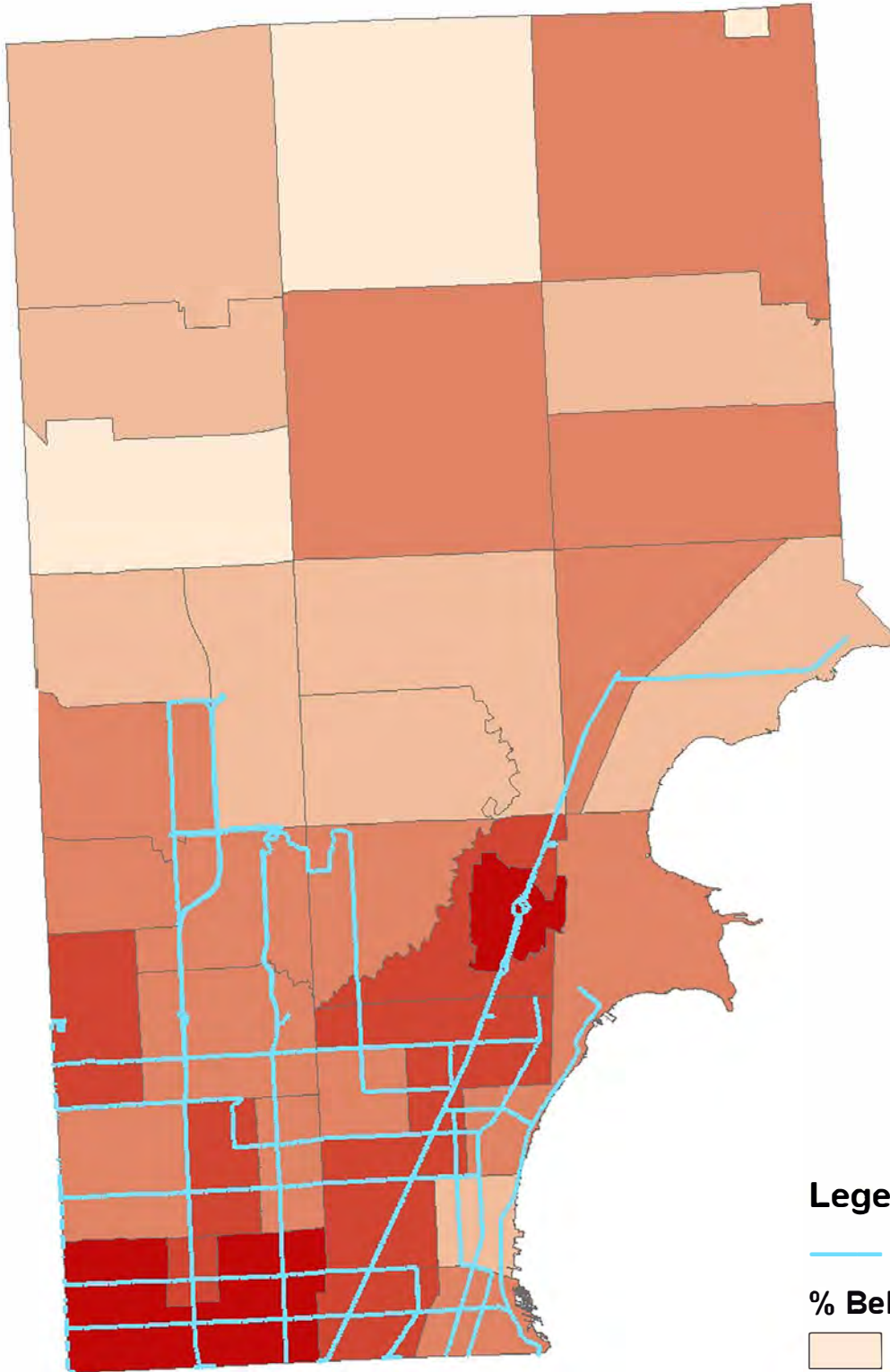
Health
Department

Data Source: Poverty rates are from the American Community Survey 5-Year Estimates.



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Macomb County Public Transportation Routes and Poverty



Legend

— SMART Bus Routes

% Below FPL

0% - 3%

4% - 7%

8% - 12%

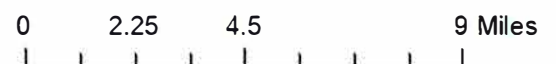
13% - 20%

21% - 30%



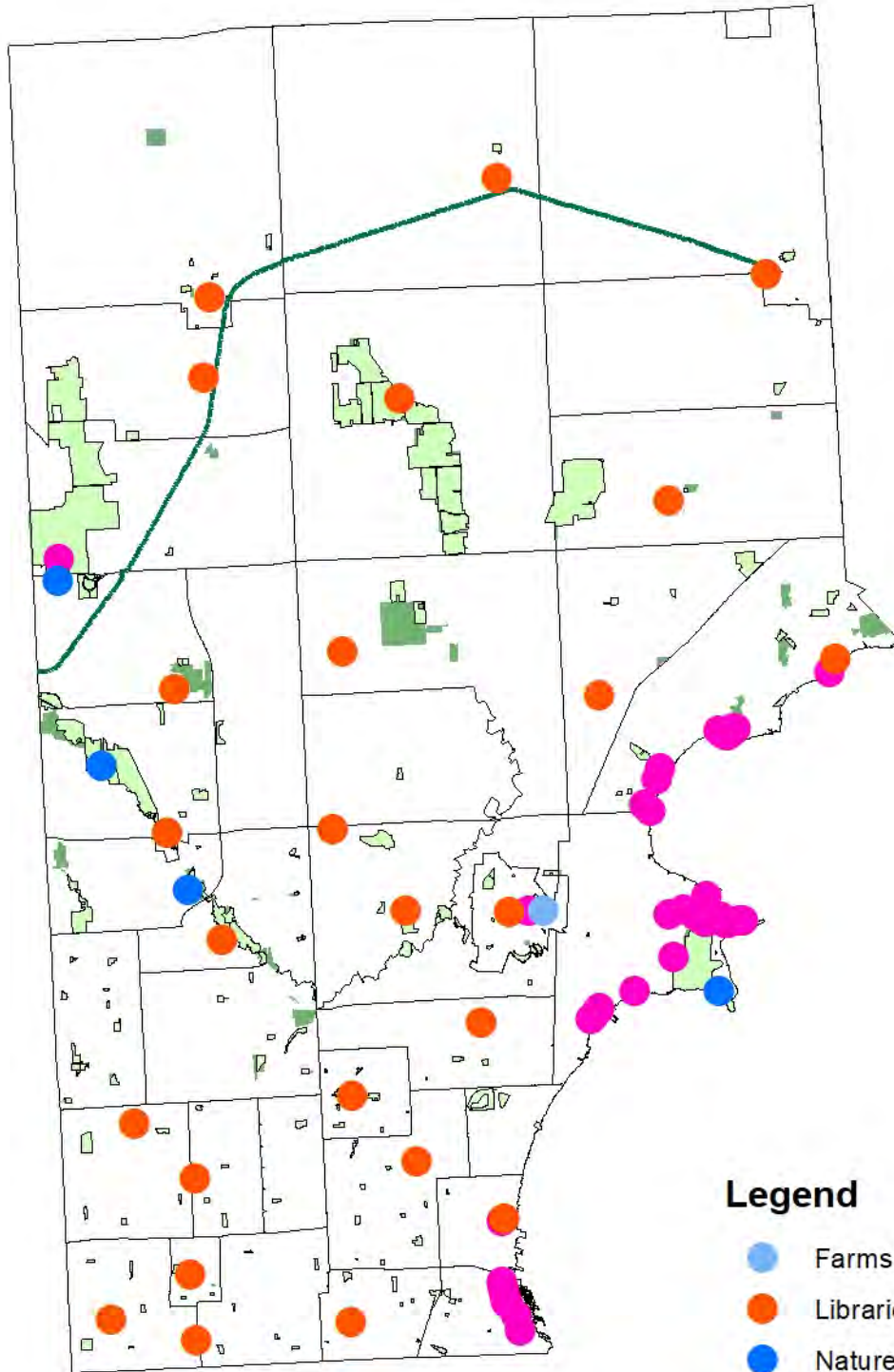
Health
Department

Data Source: Poverty rates are from the American Community Survey 5-Year Estimates.



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Macomb County Recreation Opportunities



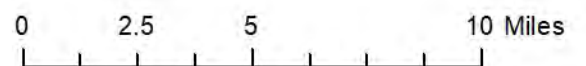
Legend

- Farms and Orchards
- Libraries
- Nature Centers
- Marinas
- Orchard Trail (pedestrian path)
- Small Parks
- Parks
- Zipcodes

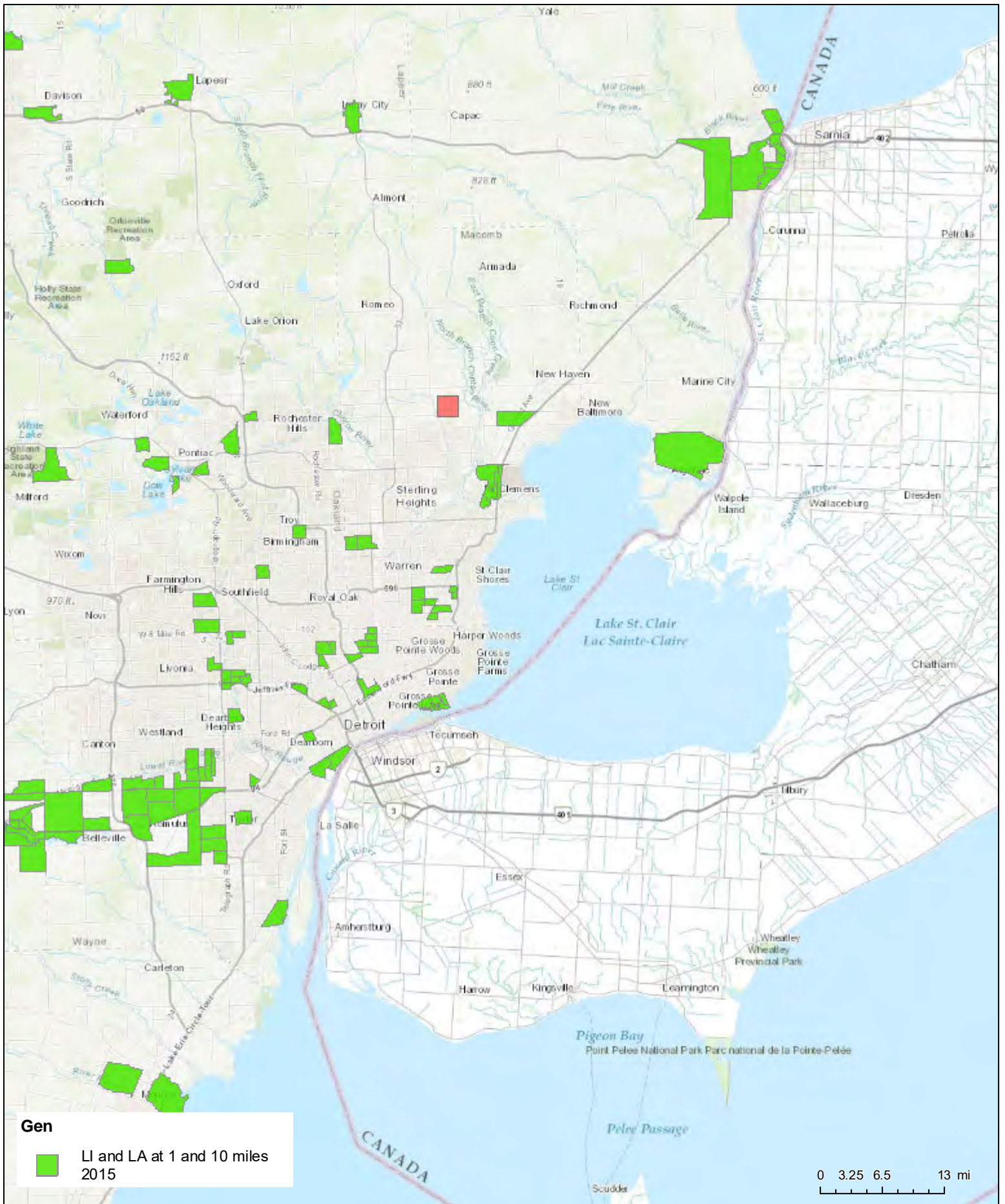


Health
Department

Source: Office of Planning and Economic Development Data



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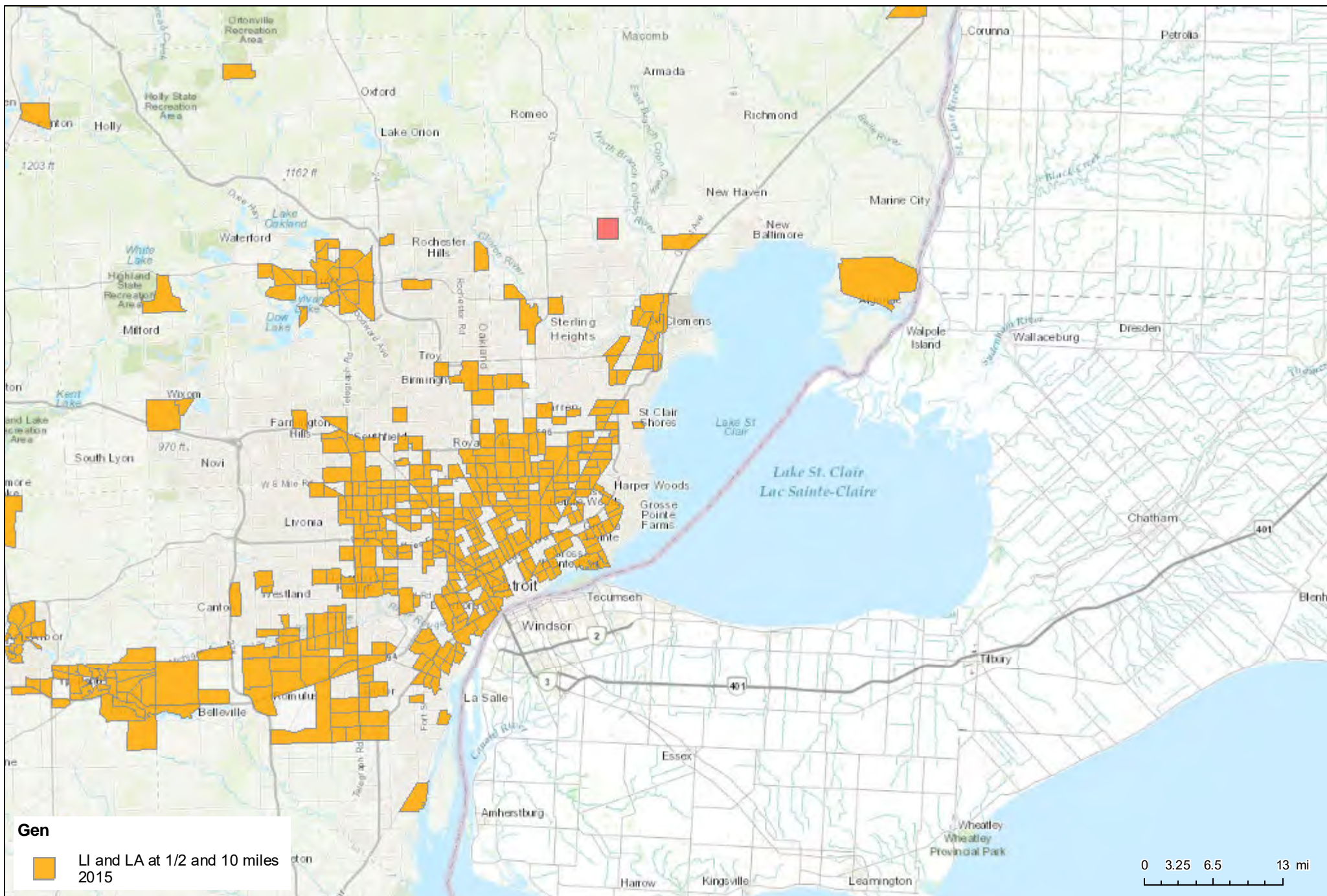


Data Definition: Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.

LI and LA at 1 and 10 miles

Source: USDA Economic Research Service, ESRI. For more information: <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

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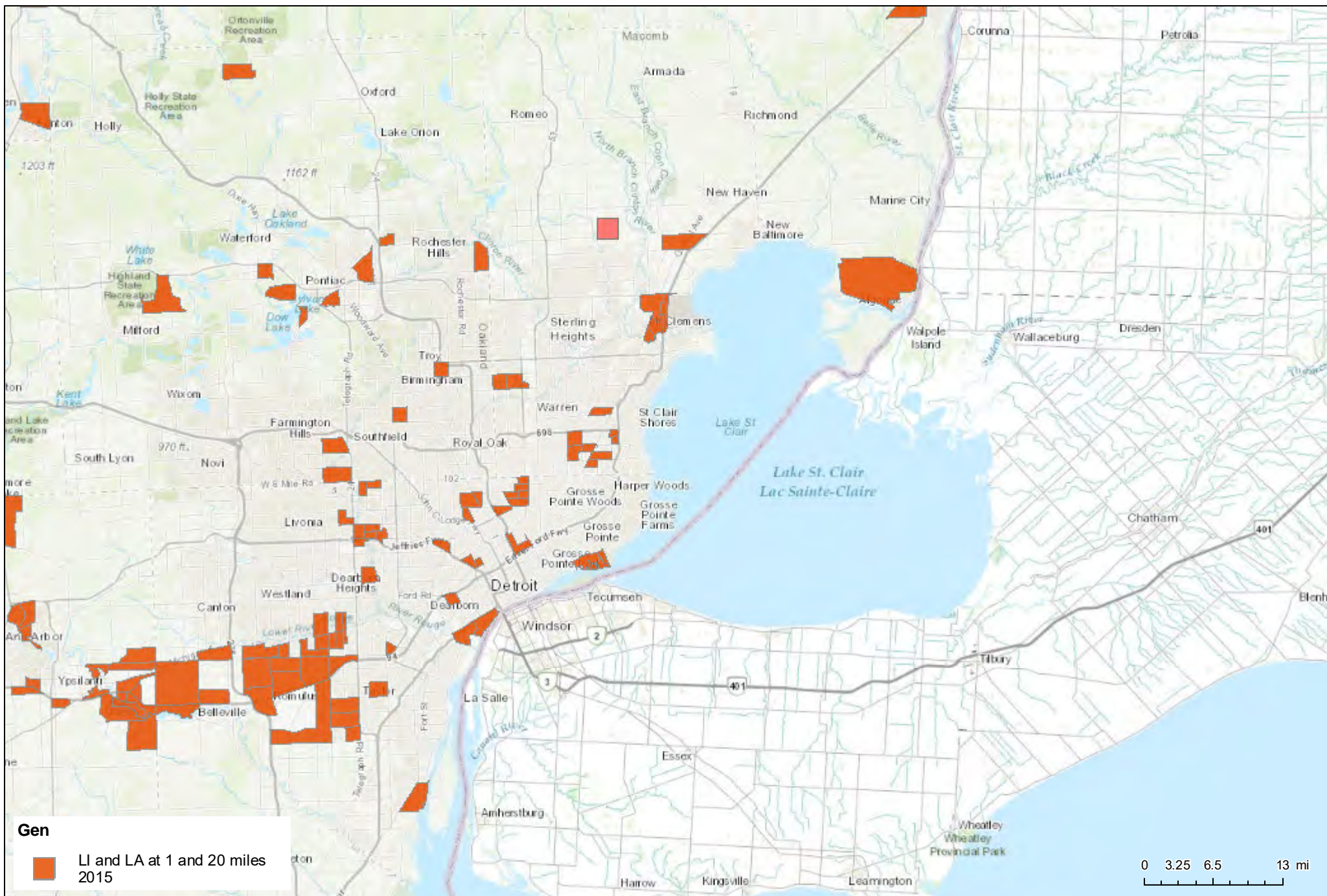


Data Definition: Low-income census tracts where a significant number or share of residents is more than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket.

LI and LA at 1/2 and 10 miles

Source: USDA Economic Research Service, ESRI. For more information: <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

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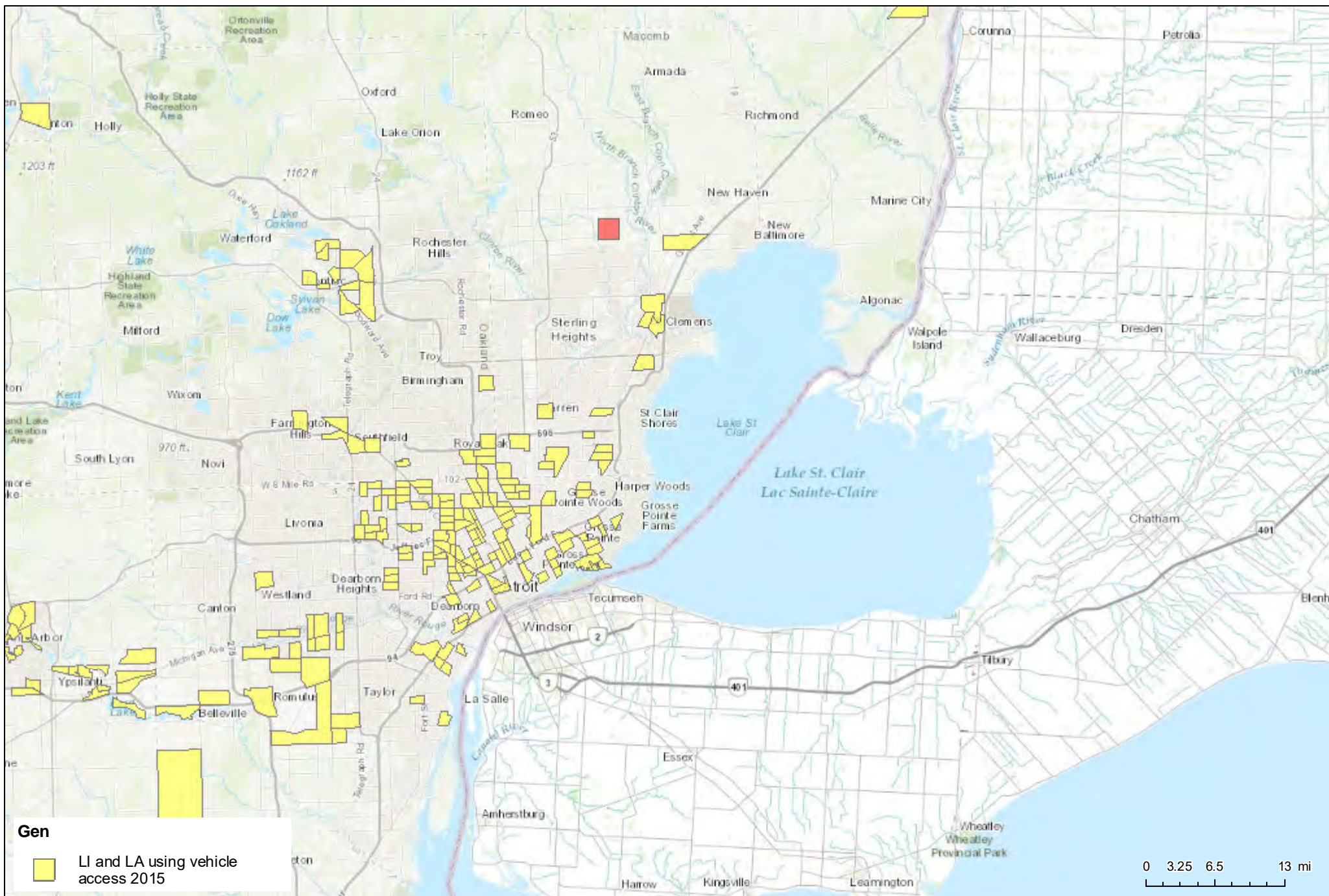


Data Definition: Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 20 miles (rural) from the nearest supermarket.

LI and LA at 1 and 20 miles

Source: USDA Economic Research Service, ESRI. For more information: <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

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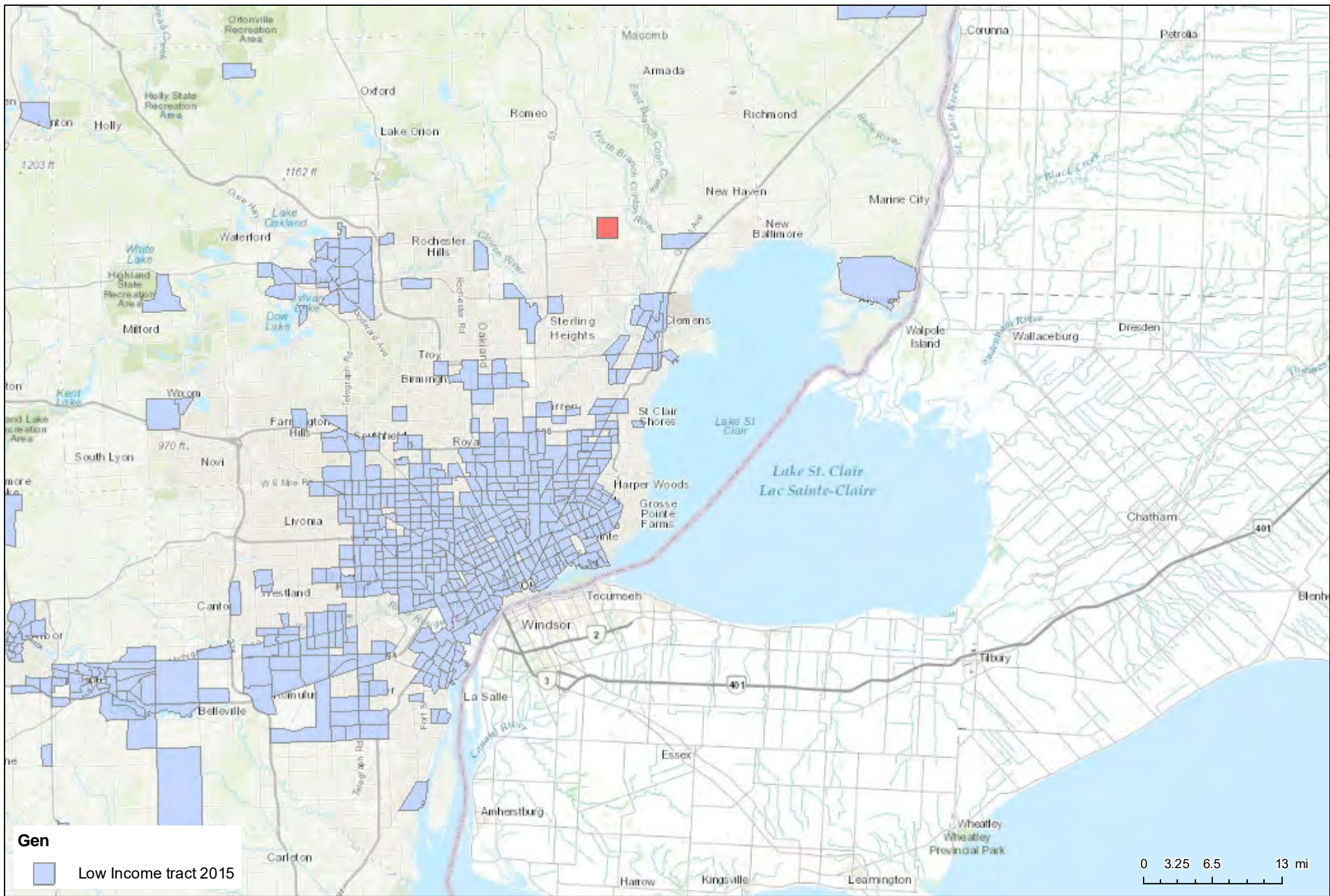


Data Definition: Low-income census tract where more than 100 housing units do not have a vehicle and are more than ½ mile from the nearest supermarket, or a significant number or share of residents are more than 20 miles from the nearest supermarket

LI and LA using vehicle access

Source: USDA Economic Research Service, ESRI. For more information: <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

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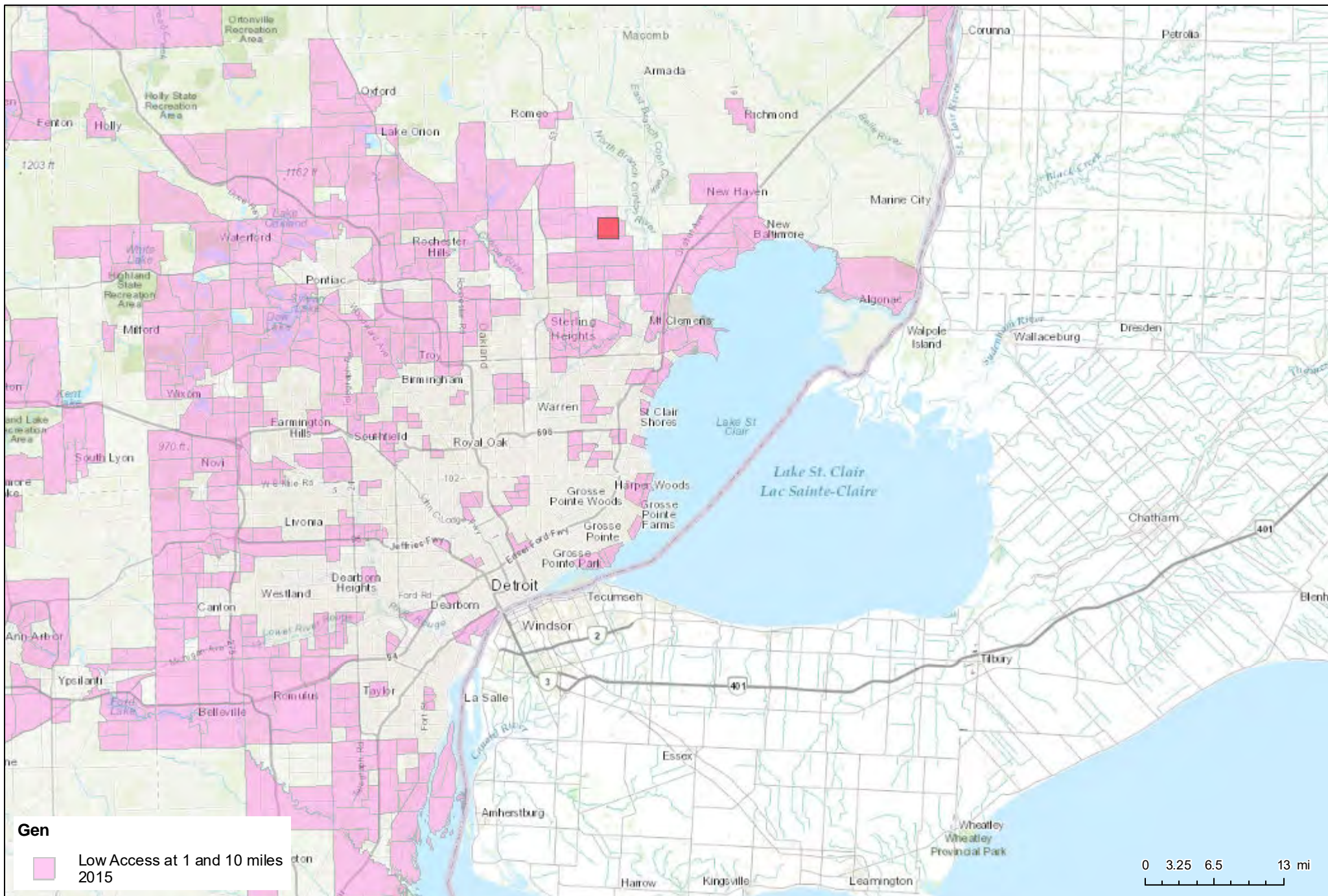


Data Definition: Tracts with a poverty rate of 20% or higher, or tracts with a median family income less than 80% of median family income for the state or metropolitan area.

Low Income

Source: USDA Economic Research Service, ESRI. For more information: <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

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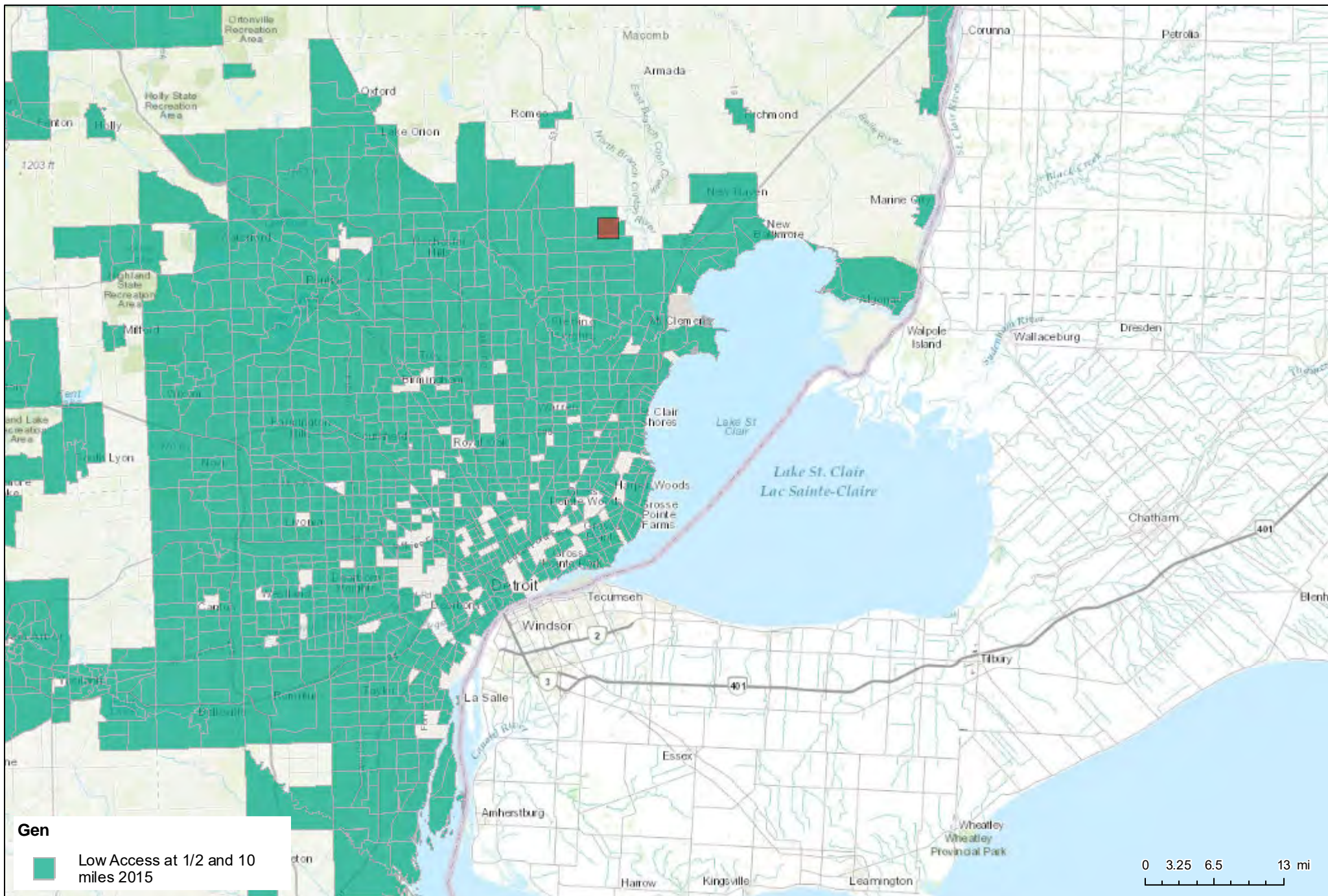


Data Definition: Tracts in which at least 500 people or 33% of the population lives farther than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.

Low Access at 1 and 10 miles

Source: USDA Economic Research Service, ESRI. For more information: <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

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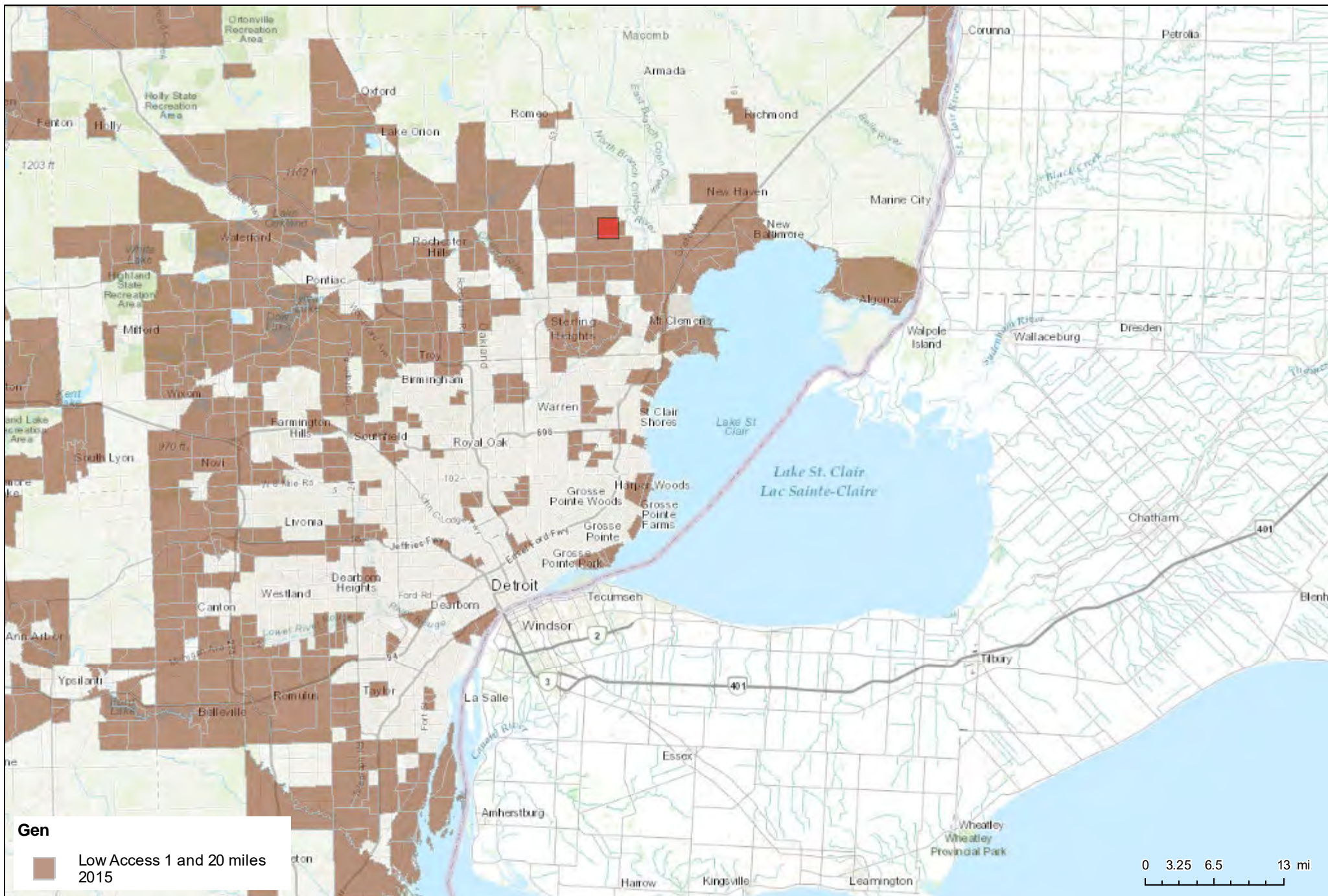


Data Definition: Tracts in which at least 500 people or 33% of the population lives farther than 1/2 mile (urban) or 10 miles (rural) from the nearest supermarket.

Low Access at 1/2 and 10 miles

Source: USDA Economic Research Service, ESRI. For more information: <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

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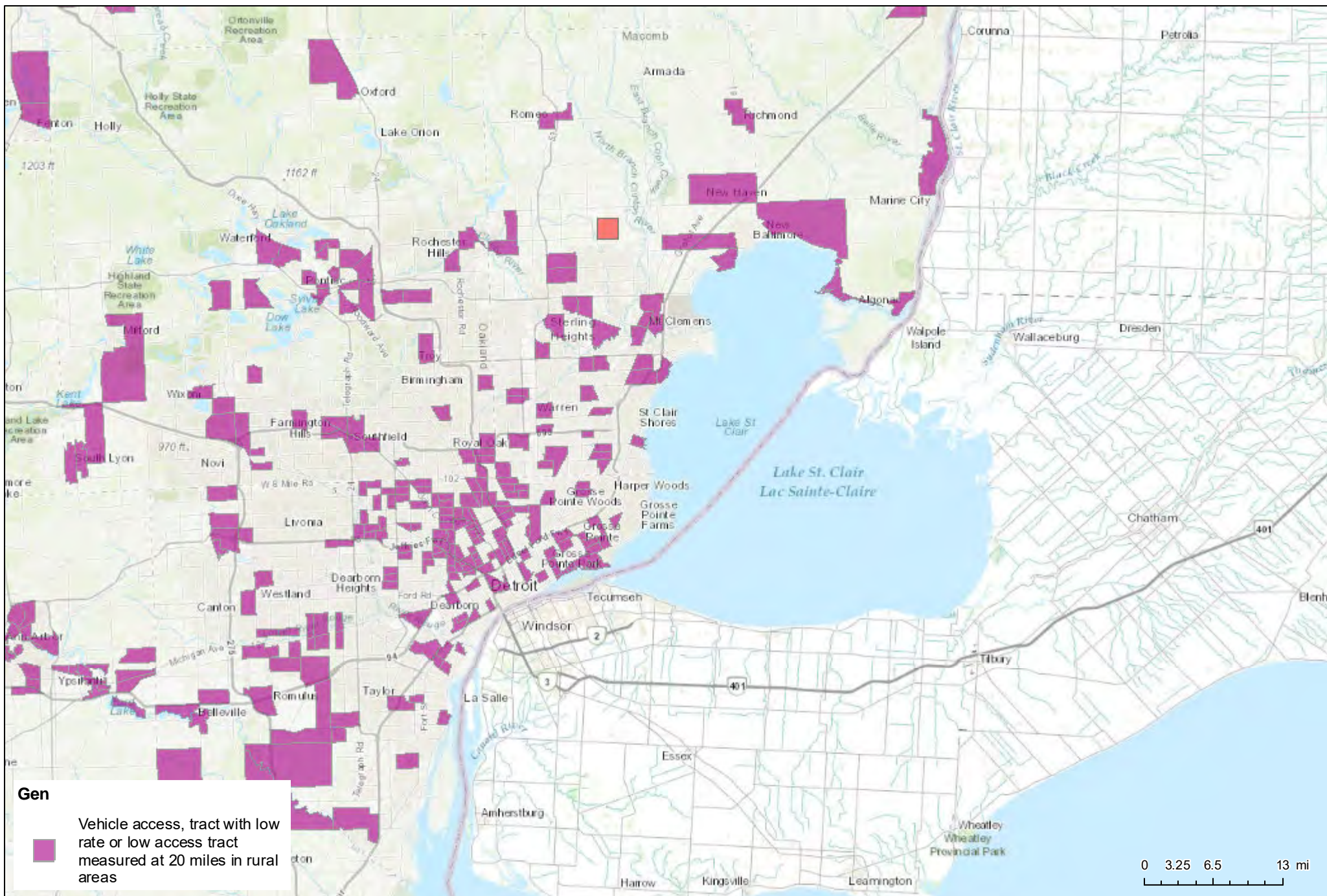


Data Definition: Tracts in which at least 500 people or 33% of the population lives farther than 1 mile (urban) or 20 miles (rural) from the nearest supermarket.

Low Access at 1 and 20 miles

Source: USDA Economic Research Service, ESRI. For more information: <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

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Data Definition: Tracts in which more than 100 households have no access to a vehicle and are more than 1/2 mile from the nearest supermarket.

Low vehicle access

Source: USDA Economic Research Service, ESRI. For more information: <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation>

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