Community Health Needs Assessment

for:

Spectrum Health Kelsey d/b/a Spectrum Health Kelsey Hospital

The “hospital facility” listed above is part of Spectrum Health. Spectrum Health is a not-for-profit health system in West Michigan offering a full continuum of care through the Spectrum Health Hospital Group, which is comprised of nine hospitals; the Spectrum Health Medical Group and West Michigan Heart, physician groups totaling more than 600 providers; and Priority Health, a health plan with 625,000 members. Spectrum Health System is West Michigan’s largest employer with more than 18,000 employees. The organization provided $176.5 million in community benefit during its 2011 fiscal year. In 2011 and 2010, Spectrum Health System was named a Top 10 Health System by Thomson Reuters.

The focus of this Community Health Needs Assessment is to identify the community needs as they exist during the assessment period (late summer/fall 2011), understanding fully that they will be continually changing in the months and years to come. For purposes of this assessment, “community” is defined as the county in which the hospital facility is located. This definition of community based upon county lines, is similar to the market definition of Primary Service Area (PSA). The target population of the assessment reflects an overall representation of the community served by this hospital facility. The information contained in this report is current to the best of our knowledge as of December 5, 2011, with updates to the assessment anticipated every three (3) years in accordance with the Patient Protection and Affordable Care Act and Internal Revenue Code 501(r).

2011 Community Health Needs Assessment
Montcalm County

December 3, 2011

Healthy Montcalm Initiative
Mid-Michigan District Health Department
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Executive Summary

Introduction:

In the fall of 2010, in response to new legislation associated with the Affordable Care Act which requires non-profit hospitals to conduct a community health needs assessment, the Mid-Michigan District Health Department (MMDHD) approached the three health systems (Carson City, Spectrum Health United/Kelsey, Sheridan Hospital) and the Federally Qualified Health Center (Cherry Street – Montcalm Area Health Center) in Montcalm County and suggested partners work collectively to conduct a comprehensive community health assessment (CHA) and improvement process. In addition, the health department offered to take the lead in applying for a U.S. Department of Health and Human Services (HRSA) Rural Health Network Development planning grant on behalf of health system partners in Montcalm County. [The purpose of the Network Planning Grant is to expand access to, coordinate and improve the quality of essential health care services and enhance the delivery of health care in rural areas. The grant allows collaborating partners to conduct planning activities (Community Health Assessment) and then develop strategies for improving health services delivery systems in the community.] The Montcalm County health system partners unanimously agreed to work collaboratively on a comprehensive CHA and support a Rural Network Development grant application. The planning grant proposal, submitted in October 2010, was awarded funding by HRSA in May 2011 to cover project activities over the period May 2011 to April 2012.

Purpose and Overview:

A steering committee comprised of staff from Carson City Hospital, MMDHD, Montcalm Area Health Center, Montcalm Community College, Montcalm Human Services Coalition, Sheridan Community Hospital, and Spectrum Health United /Kelsey Hospitals was established to provide oversight and lead the CHA process. An advisory committee consisting of over 40 community organizations was also established to assure community input and advocacy. The Healthy Carolinians (North Carolina) Community Health Assessment model was selected as the framework for the Healthy Montcalm CHA and improvement initiative. The Healthy Montcalm Initiative was officially launched in March 2011 and MMDHD was notified in May 2011 that Montcalm was one of 15 communities nationally that was awarded a Rural Health Network Development planning grant.

A detailed work plan was developed early in the process that included the initiative's Mission – to *improve health outcomes for Montcalm County residents*, and Vision – *Montcalm County is an empowered community where people are engaged in leading healthy active lives*.

Primary and secondary data were identified, collected and analyzed from April through October of 2011. Primary data included the development and distribution of a community and health care provider survey. The community survey was mailed in August 2011 to 1,500 randomly selected households within Montcalm County with 424 returned by mail for analysis. An additional 51 surveys were completed and returned from clients of local service agencies for a total of 475 surveys used for analysis. County-specific secondary data from a variety of sources was also collected and analyzed.

A wide variety of indicators are included in this report and are organized into the following categories: demographics, access to care, general health status, maternal and child health, health-related behaviors, mortality and morbidity, and emergent health-related issues reported by community members through the Community and Provider Surveys. Several key findings and broad themes emerged from a review of the comprehensive data:

Population Distribution

The population of Montcalm County grew at a slow rate from 2000-2010, increasing just 3.4%, from 61,266 to 63,342 total residents. This is down from the previous three decades where growth of 20%, 12% and 16% was seen. More specifically, during the period 2000-10, the youth segment (less than 18 yrs.) fell by 6.9%, the young working adult segment (age 18-44 yrs.) fell by 9.3%, **while the older working adult segment (45-64 yrs.) grew by 27.2%, and senior population (age 65+ yrs.) grew by 19.9%.** Older age adults are more intensive consumers of health care services, suggesting that an increased population of older residents within Montcalm County could imply growing health service needs. This data also suggests that young working families and their children may be choosing to leave Montcalm County for better opportunities elsewhere, which could continue to heighten this shift to an older population base in the future.

Access Issues

Although Montcalm County is a rural community, it is fortunate to have four hospitals located within its borders. However, the ability of residents to access health care is trending in the wrong direction because of the reduced affordability of healthcare services, an increase in poverty, unemployment, uninsured and under-insured that have high co-payments and deductibles. These factors have subsequently had a negative impact on populations groups who are at higher risk concerning their ability to access health care. **A higher proportion (21.1%) of Montcalm County adults age 18-64 yrs. are without health insurance than Michigan adults (16.2%) and a higher proportion (17.2%) of Montcalm County adults have no personal doctor or health care provider than Michigan adults (13.4%).** These lower socio-economic factors play a substantial role in health care access and act as barriers for community members when they need medical attention, which impacts the overall health status of the county. It should also be noted that those members of the community who have been able to obtain care often cannot afford treatments recommended by their physicians - **17.2% of Montcalm County adults reported there was a time during the past year when they needed a prescription filled, but could not do so because of the cost. Additionally, 16.7% of Montcalm County adults reported that they delayed seeking health care and 25.2% delayed seeking dental care, primarily due to cost.** These findings highlight the importance of safety net and public services, including free or low-income clinics and other low-cost services.

General Health Status

The health status of the population of Montcalm County residents has fared slightly worse than that of Michigan residents. **A higher proportion (21.5%) of Montcalm County adults report their general health to be fair or poor than do Michigan adults (15.0%).** This information suggests that Montcalm County residents are more frequently coping with illnesses instead of

receiving the treatment necessary to address their particular health issues. **Also, a higher proportion (14.4%) of Montcalm County adults experienced mental health issues for at least 14 days during a given month than do Michigan adults (11.2%).** This included stress, depression and problems with emotions. This information suggests that there is insufficient awareness, referrals, or opportunities for mental health treatment within the community in general and this risk-group in particular.

Maternal & Child Health

Infant Mortality is considered one of the more critical indicators related to the overall well-being of society. Although fluctuating from year to year due to the relatively low number of infant deaths annually from which to analyze, Montcalm County has maintained a lower infant mortality rate than Michigan infants for much of the past decade. Montcalm County has experienced a downward trend in teen pregnancies the past decade, as have Michigan teens; however, **Montcalm County has maintained a higher annual teen pregnancy rate over the period than Michigan teens.** Montcalm County women giving birth generally have been found to have a greater frequency of maternal risk factors than do Michigan women, most notably smoking while pregnant and less than adequate prenatal care. These maternal risk factors highlight the need for increased efforts focusing on prenatal care, which have long-term implications for the health and well-being of the child. Although no trend data is available for Montcalm County adolescents, recent student self-reported survey results indicate the use of tobacco, alcohol and marijuana are of concern. **Another area of concern is self-reported weight status (BMI), in which survey data indicates about 17%-18% of adolescents are obese in Montcalm County as compared to 11% of Michigan adolescents.** The indicators listed above highlight the need for support services to educate young mothers and adolescents in the areas of prevention and healthy lifestyle behaviors.

Health-Related Behaviors

Health-related behaviors associated with the adult population in Montcalm County are similar to that of Michigan adults, except for significantly higher smoking rates and inadequate consumption of the recommended daily amount of fresh fruits and vegetables. **A higher proportion (26.7%) of Montcalm County adults are current smokers than Michigan adults (19.6%).** In addition, data indicates that 29% of women smoked cigarettes while pregnant in Montcalm County. This can lead to poor health outcomes for both the mother and infant. **A higher proportion (88.6%) of Montcalm County adults did not consume the recommended servings of fruits and vegetables than Michigan adults (77.8%).** This poor aspect of the diet, as well as the finding that nearly 20% of adults do not participate in any physical activity, are likely to be contributing factors to the fact that approximately 68% of Montcalm County adults are currently considered overweight or obese. These behaviors can increase the likelihood of developing chronic conditions such as hypertension, heart disease, chronic lung disease, stroke, and diabetes.

Mortality and Morbidity

Five common conditions account for two-thirds of all deaths statewide and for Montcalm County – heart disease, cancer, stroke, chronic lung disease, and unintentional injuries. For the

period 2007-09, Montcalm County had a lower mortality rate than Michigan for 2 of the 10 leading causes (heart disease, diabetes). Trends of significance where Montcalm differs from Michigan over the past decade include **consistently higher rates of stroke, unintentional injuries, kidney disease, and suicide.** Ambulatory Care Sensitive Hospitalizations (theoretically preventable hospitalizations if timely and appropriate ambulatory care is provided) are lower within Montcalm County than for the State, which may suggest better overall management of health conditions. There are no clear trends in cancer incidence; however, **Montcalm County has a lower proportion of adult residents receiving mammograms and sigmoidoscopy or colonoscopy for the recommended age groups considered to be at higher risk.**

Methodology

The Healthy Montcalm Initiative utilized a data collection process that combined both primary (original) sources and a variety of secondary (existing) data sources in describing the population health status of Montcalm County. When possible, local results for Montcalm County were compared with the state of Michigan during comparable time periods. This report is often limited to describing results representative of the entire county of Montcalm, as results for smaller geographic locales within the county or certain vulnerable populations were not readily available.

The following secondary data sources were used in the compilation of demographic and health-related information presented in this report:

Data Source	Population Represented	Notes	Reference Source
U.S. Census Bureau, *Population and Demographic Estimates*	All residents of United States	American Community Survey 2005-09 and 2010 Decennial Census	Accessible online: www.census.gov American Fact Finder
U.S. Census Bureau, *Small Area Income and Poverty Estimates (SAIPE)*	All residents of United States, (adults, children)	Interactive website portal	Accessible online: http://www.census.gov/did/www/saipe/
U.S. Census Bureau, *Small Area Health Insurance Estimates (SAHIE)*	All residents of United States, (adults only, children only)	Interactive website portal	Accessible online: http://www.census.gov/did/www/sahie/
Michigan Department of Community Health (MDCH), *Michigan Resident Death Files*	All deaths among Michigan residents (adult, child, infant)	Death certificate registry processed by MDCH	Accessible online: http://www.michigan.gov/mdch/0,4612,7-132-2944_4669_4686---,00.html
MDCH, *Michigan Resident Birth Files*	All births among Michigan residents	Birth certificate registry processed by MDCH	Accessible online: http://www.michigan.gov/mdch/0,4612,7-132-2944_4669_4681---,00.html

Data Source	Population Represented	Notes	Reference Source
MDCH, *Michigan Resident Cancer Incidence Files*	All new cases of invasive cancer among Michigan residents	Data collected by Michigan Cancer Surveillance Program and processed by MDCH (for cancer mortality – refer to Michigan Resident Death File)	Accessible online: http://www.michigan.gov/mdch/0,4612,7-132-2944_5323---,00.html
MDCH, *Michigan Inpatient Database*	All residents of Michigan	Hospitalization and medical procedure data housed by MHA and processed by MDCH	Accessible online: http://www.michigan.gov/mdch/0,4612,7-132-2944_5324---,00.html
Michigan Behavioral Risk Factor Survey (BRFS), 2009	Michigan adults age 18+ years	Annual telephone survey, 2009: n=9,259	Accessible online: http://michigan.gov/mdch/0,1607,7-132-2945_5104_5279_39424---,00.html
Montcalm County Behavioral Risk Factor Survey (BRFS), 2008-10	Montcalm County adults 18+ years	Telephone survey implemented over 3-year period, n=397	Survey conducted by Public Sector Consultants (Lansing); Results available from Mid-Michigan District Health Department (Stanton)
Kids Count in Michigan	Michigan Children under 18 years of age	Data source varies by indicator	Accessible online: http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=MI Single year results also available via annual Data Books, accessed online: http://www.milhs.org/kids-count/mi-data-book-2010
Michigan Profile for Healthy Youth, SY2009-10, Michigan Dept. Education	Michigan 7th, 9th, 11th grade students	County-level data availability based on school district participation	Accessible online: http://www.michigan.gov/mde/0,1607,7-140-28753_38684_29233_44681---,00.html

Data Source	Population Represented	Notes	Reference Source
Michigan Department of Management and Budget, Labor Market Information	Michigan labor force	Labor force size and employment statistics	Accessible online: http://milmi.org/?PAGEID=70
Michigan State Police, Criminal Justice Information Center, Drunk Driving Audit	Drivers on Michigan roadways	Traffic crash data involving alcohol or drugs	Accessible online: http://www.michigan.gov/msp/0,1607,7-123-1645_3501_4626-27728--,00.html

In addition to the analysis of quantitative historical data cited in the sources above, in the summer of 2011, two surveys were implemented by Healthy Montcalm to obtain additional information not readily accessible from previously existing sources, as well as gauge the relative importance of health-related issues in Montcalm County. The first of these surveys was a Community Health Survey distributed to community members across the county. The second parallel survey was a Provider Opinion survey distributed to health care providers in the county.

The Community Health Survey was distributed to 1,500 randomly selected households within Montcalm County, geographically representative of the population distribution within the county. A total of 475 surveys were used in the analysis. The survey data was then weighted to adjust for differences in age, sex, race, and educational attainment between the survey respondents and the overall population of Montcalm County. Results from the survey referenced in this report describe information based on the weighted sample to better represent Montcalm County.

Summary Table of Health Indicators

Health Indicator Results for Montcalm County and Michigan. (Representative years vary by indicator – see notes column).

Indicator	Montcalm County	Michigan	Notes
Total population	63,342	9,883,640	U.S. Decennial Census Estimates 2010
Percent of population age 65+ years	14.1%	13.8%	U.S. Decennial Census Estimates 2010
Percentage of people in poverty	19.9%	16.1%	U.S. Census, Small Area Income & Poverty Estimates 2009
Percentage of children in poverty	29.1%	22.2%	U.S. Census Small Area Income & Poverty Estimates 2009
Percentage of adults reporting fair or poor physical health status	21.5%	15.0%	BRFS. Montcalm: 2008-10, Michigan: 2009
Total age-adjusted mortality rate	822.0 deaths per 100,000	784.6 deaths per 100,000	MDCH, Mi. Resident Death File, 2009
Percentage of adults age 18-64 without health care coverage	21.1%	16.2%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults who reported no personal health care provider	17.2%	13.4%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults who delayed health care in past 12 months	16.7%	13.9%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of ambulatory care sensitive hospitalizations	19.3%	20.5%	MDCH, Mi. Resident Inpatient File, 2009
Infant mortality rate	3.9 deaths per 1,000 births	7.6 deaths per 1,000 births	MDCH, Mi. Resident Birth File, 2007-09 avg.
Percentage of births to teen mothers	12.7%	10.1%	MDCH, Mi. Resident Birth File, 2009
Percentage of births with 1st trimester prenatal care	70.1%	73.5%	MDCH, Mi. Resident Birth File, 2009
Percentage of births with adequate prenatal care	63.8%	68.0%	MDCH, Mi. Resident Birth File, 2009 (Kessner Index)

Indicator	Montcalm County	Michigan	Notes
Percentage of births covered by Medicaid	55.8%	44.0%	MDCH, Mi. Resident Birth File, 2009
Percentage of births with maternal smoking	31.1%	20.6%	MDCH, Resident Birth File, 2009
Percentage of births with low birth weight (<2,500 grams)	7.7%	8.4%	MDCH, Mi. Resident Birth File, 2009
Percentage of births premature (<37 wks.)	11.0%	9.8%	MDCH, Mi. Resident Birth File, 2009
Percentage of infants (19-35 months) fully immunized	77.0%	66.0%	MCIR, Immunization Profile Report, 2010
Percentage of adults self-reported as obese	32.7%	30.9%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults reporting as current smoker	26.7%	19.8%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults reporting binge drinking in the past month	15.9%	16.9%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults reporting no leisure time physical activity	19.5%	24.1%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults consuming inadequate fruit and vegetables	88.6%	77.8%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults age 50+ who have ever had colonoscopy / sigmoidoscopy	67.8%	70.9%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of women age 40+ who have ever had a mammogram	90.6%	94.2%	BRFS, Montcalm: 2008-10, Michigan: 2009
Total cancer incidence rate, age adjusted, 2003-07 avg.	461.3 cases per 100,000	500.2 cases per 100,000	MDCH, Mi. Resident Cancer Incident File, 2003-07
Total cancer mortality rate, age adjusted 2007-09 avg.	196.8 deaths per 100,000	184.8 deaths per 100,000	MDCH, Mi. Resident Death File, 2007-09
Percentage of adults who have ever been told they have diabetes	9.7%	9.4%	BRFS, Montcalm: 2008-10, Michigan: 2009
Percentage of adults who have ever been told they have hypertension	36.0%	30.4%	BRFS, Montcalm: 2008-10, Michigan: 2009

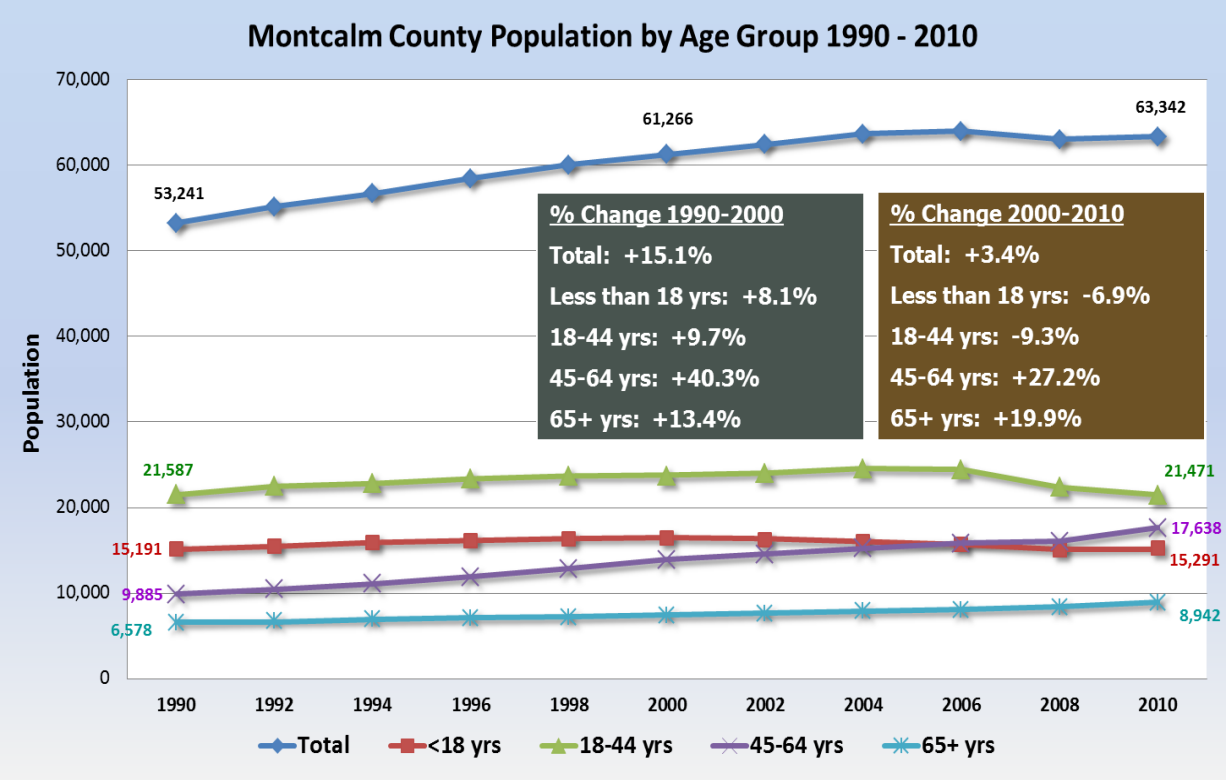
Indicator	Montcalm County	Michigan	Notes
Percentage of adults who have ever been told they have high cholesterol	28.4%	39.9%	BRFS, Montcalm: 2007, Michigan: 2007
Percentage of adults who have ever been told they have asthma	13.2%	14.7%	BRFS, Montcalm: 2007, Michigan: 2007

Assessment Findings

Demographics: Population

The most recent U.S. decennial census (2010) estimates indicate the population of Montcalm County to be 63,342 residents, an increase 3.4% over the 10-year period 2000-10. During this same period, Michigan experienced a 0.6% decrease in population, while the United States grew by 9.7%. When looking at neighboring counties contiguous with Montcalm, it's evident that population growth was of similar scale in 5 counties (Gratiot: 0.4%, Ionia: 3.8%, Kent: 4.9%, Mecosta: 5.6%, Newaygo: 1.3%), while 2 counties experienced more rapid growth (Clinton: 16.5%, Isabella: 11.0%).

Most of Montcalm County's population growth occurred during the first half of the recent decade (2000-05), while stalling the second half of the decade as local economic conditions began to take a downturn. In comparison, the previous decade (1990-2000) saw Montcalm County's population grow by 15% - this growth being dispersed among most age groups, including youth, young adults, older working adults, and seniors. This growth pattern changed during the most recent decade (2000-10), as there occurred a decrease in population of youth and young adults, and a continued increase in population of older working adults and seniors (see figure below). With this shift in the distribution of population growth, Montcalm County has seen the median age of the population increase from 34.7 years in 1990 to 35.6 years in 2000 to 39.3 years in 2010.



The U.S. Census Bureau reports the United States is projected to experience a rapid growth in its older population (age 65+ years) over the period 2010 to 2050 – more than doubling from 40 million to 88 million. The 'baby boomer' generation (age 46-64 years as of 2010) will be largely responsible for this increase as the youngest of that generation will turn age 65 years by the year 2030.

The population distribution among Montcalm County townships (and 3 cities) is shown in the figure below. [The cities of Carson City, Greenville, and Stanton are excluded from the township data and therefore shown separately in lower left corner of figure].

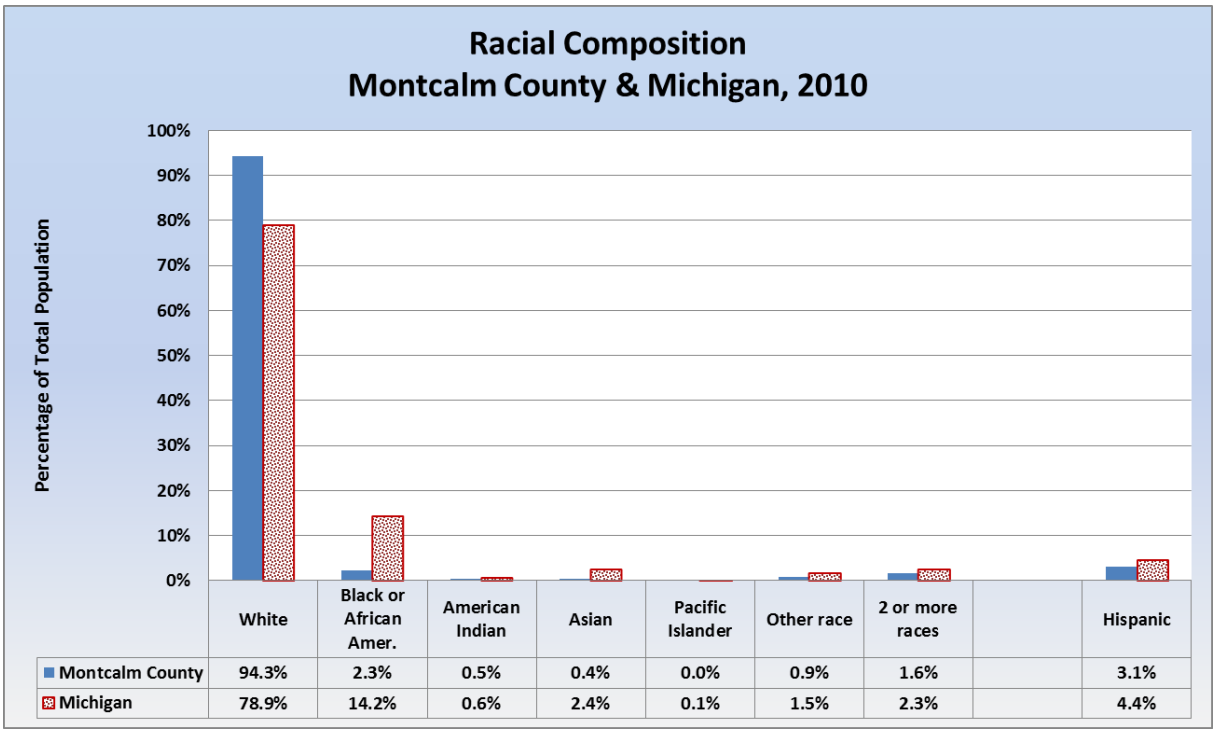
2010 Decennial Census: Montcalm County Townships (excludes Carson City, Greenville, Stanton)

Reynolds Pop: 5,310 Median Age: 34.7 <18 yrs: 1,529 (28.8%) 18-64 yrs: 3,235 (60.9%) 65+ yrs: 546 (10.3%)	***Winfield*** Pop: 2,235 Median Age: 38.4 <18 yrs: 616 (27.6%) 18-64 yrs: 1,334 (59.7%) 65+ yrs: 285 (12.8%)	***Cato*** Pop: 2,735 Median Age: 41.3 <18 yrs: 654 (23.9%) 18-64 yrs: 1,564 (57.2%) 65+ yrs: 517 (18.9%)	***Belvidere*** Pop: 2,209 Median Age: 44.0 <18 yrs: 490 (22.2%) 18-64 yrs: 1,311 (59.3%) 65+ yrs: 408 (18.5%)	***Home*** Pop: 2,542 Median Age: 41.2 <18 yrs: 588 (23.1%) 18-64 yrs: 1,515 (59.6%) 65+ yrs: 439 (17.3%)	***Richland*** Pop: 2,778 Median Age: 40.7 <18 yrs: 667 (24.0%) 18-64 yrs: 1,693 (60.9%) 65+ yrs: 418 (15.1%)
Pierson Pop: 3,216 Median Age: 39.2 <18 yrs: 840 (26.1%) 18-64 yrs: 2,033 (63.2%) 65+ yrs: 343 (10.7%)	***Maple Valley*** Pop: 1,944 Median Age: 40.2 <18 yrs: 479 (24.6%) 18-64 yrs: 1,164 (59.9%) 65+ yrs: 301 (15.5%)	***Pine*** Pop: 1,834 Median Age: 42.1 <18 yrs: 453 (24.7%) 18-64 yrs: 1,103 (60.1%) 65+ yrs: 278 (15.2%)	***Douglass*** Pop: 2,180 Median Age: 45.1 <18 yrs: 458 (21.0%) 18-64 yrs: 1,335 (61.2%) 65+ yrs: 387 (17.8%)	***Day*** Pop: 1,172 Median Age: 42.6 <18 yrs: 270 (23.0%) 18-64 yrs: 705 (60.2%) 65+ yrs: 197 (16.8%)	***Ferris*** Pop: 1,422 Median Age: 39.4 <18 yrs: 365 (25.7%) 18-64 yrs: 864 (60.8%) 65+ yrs: 193 (13.6%)
Carson City Pop: 1,093 Median Age: 41.8 <18 yrs: 267 (24.4%) 18-64 yrs: 564 (51.6%) 65+ yrs: 262 (24.0%)		***Montcalm*** Pop: 3,350 Median Age: 40.9 <18 yrs: 806 (24.1%) 18-64 yrs: 2,121 (63.3%) 65+ yrs: 423 (12.6%)	***Sidney*** Pop: 2,574 Median Age: 42.7 <18 yrs: 610 (23.7%) 18-64 yrs: 1,565 (60.8%) 65+ yrs: 399 (15.5%)	***Evergreen*** Pop: 2,858 Median Age: 42.6 <18 yrs: 653 (22.8%) 18-64 yrs: 1,760 (61.6%) 65+ yrs: 445 (15.6%)	***Crystal*** Pop: 2,689 Median Age: 39.6 <18 yrs: 656 (24.4%) 18-64 yrs: 1,625 (60.4%) 65+ yrs: 408 (15.2%)
Greenville Pop: 8,481 Median Age: 34.7 <18 yrs: 2,255 (26.6%) 18-64 yrs: 4,936 (58.2%) 65+ yrs: 1,290 (15.2%)	***Stanton*** Pop: 1,417 Median Age: 33.8 <18 yrs: 338 (23.9%) 18-64 yrs: 884 (62.4%) 65+ yrs: 195 (13.8%)	***Eureka*** Pop: 3,959 Median Age: 39.1 <18 yrs: 1,019 (25.7%) 18-64 yrs: 2,434 (61.5%) 65+ yrs: 506 (12.8%)	***Fairplain*** Pop: 1,836 Median Age: 40.8 <18 yrs: 454 (24.7%) 18-64 yrs: 1,152 (62.7%) 65+ yrs: 230 (12.5%)	***Bushnell*** Pop: 1,604 Median Age: 39.6 <18 yrs: 401 (25.0%) 18-64 yrs: 968 (60.3%) 65+ yrs: 235 (14.7%)	***Bloomer**** Pop: 1,412 Median Age: xx.x <18 yrs: 422 (29.9%) 18-64 yrs: 808 (57.2%) 65+ yrs: 182 (12.9%)
Bloomer Township: 2,492 males removed representing institutionalized (prison) population					

<u>Demographics</u>: Racial Composition

Montcalm County is less racially diverse than Michigan, but similar in composition to other rural counties of central and northern Michigan. As seen in the figure below, 94.3% of the county population identify themselves as Caucasian/White (Michigan: 79%), 2.3% as Black/African American (Michigan: 14.2%), 0.5% as American Indian (Michigan: 0.6%), 0.4% as Asian (Michigan: 2.4%), 0.9% some other race (Michigan: 1.5%), and 1.6% identify themselves with two or more races (Michigan: 2.3%). As of 2010, 3.1% of Montcalm residents identified

themselves as Hispanic (Michigan 4.4%), regardless of racial composition. When comparing racial and ethnic composition over time, little change occurred from 2000 to 2010; the most significant change being an increase in Hispanic population from 2.3% to 3.1% (from 1,394 to 1,932 residents).



	White	Black or African Amer.	American Indian	Asian	Pacific Islander	Other race	2 or more races		Hispanic
Montcalm County	94.3%	2.3%	0.5%	0.4%	0.0%	0.9%	1.6%		3.1%
Michigan	78.9%	14.2%	0.6%	2.4%	0.1%	1.5%	2.3%		4.4%

Demographics: Income, Poverty, and Unemployment

Socioeconomic status is the social standing of an individual (or family) as it relates to income, educational attainment, and occupation. Research suggests that socioeconomic status is associated with physical and mental health status, in that lower socioeconomic status is linked with poorer health outcomes, including increased morbidity and mortality (Adler & Coriell, 1997).

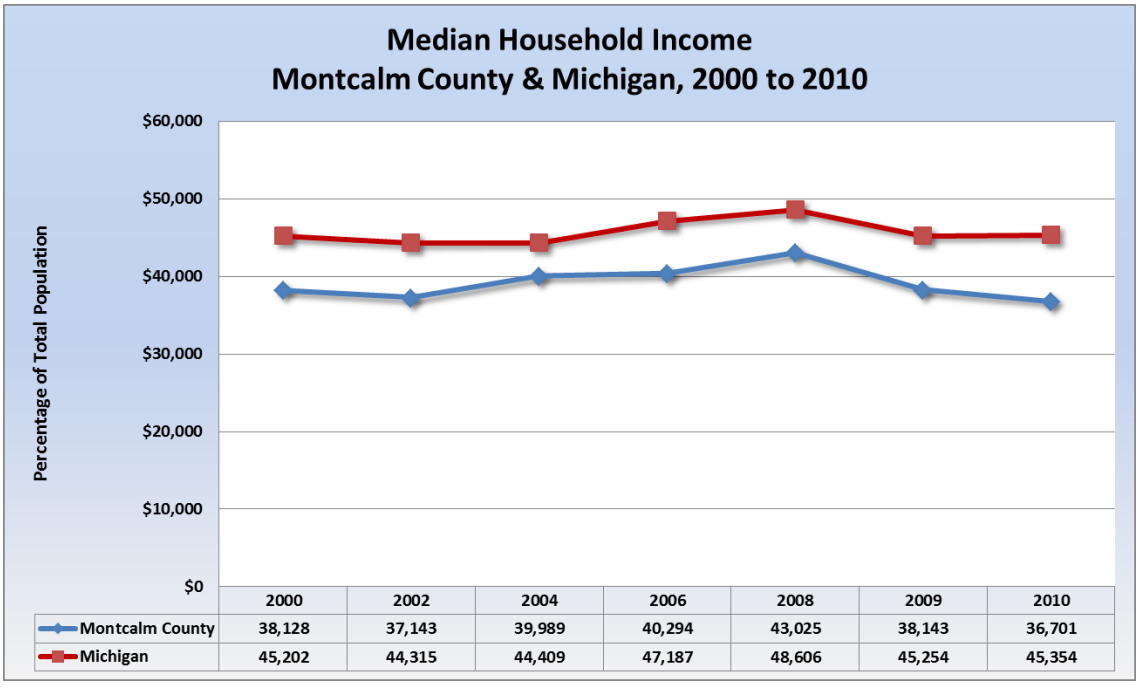
Despite growth in Montcalm County household income during the early part of the past decade (2000-10), much of the gain was lost by 2009, peaking at $43,025 in 2008 and falling back to $36,701 in 2010. Additionally, Montcalm County lagged behind the Michigan median household income in absolute dollar amount for any given year during the past decade. Per capita income has followed a similar trend in which the growth and absolute dollar amount has been lower than Michigan.

The federal poverty threshold is often considered a reliable measure as to whether individuals or families have incomes great enough to support their basic needs. Those with incomes falling below the threshold (relative to family size) are considered to represent the “poor” in terms of

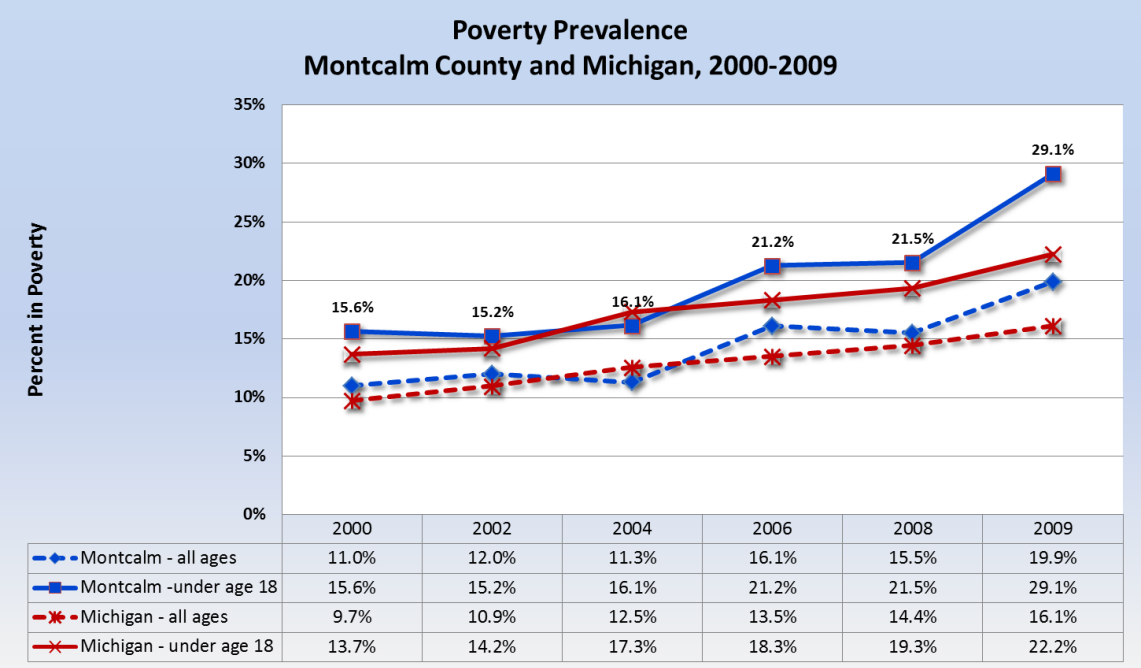
socioeconomic status. From 2000 to 2004, the prevalence of poverty remained fairly stable for both Montcalm County adults and children. Since 2005, Montcalm County has seen a considerable increase in both adult and child poverty that coincides closely with the rise in unemployment locally. As of 2009, child poverty in the county had climbed to 29.1% (MI at 22.1%), an increase of approximately 85% from 2000 to 2009.

Again, looking back over the recent decade, the Montcalm County jobless (unemployment) rate grew from a low of 4.1% in 2000 (MI at 3.7%) to peak at 16.1% in 2009 (MI at 13.3%), outpacing the job loss Michigan also experienced over this period. As of June 2011, the Montcalm County jobless rate registered at 12.6%, while Michigan fared slightly better at 11.0%. June 2011 labor market data indicated approximately 3,300 Montcalm County individuals in the labor market were without employment.

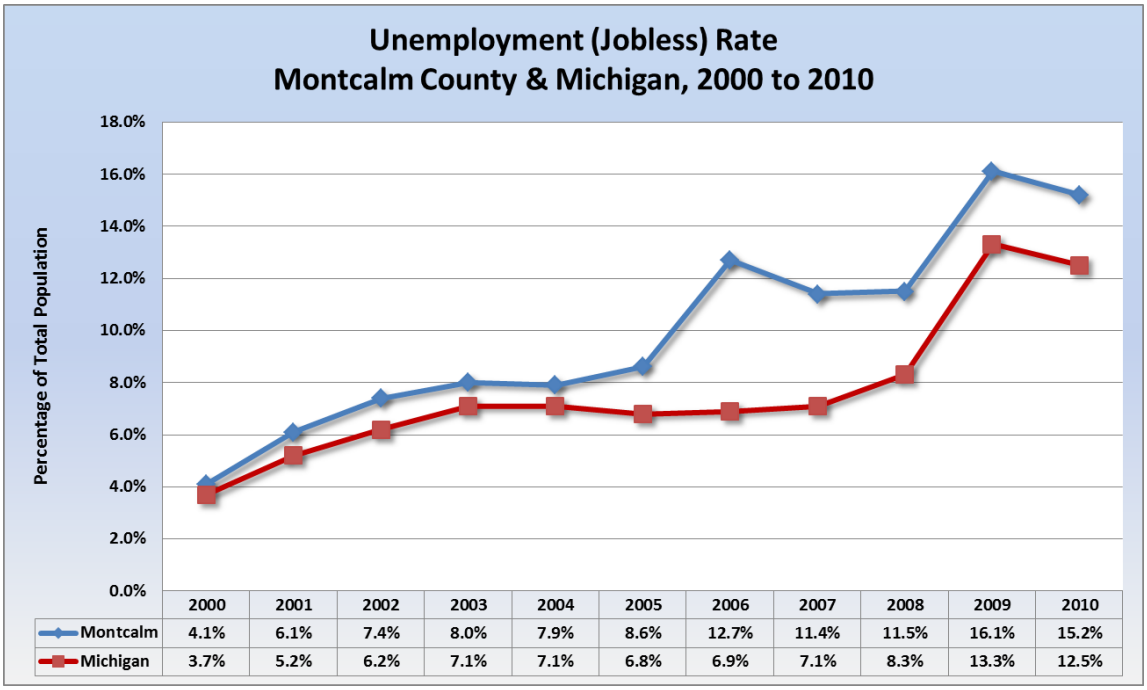
These results illustrate the unique characteristics of Michigan's economic hardships that preceded the economic downturn that the remainder of the U.S. experienced after the banking crisis of 2009. With a larger percentage of people out of work and/or relying on part-time employment, it's more likely that fewer families have employer-based health insurance or the income to afford access to preventive and treatment services without making challenging decisions.



	2000	2002	2004	2006	2008	2009	2010
Montcalm County	38,128	37,143	39,989	40,294	43,025	38,143	36,701
Michigan	45,202	44,315	44,409	47,187	48,606	45,254	45,354



	2000	2002	2004	2006	2008	2009
Montcalm - all ages	11.0%	12.0%	11.3%	16.1%	15.5%	19.9%
Montcalm -under age 18	15.6%	15.2%	16.1%	21.2%	21.5%	29.1%
Michigan - all ages	9.7%	10.9%	12.5%	13.5%	14.4%	16.1%
Michigan - under age 18	13.7%	14.2%	17.3%	18.3%	19.3%	22.2%

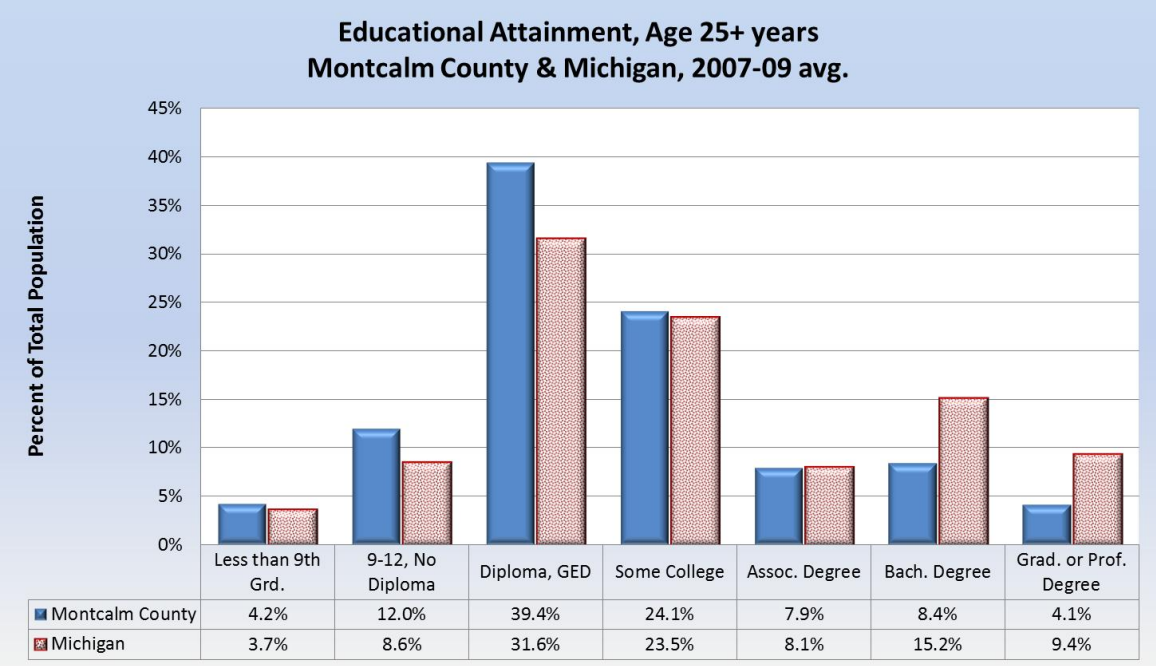


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Montcalm	4.1%	6.1%	7.4%	8.0%	7.9%	8.6%	12.7%	11.4%	11.5%	16.1%	15.2%
Michigan	3.7%	5.2%	6.2%	7.1%	7.1%	6.8%	6.9%	7.1%	8.3%	13.3%	12.5%

Demographics: Educational Attainment

Educational attainment is recognized as an important social determinant in both health care access and population health outcomes. Although the relationship between higher education and improved health outcomes is often observed, the explanation for this correlation is not completely understood (Cowell AJ, 2006). Contributory factors thought to play a role in this relationship include: income status, access to the labor market, access to health insurance,

sense of personal control of circumstances, health literacy, and health-related behaviors. Results from the 2007-09 American Community Survey indicate that Montcalm County fares worse than Michigan concerning the proportion of adults age 25 years and older with a post-secondary degree; specifically, those with a bachelors or post-graduate education (Montcalm County 12.5%, Michigan 24.6%).



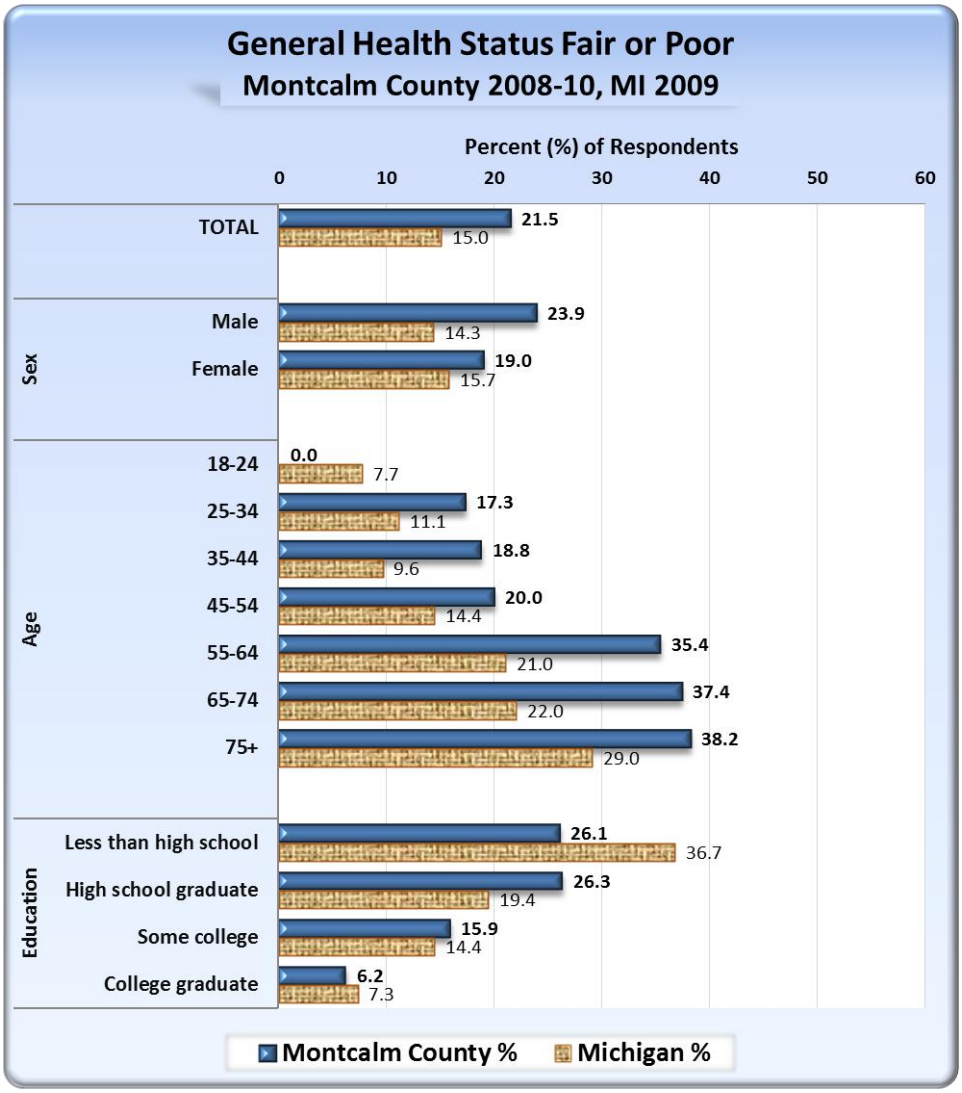
Although faring less favorably to Michigan, Montcalm County has seen, over time, a small improvement in the percentage of residents pursuing post-secondary education.

Montcalm County	Some College	Associate Degree	Bachelor's degree	Master's Degree or higher
1990	17.1%	6.0%	5.2%	2.9%
2000	23.6%	6.8%	7.2%	3.5%
2007-09 avg.	24.1%	7.9%	8.4%	4.1%

General Health Status: Adults Reporting Fair/Poor General Health

Self-rated general health status is considered to be a reliable assessment of one's perceived overall health, which considers the many aspects of well-being. It can be useful in determining unmet health needs, disparities among sub-populations, and the general prevalence of chronic disease. Over the past decade, the proportion of Michigan adults who reported their general health status to be 'fair' or 'poor' has been relatively constant at about 15%. Trend data for Montcalm County is not available, but local Behavioral Risk Factor Survey (BRFS) data over the period 2008-10 indicates a higher proportion (21.5%) of Montcalm County adults report their health to be fair or poor than Michigan adults (15.0%). Results from the 2011 Montcalm

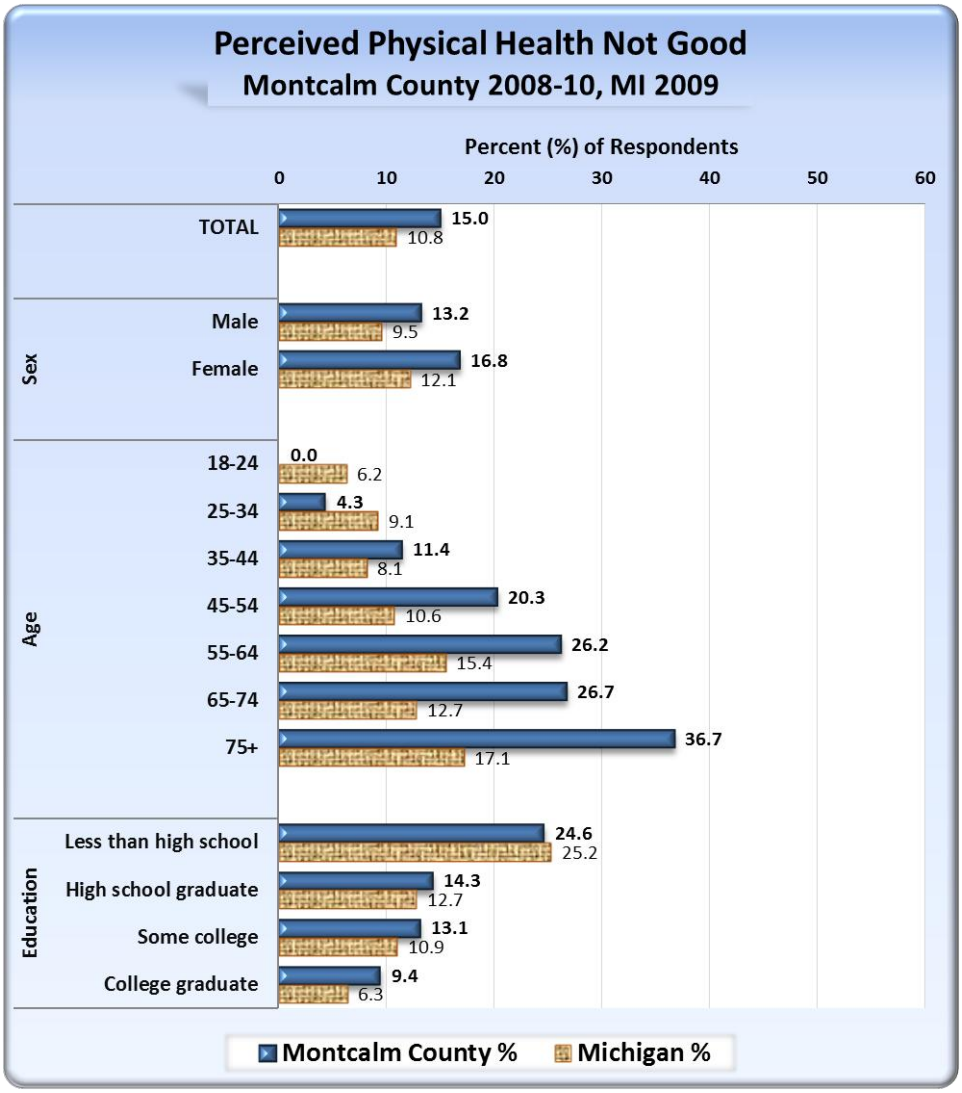
Community Survey indicate that 30.6% of adults considered their general health status to be fair or poor. National BRFS data indicates the prevalence of self-rated fair or poor health is higher in older adults, females, minorities, and those of lower socioeconomic status (measured by income or educational attainment). Local BRFS results suggest two of these characteristics (age group & educational attainment) hold true for Montcalm County adults, as seen in the figure below.



General Health Status: Adults Reporting Poor Physical Health

As a means of measuring health-related quality of life, the Behavioral Risk Factor Survey (BRFS) asks adults to rate their perceived physical health over time. A higher proportion (15.0%) of Montcalm County adults reported that their physical health was not good (equivalent to physical illness or injury for at least 14 days during the month) than Michigan adults (10.8%). The following figure indicates that characteristics among subpopulations of Montcalm County

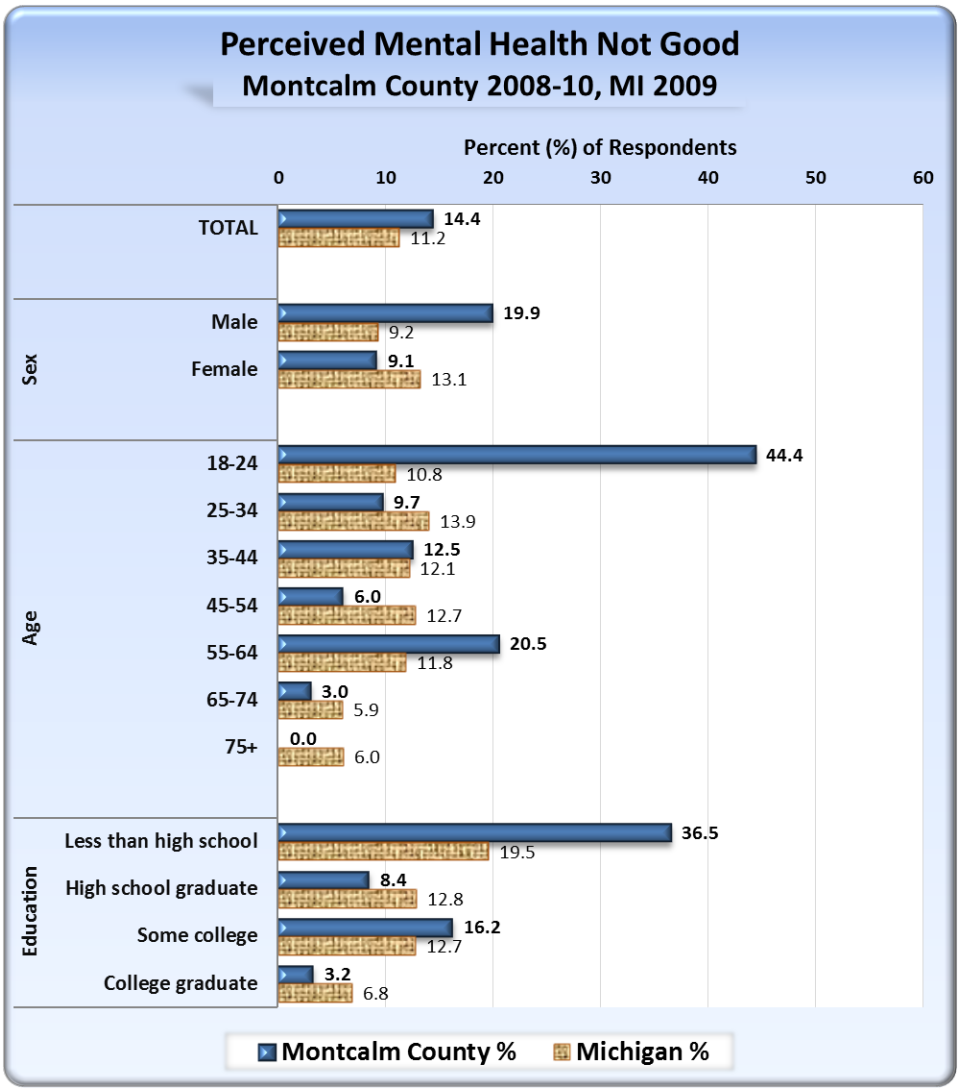
adults correlate with those reported at the State level; that is, females, older adults, and adults with less education were more likely to report their physical health was not good.



General Health Status: Adults Reporting Poor Mental Health

Similar to the previous segment in which adults self-rated their physical health, the Behavioral Risk Factor Survey (BRFS) also asks adults to rate their perceived mental health over time. A higher proportion (14.4%) of Montcalm County adults reported that their mental health was not good (equivalent to mental health symptoms for at least 14 days during a given month) than Michigan adults (11.2%). This included issues with stress, depression and problems with emotions. Investigators have found that younger adults tend to experience a higher number of days of poor mental health than physical health, while the opposite is more frequently noted for older adults (CDC, Health-related Quality of Life, 2010). The figure below suggests this characteristic holds true for adults of both Montcalm County and Michigan. The results also

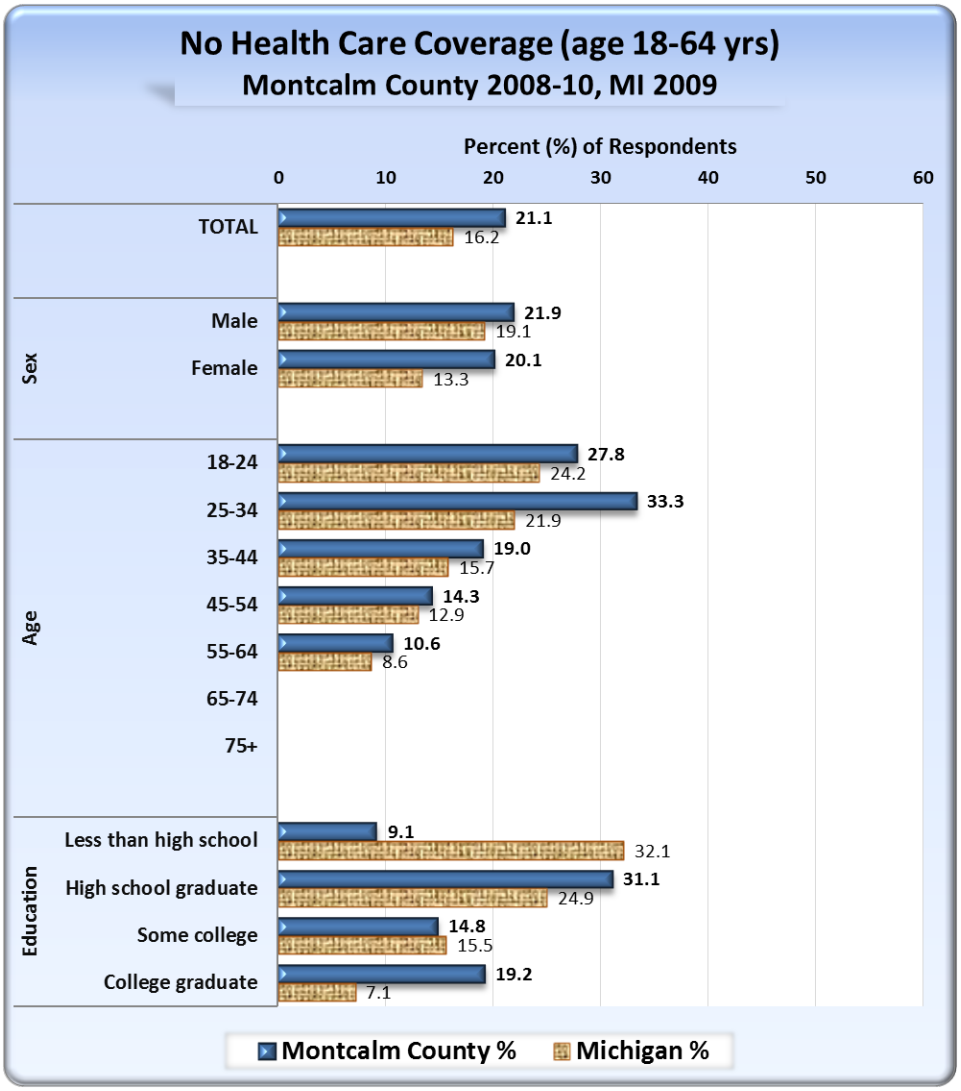
indicate that self-rated poor mental health tends to decrease with increasing educational attainment for both Montcalm and Michigan adults. Uncharacteristically, Montcalm County adult males were more likely to report poor mental health than females, which does not correlate with the findings for Michigan adults. The rather large percentage of Montcalm County adults age 18-24 years that reported their mental health as not good (44%) should be interpreted with caution as this result is based on a cohort of 54 persons.



Access to Care: Health Care Coverage

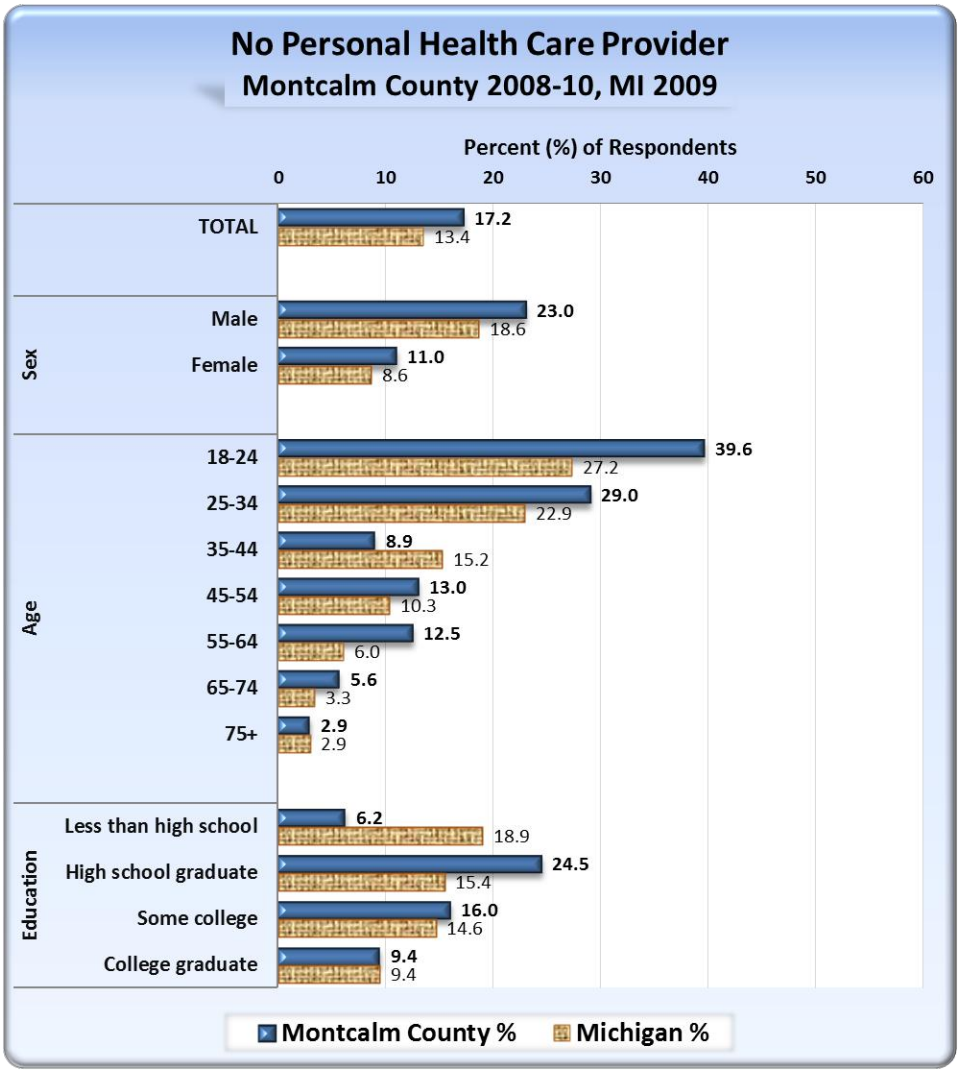
Adults who do not have health care coverage are less likely to access health care services and more likely to delay getting medical attention, whether it is the utilization of preventive or treatment services (Hoffman and Paradise, 2008). The U.S. Census Current Population Survey (CPS) tracks health care coverage – trend data indicates the number of non-elderly adults in the United States has increased over the past decade from approximately 39 million in 2000 to 49

million in 2010. The Behavioral Risk Factor Survey (BRFS) also collects self-reported health care coverage data as a part of its core questionnaire. According to BRFS data, a higher proportion (21.1%) of Montcalm County adults age 18-64 years are without health care coverage than Michigan adults (16.2%). The figure below also indicates that males, younger adults, and those with lower education are more likely to be without health care coverage. According to the U.S. Census (Small Area Health Insurance Estimates Program), a similar proportion of Montcalm County and Michigan youth (<18 yrs) are without health care coverage (7.3% vs. 6.8%). The 2011 Montcalm Community Survey indicates that 18.0% of adults 18-64 years are without health insurance – the most common reasons being: could not afford (38%), part-time employee with no benefits (13%), unemployed (12%), lost Medicaid eligibility (12%), employer stopped offering health insurance (6%), and don't know how to get it (5%).



Access to Care: Personal Health Care Provider

Another important indicator of health care access is the establishment of a medical home where a person can access a health care provider on a routine basis, particularly primary care services. According to BRFS survey results, a higher proportion (17.2%) of Montcalm County adults report that they have no personal doctor or health care provider than Michigan adults (13.4%). As the figure below shows, males, younger adults, and those with less education are more likely to not have a personal doctor, both locally and for Michigan. Michigan 2009 BRFS results have also shown that individuals without health care coverage are over five times as likely to not have a personal doctor, and five times as likely to have needed health care in the past 12 months but unable to access it due to cost. The 2011 Montcalm Community Survey indicates that 3.3% of adults used emergency department services for most of their health care needs.

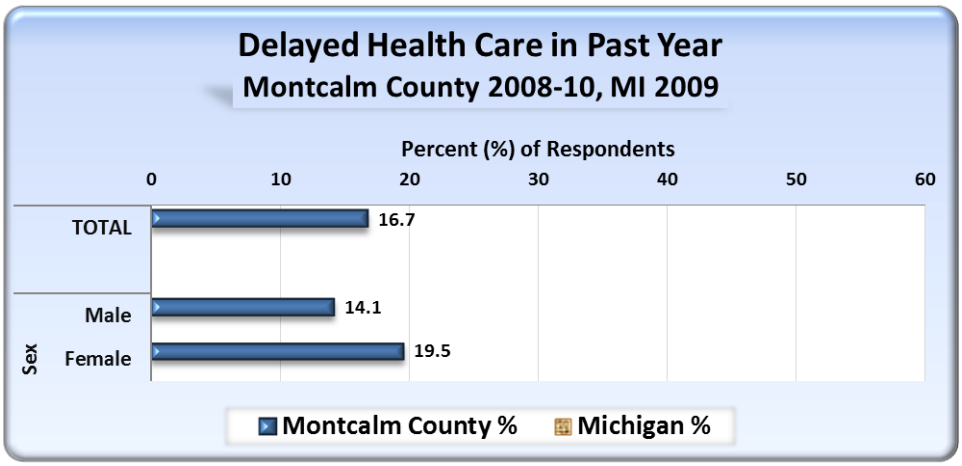


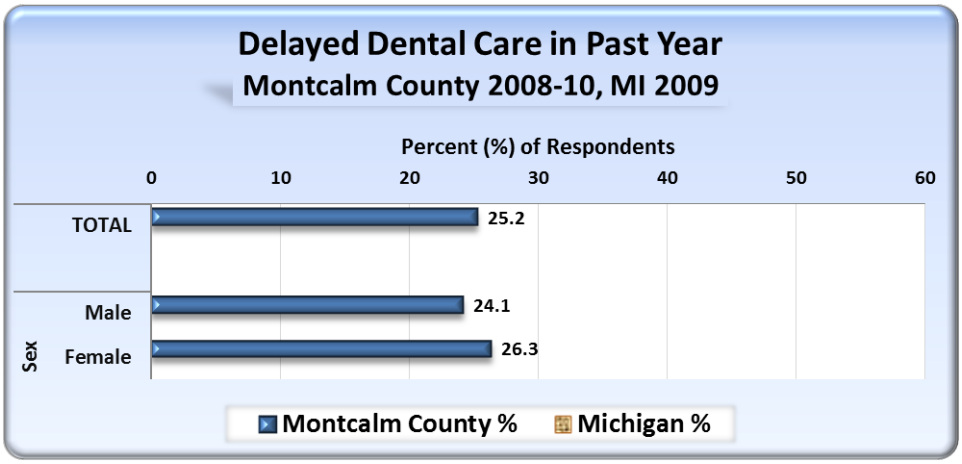
Access to Care: Delayed Access to Care

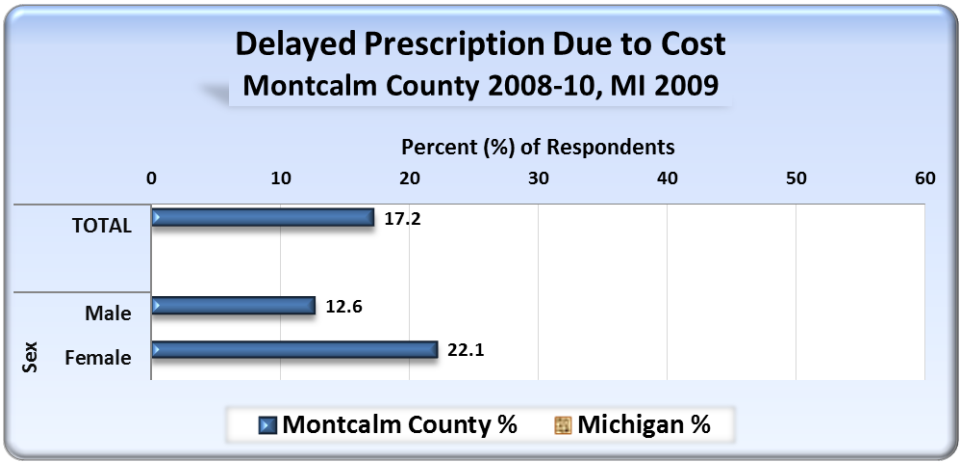
An additional important indicator of access to care is the timely utilization of health care services. A higher proportion (16.7%) of Montcalm County adults than Michigan adults (13.9%) reported there was a time in the past year when they needed to see a doctor but could not (BRFS). The 2011 Montcalm Community Survey indicated that 27.2% of adults had delayed seeking health care – the most frequent reasons being: could not afford (54%), no transportation (18%), could not get appointment (9%), and insurance not accepted (3%). For those survey respondents with children, a total of 8% indicated

Good oral health is also important in maintaining good physical health; however, 25.2% of Montcalm County adults reported there was a time in the past year when they needed to see a dentist but could not (BRFS). (Results not available for Michigan BRFS 2009). The 2011 Montcalm Community Survey results indicate that only 62% of adults had received an oral exam or dental cleaning in the past two years; this fell to 41% for adults that were uninsured.

Even for those Montcalm County adults who needed medical care and sought it out, 17.2% reported there was a time during the past year when they needed a prescription filled, but could not do so because of the cost. (results not available for Michigan 2009). As the figures below show, female adults were more likely to delay care than males for these three indicators.





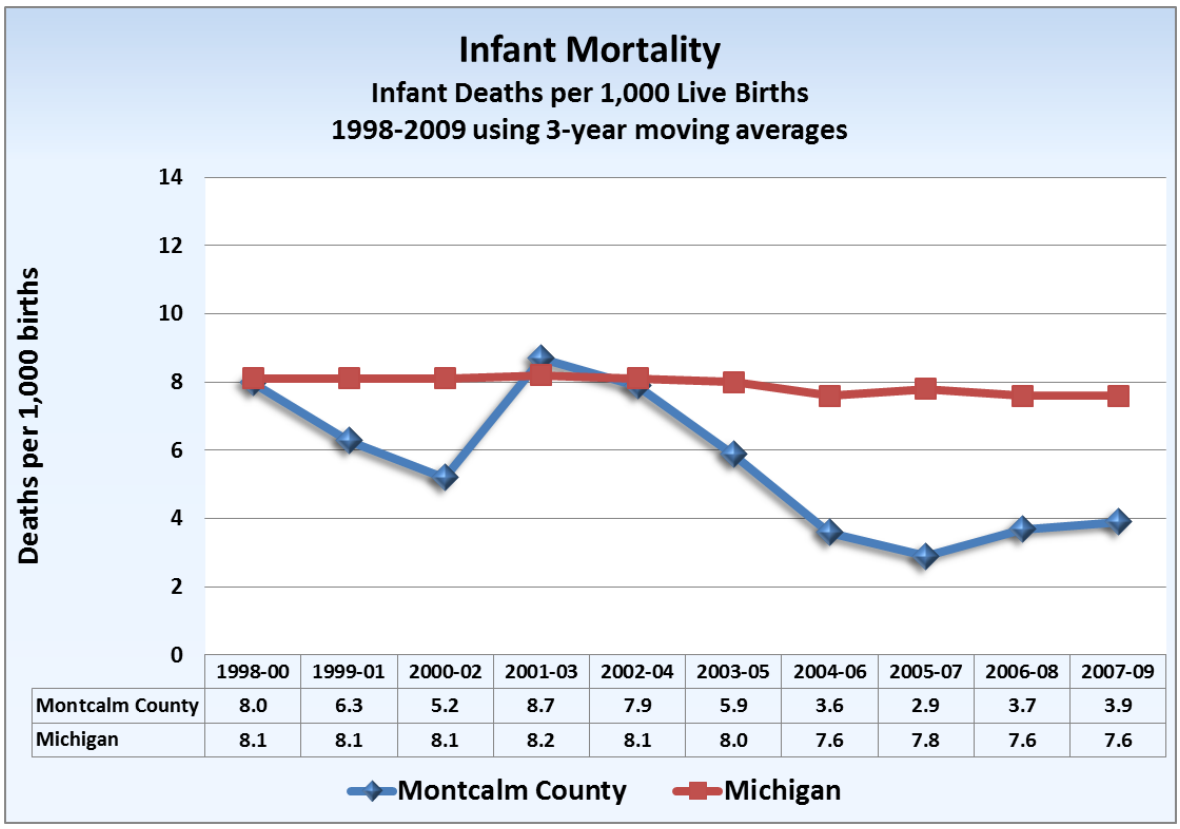


Maternal and Child Health: Infant Mortality

Infant mortality is often used as a key index in measuring the general health of a community since many of the risk factors reflect on community issues such as access to care, poverty, health-related behaviors, and education. Using three-year moving averages in the figure below, it's evident that the Montcalm County infant mortality rate has remained lower than that for Michigan infants for much of the past decade. It's also evident that the Michigan infant mortality rate has remained fairly stable over the period outlined, whereas significant progress had been made in lowering the rate from the 1970s to the mid 1990s.

Number of Infant Deaths, Montcalm County, 2000-09

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1	6	6	10	4	1	4	2	3	4

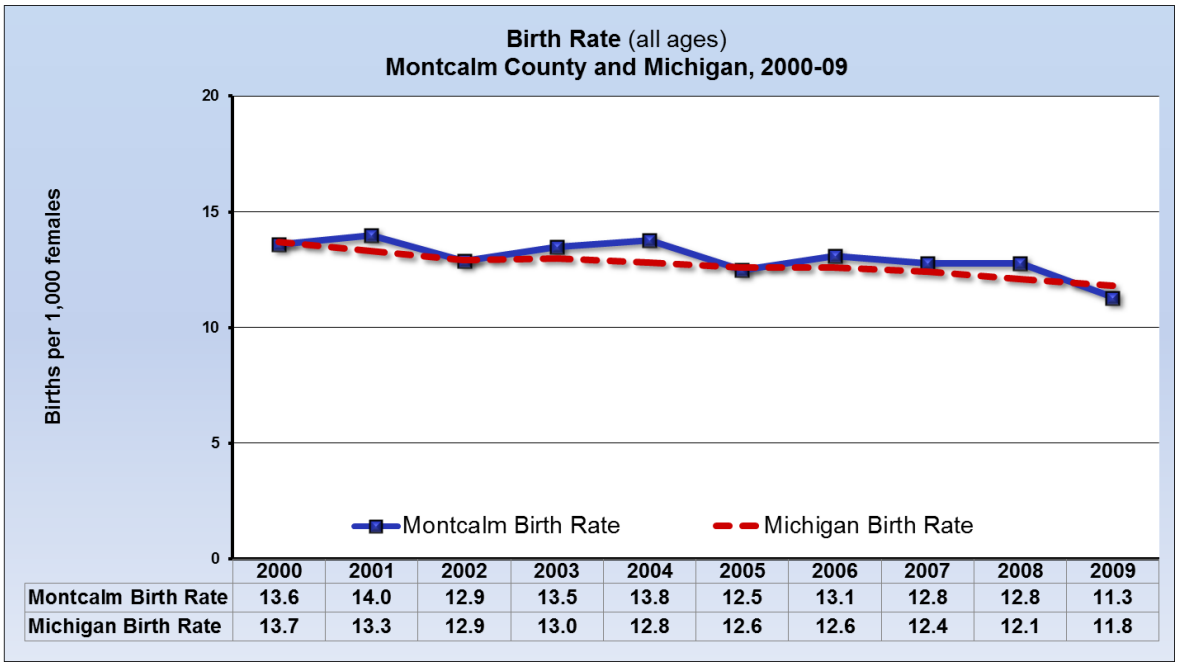


Maternal and Child Health: Births and Teen Pregnancy

The overall (all age) birth rate has slowly declined over the past decade for both Montcalm County and Michigan, and rates have mirrored one another over this period, as seen in the figure below. An average of 820 births to Montcalm County female residents occurred over the period 2000 to 2009. Teen births represented 12.9% of total births, an average of 105 teen births annually over the period 2000-09.

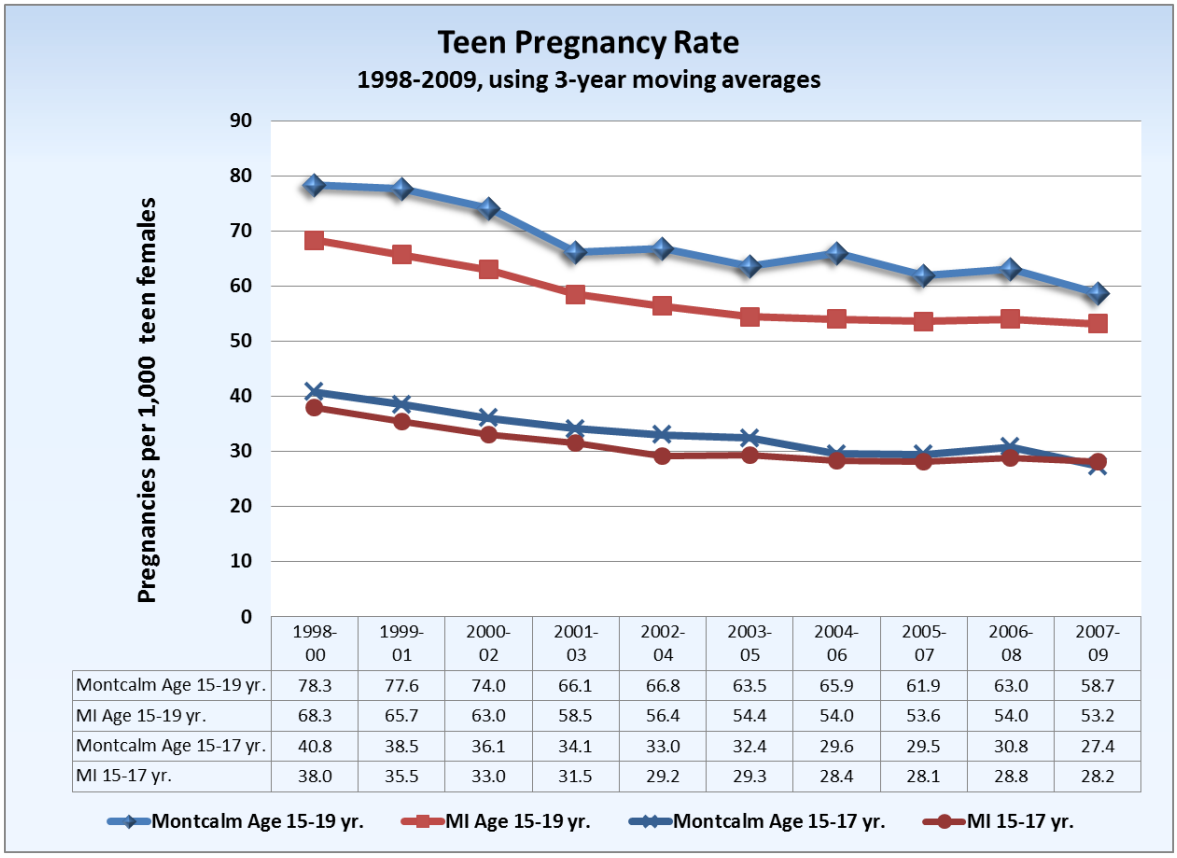
Number of Births, Montcalm County, 2000-09

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
834	869	805	850	876	801	838	808	809	710



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Montcalm Birth Rate	13.6	14.0	12.9	13.5	13.8	12.5	13.1	12.8	12.8	11.3
Michigan Birth Rate	13.7	13.3	12.9	13.0	12.8	12.6	12.6	12.4	12.1	11.8

Teen pregnancy is an important health indicator as it reflects other health behaviors unique to teens, as well as societal norms and expectations. The impact of teen pregnancy is felt by the teen parent, the child, and the communities, as teen parents are more likely to experience long-term economic disadvantage. A downward trend in the teen pregnancy rate the past decade has occurred locally and for Michigan overall, as seen in the figure below. Despite the decline over time, Montcalm County has experienced a higher teen pregnancy rate over the period 1998-2007 than Michigan. This is true for female teens age 15-19 years and 15-17 years. The most recent data available (2004-09) suggests that progress in reducing teen pregnancy across the state of Michigan has stalled.



	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09
Montcalm Age 15-19 yr.	78.3	77.6	74.0	66.1	66.8	63.5	65.9	61.9	63.0	58.7
MI Age 15-19 yr.	68.3	65.7	63.0	58.5	56.4	54.4	54.0	53.6	54.0	53.2
Montcalm Age 15-17 yr.	40.8	38.5	36.1	34.1	33.0	32.4	29.6	29.5	30.8	27.4
MI 15-17 yr.	38.0	35.5	33.0	31.5	29.2	29.3	28.4	28.1	28.8	28.2

Maternal and Child Health: Maternal Health Characteristics

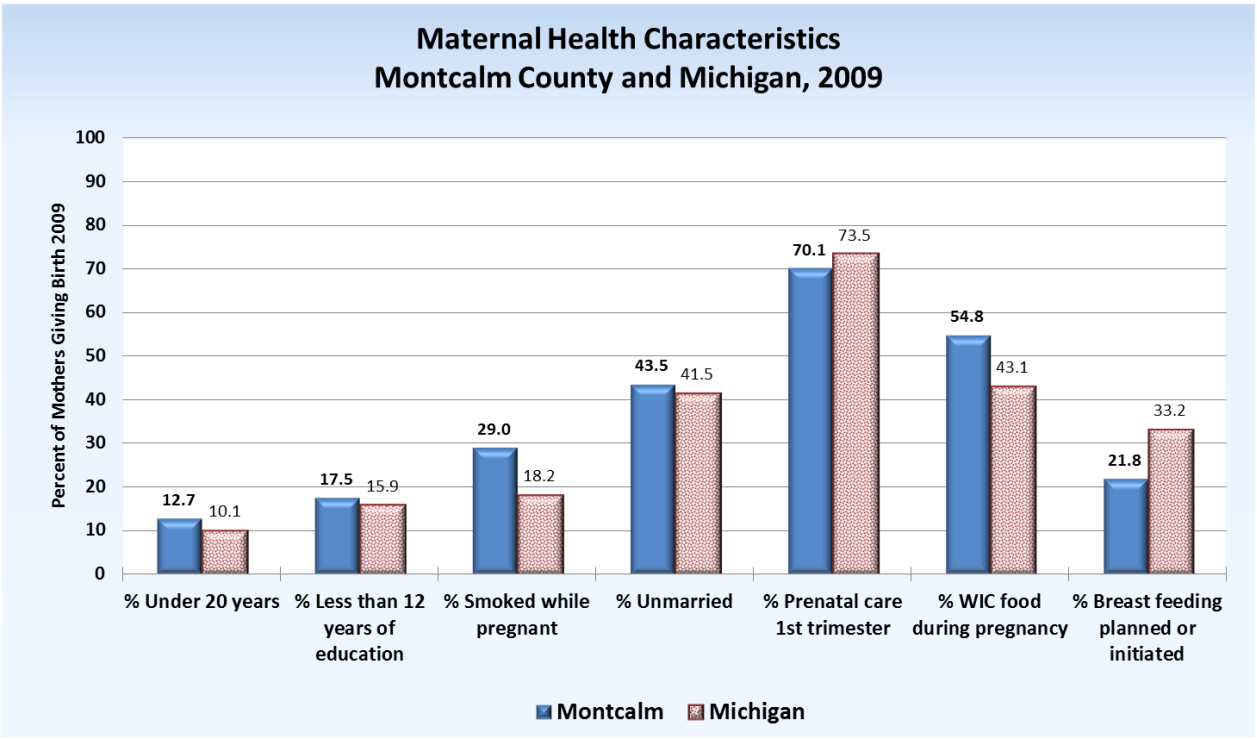
Communities benefit when newborns begin their lives in a safe, stable, and healthy environment that offers opportunities for optimal growth and development. Children who begin their lives in less healthy environments or in poor health may have a difficult time catching up to their peers. A healthy start in life begins prior to birth and includes appropriate prenatal care and avoiding risky behaviors by the mother-to-be.

As the table below indicates, key maternal and birth characteristics tracked through birth certificate data include age, education, marriage status, Medicaid status, smoking status, and prenatal care of the expectant mother; as well as weight and gestational age of the newborn. One evident trend for Montcalm County over the period 2000-09 is the increasing percentage of mothers enrolled in Medicaid at the time of delivery – this could reflect either the local economic environment or an increased effort to provide health care coverage during pregnancy. Timely prenatal care was fairly consistent the first half of the decade, but the percentage of women receiving prenatal care during the first semester has been noticeably lower during the period 2007-09. The recent spike is smoking status for 2008-09 represents a change in the Michigan birth certificate question for this risk behavior and therefore makes comparison to previous years challenging. However, county to state comparison for the year

2009 (figure) indicates Montcalm County smoking prevalence during pregnancy to be higher than Michigan.

Maternal and Birth Characteristics, Montcalm County, 2000-09

Year	% Birth Mothers…						% Newborns…	
	Under age 20 yrs	Less than 12 yr educ.	Unmarried	Medicaid enrolled	Smoked while Preg.	Prenatal care 1st Tri.	Low Birth Weight	Pre-term
2000	14.6	21.0	36.2	33.0	21.5	76.7	7.4	9.8
2001	12.5	20.4	33.6	35.7	21.7	84.8	6.7	11.5
2002	12.8	21.2	36.0	36.3	21.5	79.3	8.2	9.6
2003	11.2	19.1	37.1	40.1	20.9	84.6	6.2	9.5
2004	13.7	18.0	38.7	41.8	20.8	84.2	8.2	9.7
2005	10.5	17.5	37.2	43.9	19.4	84.0	6.0	7.2
2006	13.4	16.2	43.9	48.4	21.2	84.1	6.7	7.9
2007	11.8	19.3	39.9	48.1	18.6	77.8	5.9	6.7
2008	11.4	17.7	36.5	48.6	*27.6	66.9	5.4	8.4
2009	12.7	17.5	43.5	55.8	*29.0	70.1	7.7	11.0



Maternal and Child Health: Adolescent Risk Behaviors

Although no Michigan Profile for Healthy Youth (MiPHY) trend data is available for Montcalm County adolescents, a good representation of the adolescent population (grades 7, 9, 11) is represented in the school-based surveys conducted during the 2007-08 and 2009-10 school years. The following five figures provide self-reported results for key health risk behaviors. For a general comparison, survey data representing Michigan adolescents (grades 9-12) gathered via the Youth Risk Behaviors Survey (YRBS) is provided in the figures and is compared only with Montcalm MiPHY survey results for 9th and 11th grade students (7th grade excluded).

Alcohol Use: A lower percentage of Montcalm County adolescents report recently consuming alcohol than Michigan adolescents. Recent use of alcohol (within past 30 days) decreased over the two measurement periods for both Montcalm (2008/10) and Michigan (2007/09). Recent use of alcohol increased with grade level for Montcalm County. Recent alcohol use decreased for all three Montcalm County grades over the two measurement periods (2008/10).

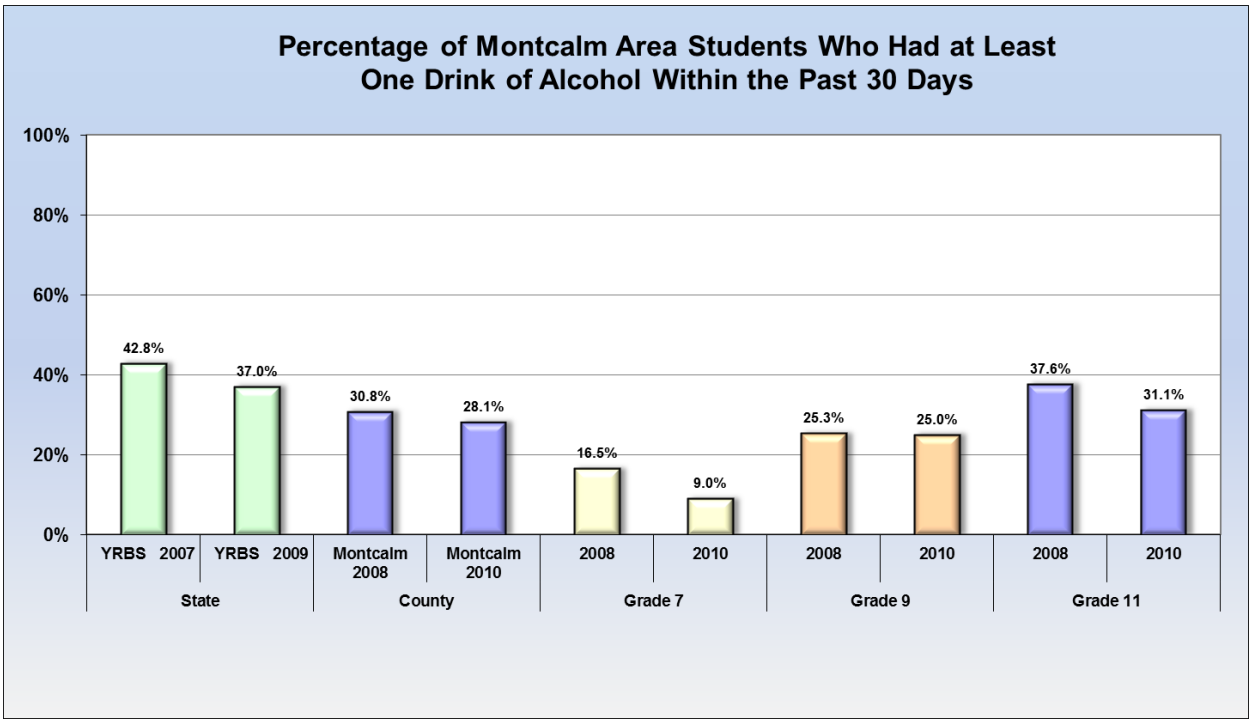
Cigarette Smoking: A similar percentage of Montcalm County and Michigan adolescents report recently smoking cigarettes (approximately 18%). Recent cigarette smoking (within the past 30 days) was unchanged over the two measurement periods for both Montcalm (2008/10) and Michigan (2007/09). Recent cigarette smoking increased with each grade level for Montcalm County, with a pronounced increase from 7th to 9th grade. No clear pattern is evident for recent cigarette smoking by grade level over the two measurement periods.

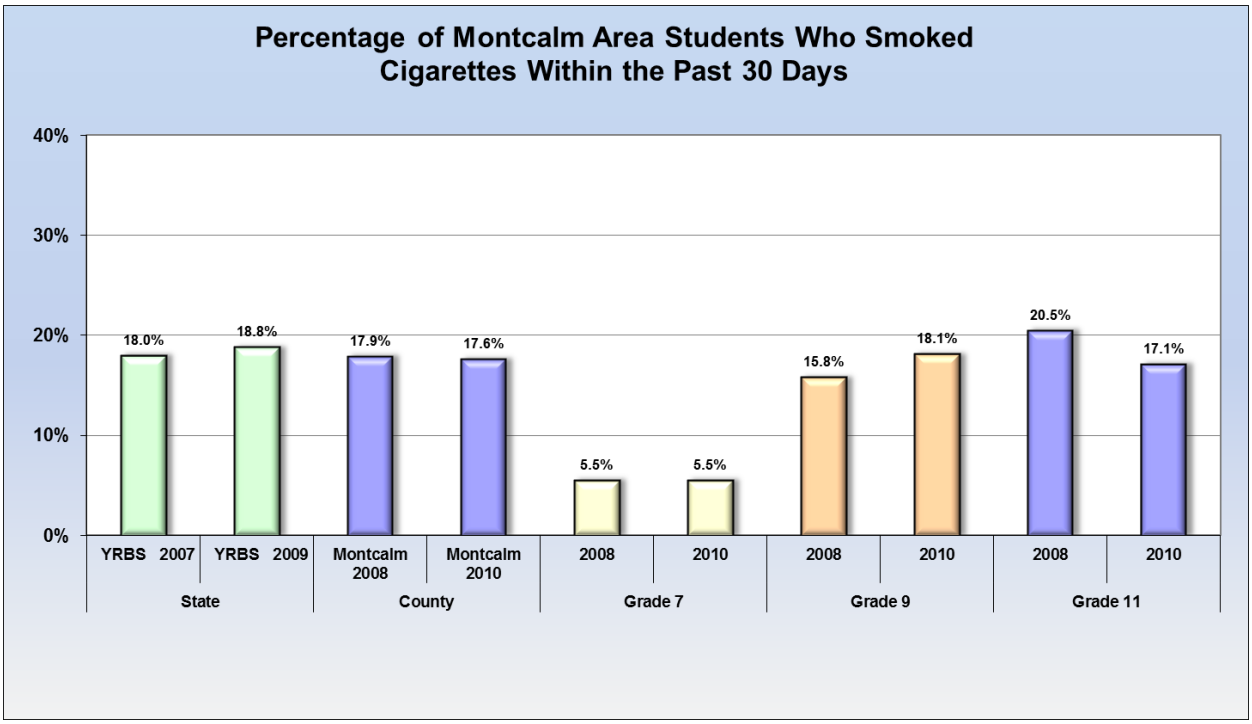
Marijuana Use: A lower percentage of Montcalm County adolescents report recently using marijuana than Michigan adolescents. Recent use of marijuana (within past 30 days) increased over the two measurement periods for both Montcalm (2008/10) and Michigan (2007/09). Recent use of marijuana increased with grade level for Montcalm County, with a pronounced increase from 7th to 9th grade. Recent marijuana use increased for 7th and 9th grade over the two measurement periods (2008/10).

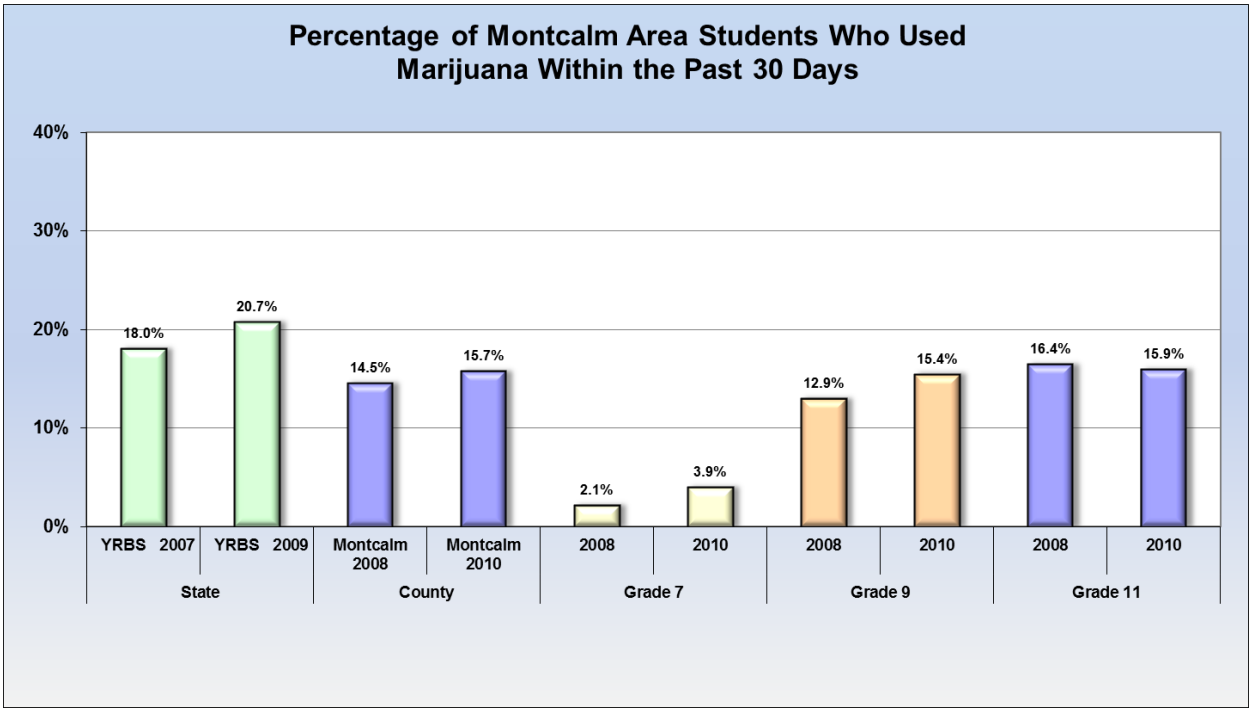
Obesity: A higher percentage of Montcalm County adolescents are classified as obese (based on self-reported height and weight) than Michigan adolescents. Obesity prevalence slightly decreased over the two measurement periods for both Montcalm (2008/10) and Michigan (2007/09). Obesity prevalence was fairly consistent between grade levels (range 17%-20%) for Montcalm County. No clear pattern of obesity is evident between grade levels over the 2 measurement periods (2008/10).

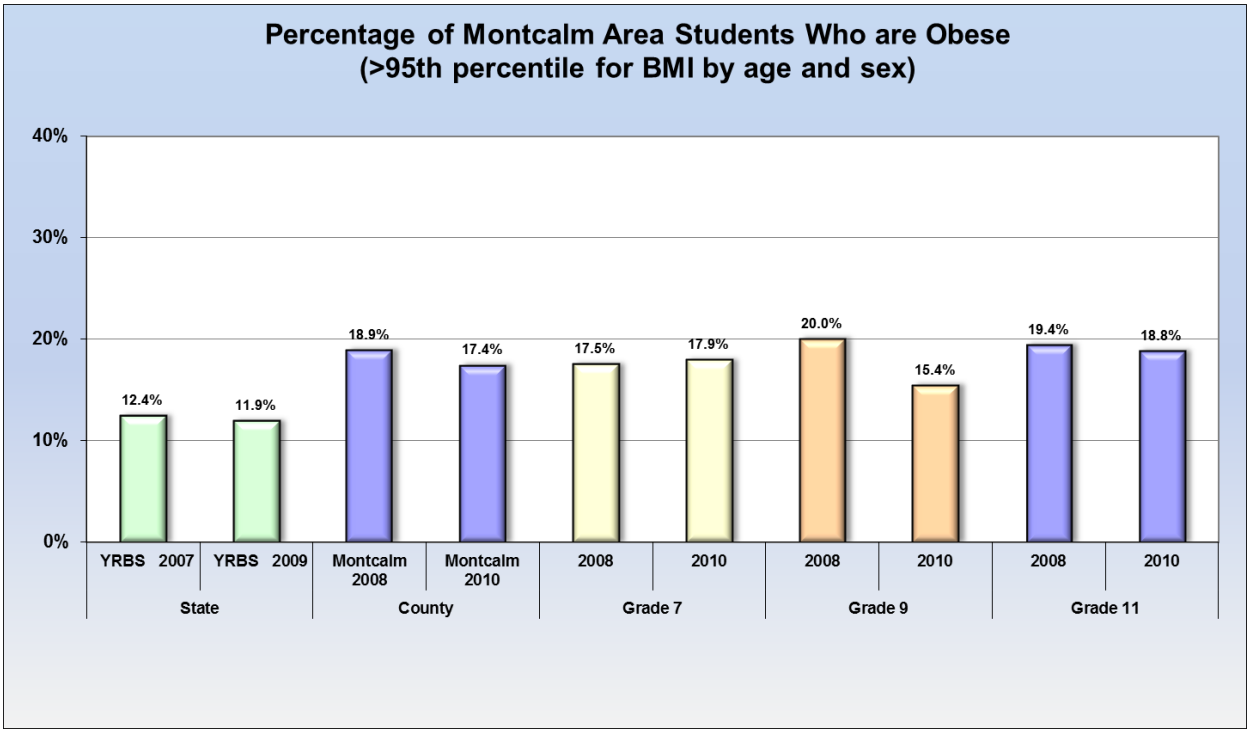
Physical Activity: A higher percentage of Montcalm County adolescents reported that they regularly participate in physical activity than Michigan adolescents. Regular physical activity slightly increased over the two measurement periods for Michigan (2007/09), but was unchanged for Montcalm adolescents (2008/10). The percentage of adolescents regularly participating in physical activity increased from 7th to 9th grade, and then decreased in 11th grade. Regular physical activity increased for 7th grade students over the two measurement

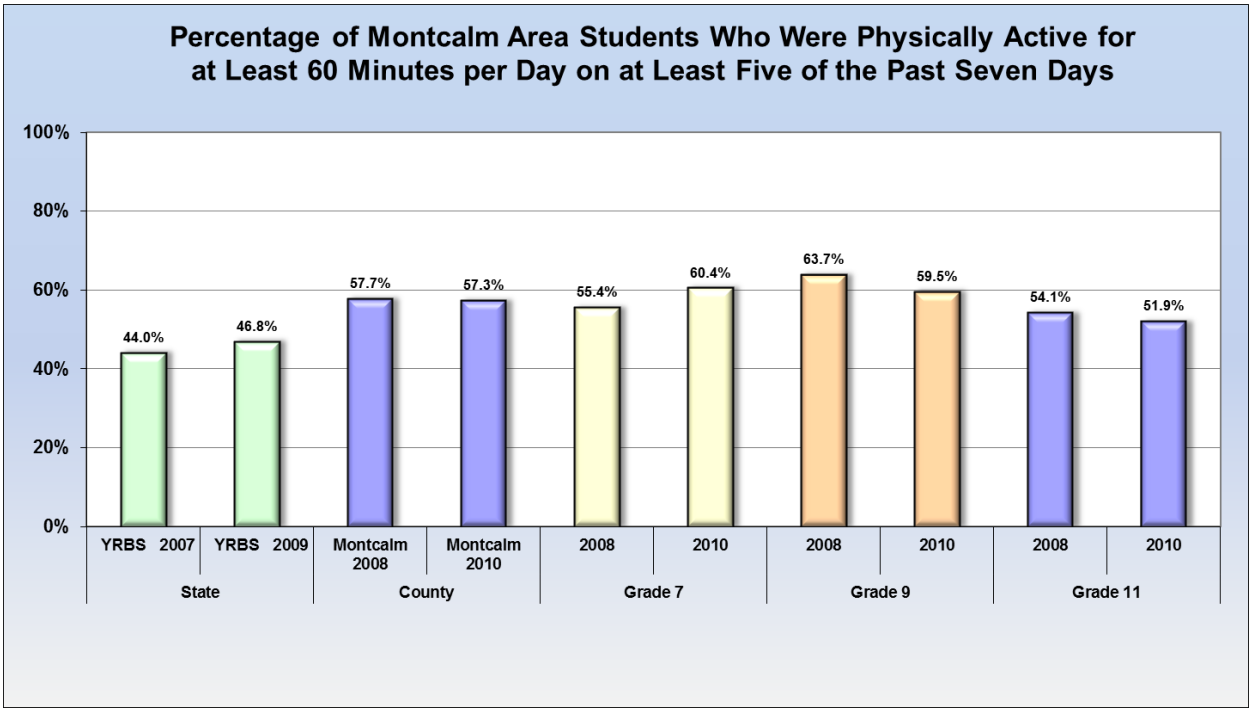
periods (2008/10), but decreased for 9th and 11th grade over the 2 measurement periods (2008/10).






Percentage of Montcalm Area Students Who Used Marijuana Within the Past 30 Days
40%
30%
20%
10%
0%
18.0%
20.7%
14.5%
15.7%
2.1%
3.9%
12.9%
15.4%
16.4%
15.9%
YRBS 2007
YRBS 2009
Montcalm 2008
Montcalm 2010
2008
2010
2008
2010
2008
2010
State
County
Grade 7
Grade 9
Grade 11


Percentage of Montcalm Area Students Who are Obese (>95th percentile for BMI by age and sex)
40%
30%
20%
10%
0%
12.4%
11.9%
18.9%
17.4%
17.5%
17.9%
20.0%
15.4%
19.4%
18.8%
YRBS 2007
YRBS 2009
Montcalm 2008
Montcalm 2010
2008
2010
2008
2010
2008
2010
State
County
Grade 7
Grade 9
Grade 11

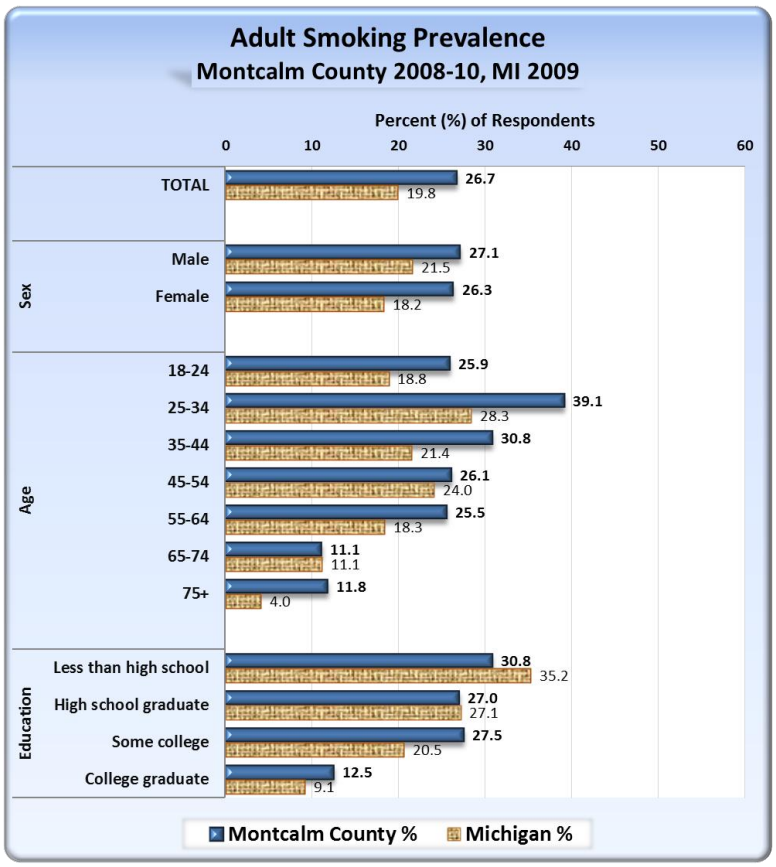


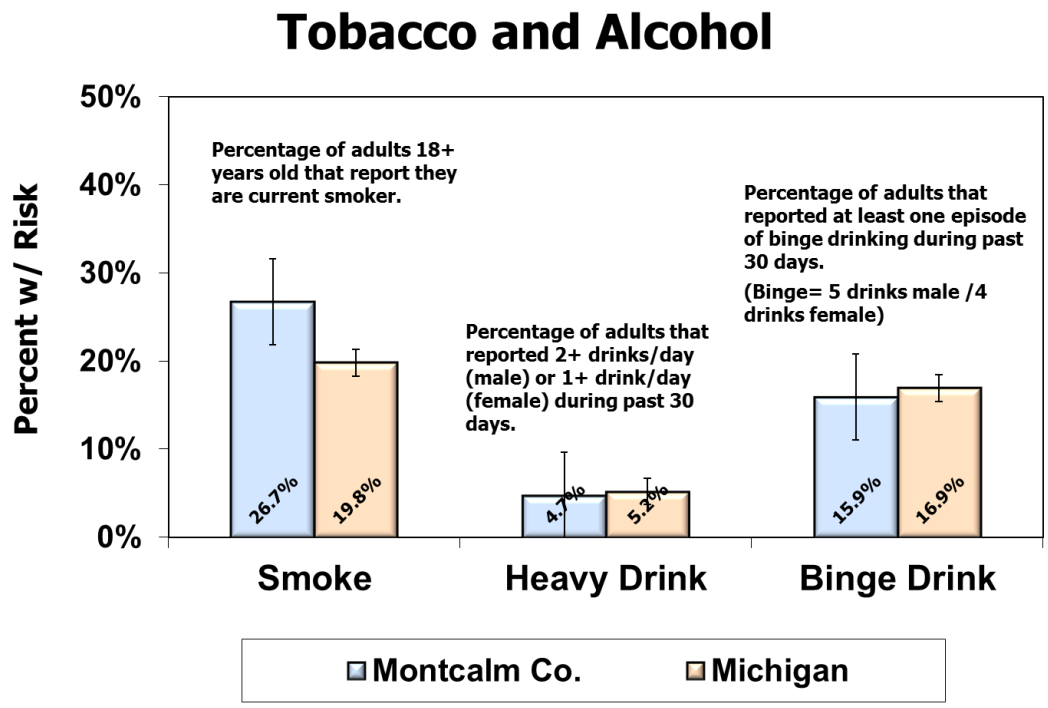
Adult Behavioral Risk Factors: Smoking and Alcohol Consumption

Smoking (and tobacco use in general) contributes to the development or worsening of several potentially preventable health conditions, including cancers, chronic respiratory disease, heart disease, and stroke. Smoking is considered to play a prominent role in approximately one of every five deaths in the United States (U.S. DHHS, 2004).

The Michigan adult smoking prevalence has slowly declined over the past decade (2000-09) to reach its lowest rate of 19.8% in 2009. Local Behavioral Risk Factor Survey (BRFS) data over the period 2008-10 indicates a higher proportion (26.7%) of Montcalm County adults report being current smokers than Michigan adults (19.8%). The local BRFS results are supported by results from the 2011 Montcalm Community Survey in which 27.0% of adults reported smoking cigarettes. As the figure below illustrates, smoking rates decrease with advancing age and higher education, and are lower for males than females.

Like smoking, excessive alcohol consumption or alcohol addiction can adversely affect health and is associated with preventable health conditions, including chronic liver disease, stroke, and certain cancers. It also can increase the risk for serious injury such as falls and motor vehicle accidents, violence and suicide (CDC, 2010). Local Behavioral Risk Factor Survey (BRFS) data over the period 2008-10 indicates a similar percentage of Montcalm County and Michigan adults were heavy drinkers (4.7% vs. 5.2%), and a similar percentage reported at least one occasion of binge drinking in the past month (15.9% vs. 16.9%).


Adult Smoking Prevalence
Montcalm County 2008-10, MI 2009
Percent (%) of Respondents
0
10
20
30
40
50
60
TOTAL
26.7
19.8
Sex
Male
27.1
21.5
Female
26.3
18.2
Age
18-24
25.9
18.8
25-34
39.1
28.3
35-44
30.8
21.4
45-54
26.1
24.0
55-64
25.5
18.3
65-74
11.1
11.1
75+
11.8
4.0
Education
Less than high school
30.8
35.2
High school graduate
27.0
27.1
Some college
27.5
20.5
College graduate
12.5
9.1
Montcalm County %
Michigan %


Tobacco and Alcohol
Percent w/ Risk
50%
40%
30%
20%
10%
0%
Percentage of adults 18+ years old that report they are current smoker.
Percentage of adults that reported 2+ drinks/day (male) or 1+ drink/day (female) during past 30 days.
Percentage of adults that reported at least one episode of binge drinking during past 30 days.
(Binge= 5 drinks male /4 drinks female)
26.7%
19.8%
4.7%
5.2%
15.9%
16.9%
Smoke
Heavy Drink
Binge Drink
Montcalm Co.
Michigan

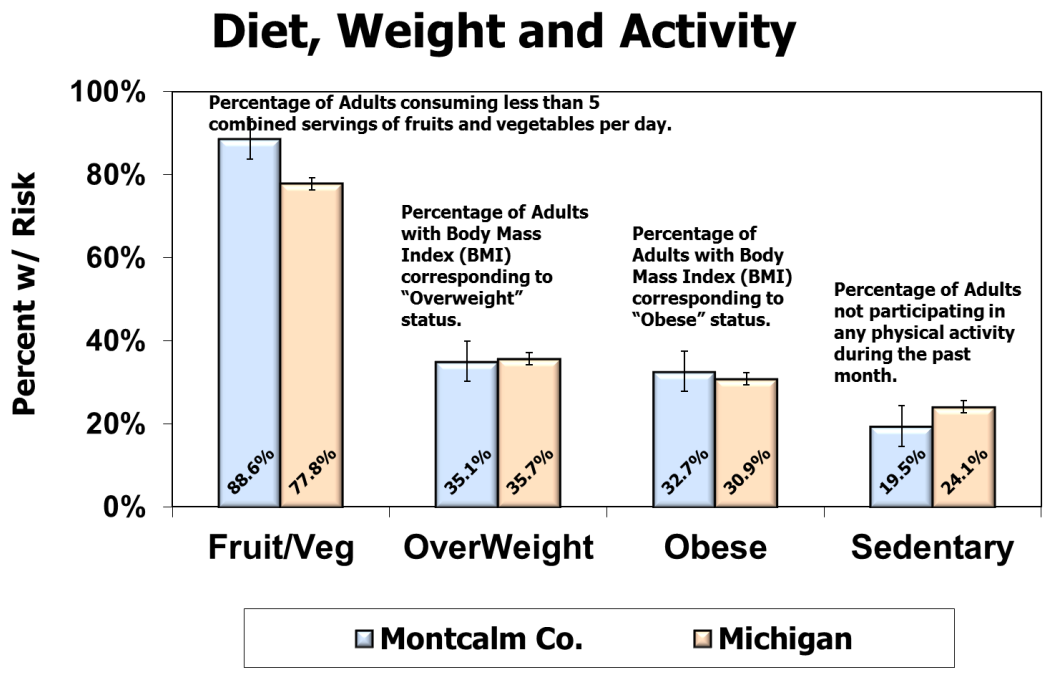
Adult Behvioral Risk Factors: Diet, Weight, and Physical Activity

Research demonstrates that a diet rich in fruits and vegetables promotes good health such that those who frequently consume greater amounts of these substances are at reduced risk for certain chronic disease (CDC, Fruit & Vegetable Benefits, 2009). Local Behavioral Risk Factor Survey (BRFS) data for the period 2008-10 indicates that a higher proportion (88.6%) of Montcalm County adults consumed less than the recommended servings of fruits and vegetables than Michigan adults (77.8%). National and Michigan BRFS data indicates the prevalence of inadequate fruit and vegetable consumption has remained relatively unchanged over the past decade; no trend data is available for Montcalm County. Results from the 2011 Montcalm Community Survey indicate that only 10% of adults 'always' eat five or more servings of fruits/vegetables daily, and 37% 'often' do so. These results are not directly comparable to the BRFS data as the question structure is different.

Obesity is also recognized as a contributory factor in the development of certain preventable health conditions, including hypertension, diabetes, heart disease, and certain forms of cancer. [Overweight is defined as a body mass index (BMI) between 25.0-29.9 kg/m2; obesity as equal to or greater than 30.0 kg/m2]

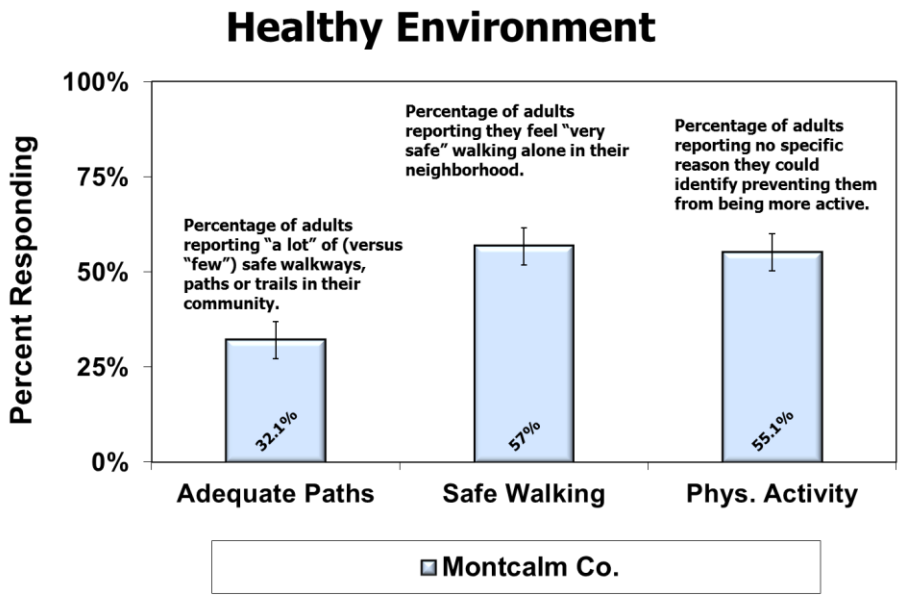
Michigan's obesity rate has climbed from 22.5% in 2000 to its highest rate of 30.9% in 2009 (BRFS). A higher proportion (32.7%) of Montcalm County adults are classified as being obese than Michigan adults (30.9%), while a similar proportion of Montcalm and Michigan adults are classified as being overweight (35.1% vs. 35.7%). When combining these 2 weight classifications, a total of 67.8% of Montcalm County adults are either overweight or obese, compared with 66.6% of Michigan adults. Unlike some of the other health indicators reviewed here, there are fewer clear patterns among subpopulations of adults – for instance, Michigan BRFS data suggests males and females are equally likely to be obese (30.8% vs. 31.0%), and education or income status does not strongly influence the likelihood of being obese. Two patterns that are evident is that adult obesity tends to increase sharply during the third decade of life, remain stable until about age 75 years; and that obesity is more prevalent for minority races and the Hispanic population.

Regular physical activity helps to control weight and maintain healthy bone and muscle strength, as well as reduce the risk of certain preventable health conditions like cardiovascular disease, diabetes, osteoporosis, and certain cancers. Local BRFS results indicate that a lower proportion (19.5%) of Montcalm County adults are sedentary than Michigan adults (24.1%). Sedentary in this case represents adults who do not participate in any leisure-time physical activity, which includes walking, jogging, calisthenics, golf, and gardening. Michigan BRFS data indicates that sedentary status increases with increasing age, decreases with higher education and income, and is more likely for females than males.



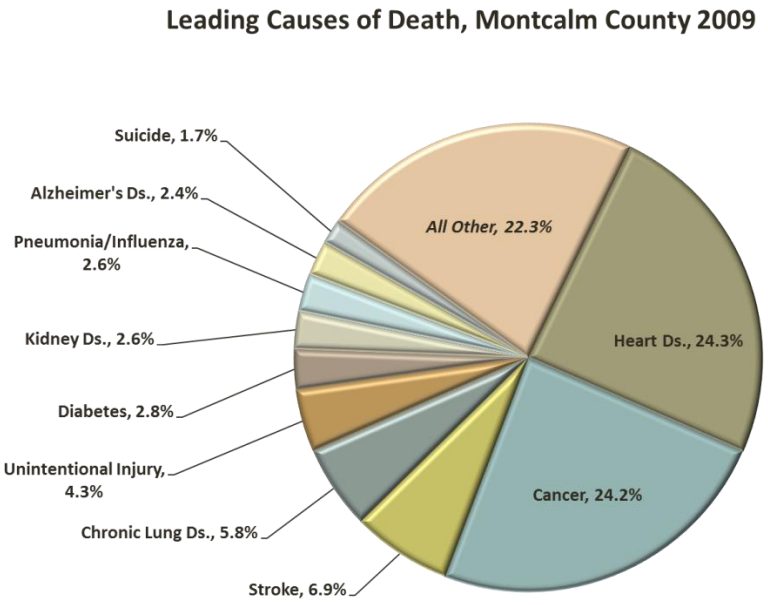
Adult Behvioral Risk Factors: Healthy Environment

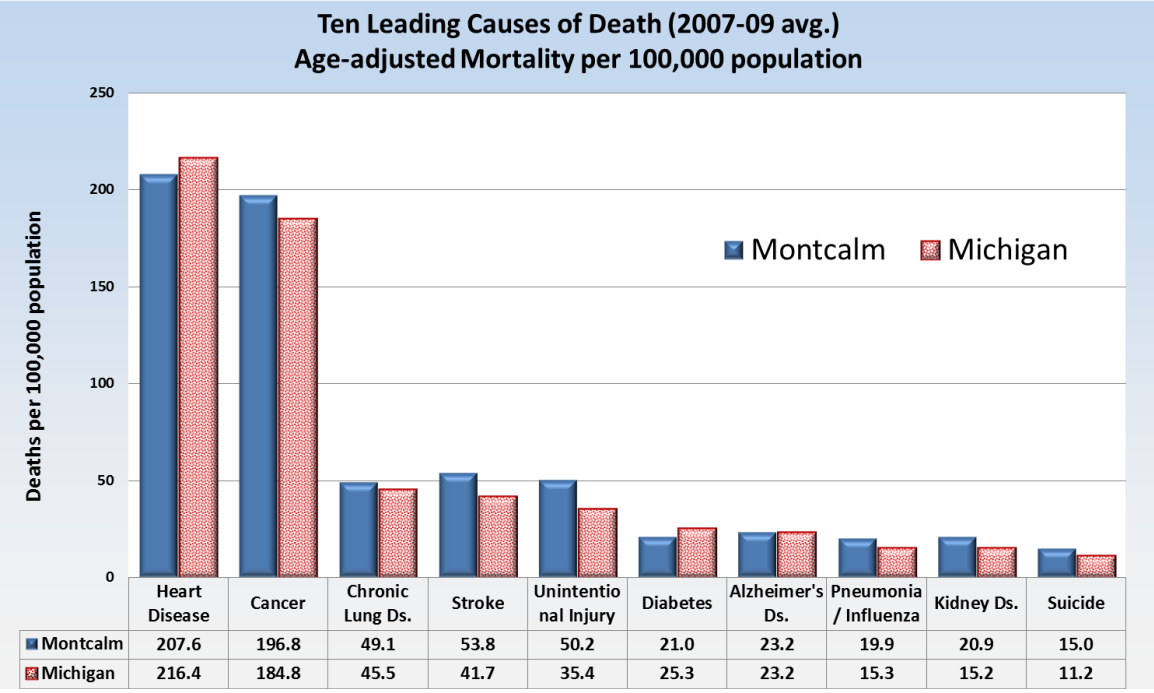
Communities can increase opportunities for physical activity by offering environments where all residents can safely participate. Montcalm County adults were asked about access to safe places for physical activity – approximately 32% indicated there were adequate safe walkways, paths or trails in their community, while approximately 57% of adults indicated they felt 'very safe' walking alone in their neighborhood (2008-10 BRFS). When asked if there was any particular reason for not being more physically active, approximately 55% indicated they could not identify a reason.



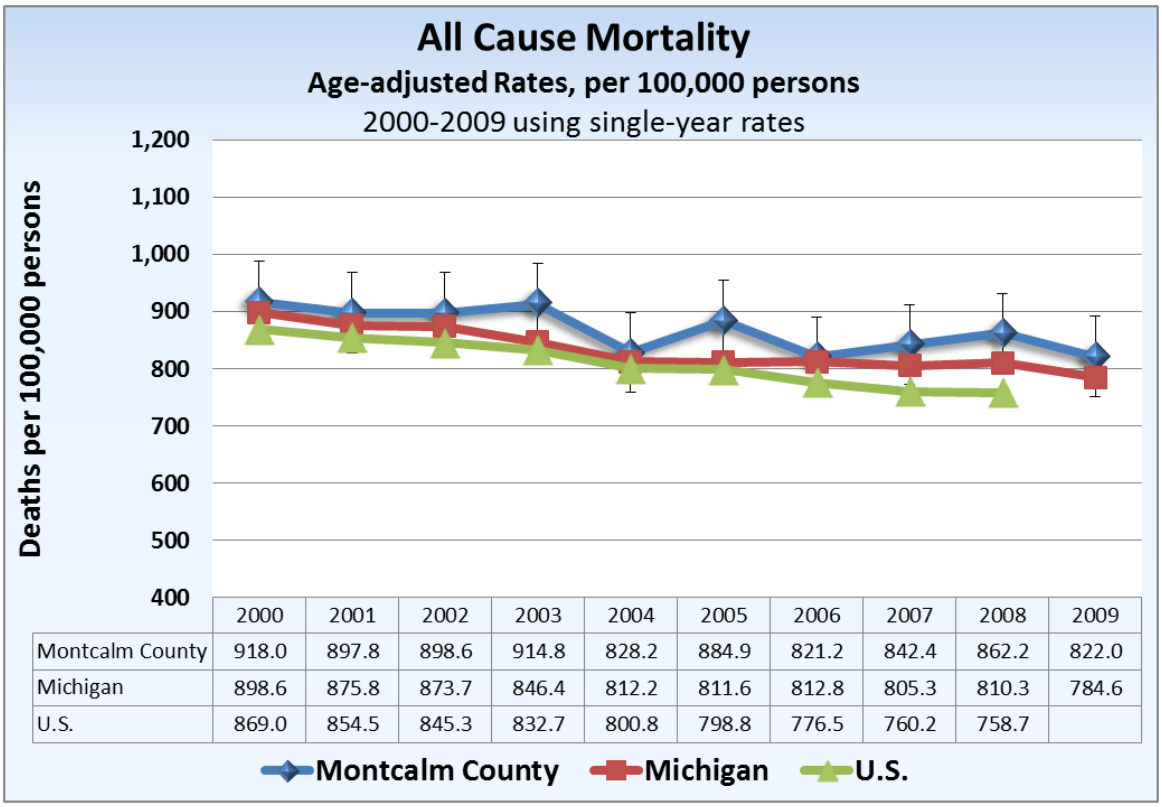
Chronic Disease, Morbidity, and Mortality: Leading Causes of Mortality

Five common health conditions account for two-thirds of all deaths statewide and for Montcalm County – heart disease, cancer, stroke, chronic lung disease, and unintentional injuries. See figure below. For the period 2007-09, Montcalm County had a lower mortality rate than Michigan for two of the ten leading causes of death (heart disease, diabetes).





	Heart Disease	Cancer	Chronic Lung Ds.	Stroke	Unintentional Injury	Diabetes	Alzheimer's Ds.	Pneumonia / Influenza	Kidney Ds.	Suicide
Montcalm	207.6	196.8	49.1	53.8	50.2	21.0	23.2	19.9	20.9	15.0
Michigan	216.4	184.8	45.5	41.7	35.4	25.3	23.2	15.3	15.2	11.2



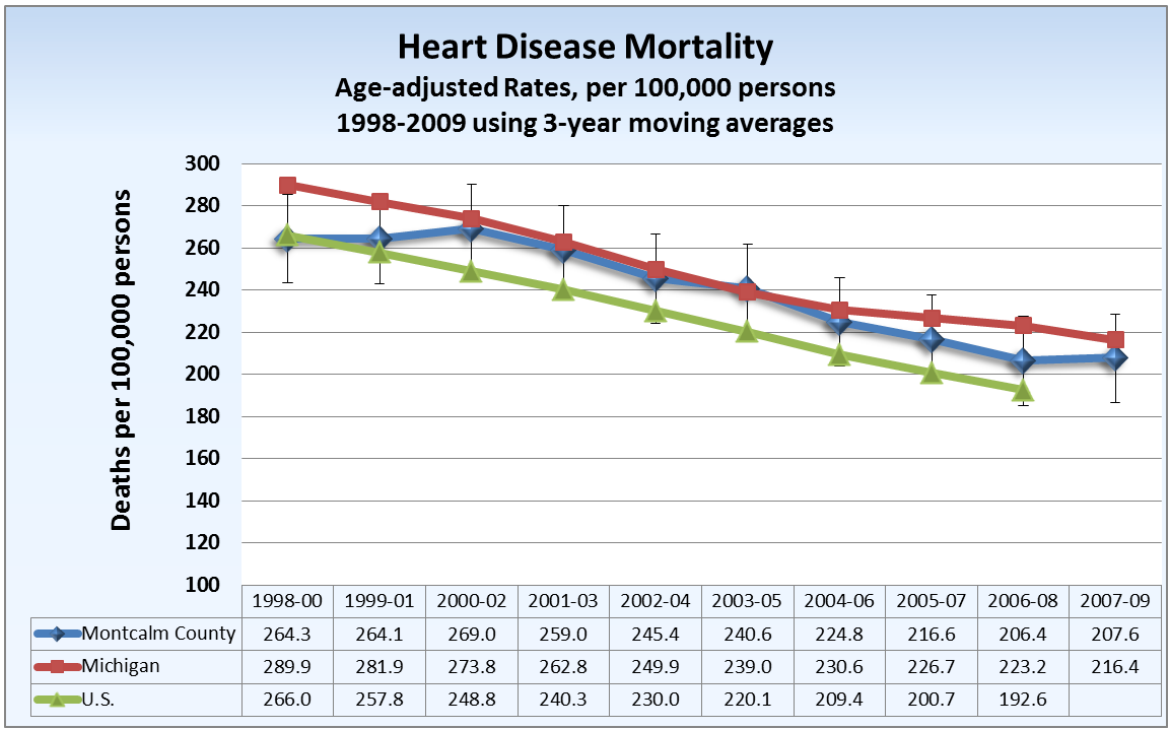
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Montcalm County	918.0	897.8	898.6	914.8	828.2	884.9	821.2	842.4	862.2	822.0
Michigan	898.6	875.8	873.7	846.4	812.2	811.6	812.8	805.3	810.3	784.6
U.S.	869.0	854.5	845.3	832.7	800.8	798.8	776.5	760.2	758.7	

Age-adjusted mortality rate over the period 2000-09 indicates that Montcalm County all-cause mortality is greater than the Michigan and U.S. rate, although all have trended downward during this period. Analysis of the 95% confidence intervals for each region over this period

indicates that Montcalm County all-cause mortality is not significantly higher than Michigan or the United States for most years.

Chronic Disease, Morbidity, and Mortality: Heart Disease

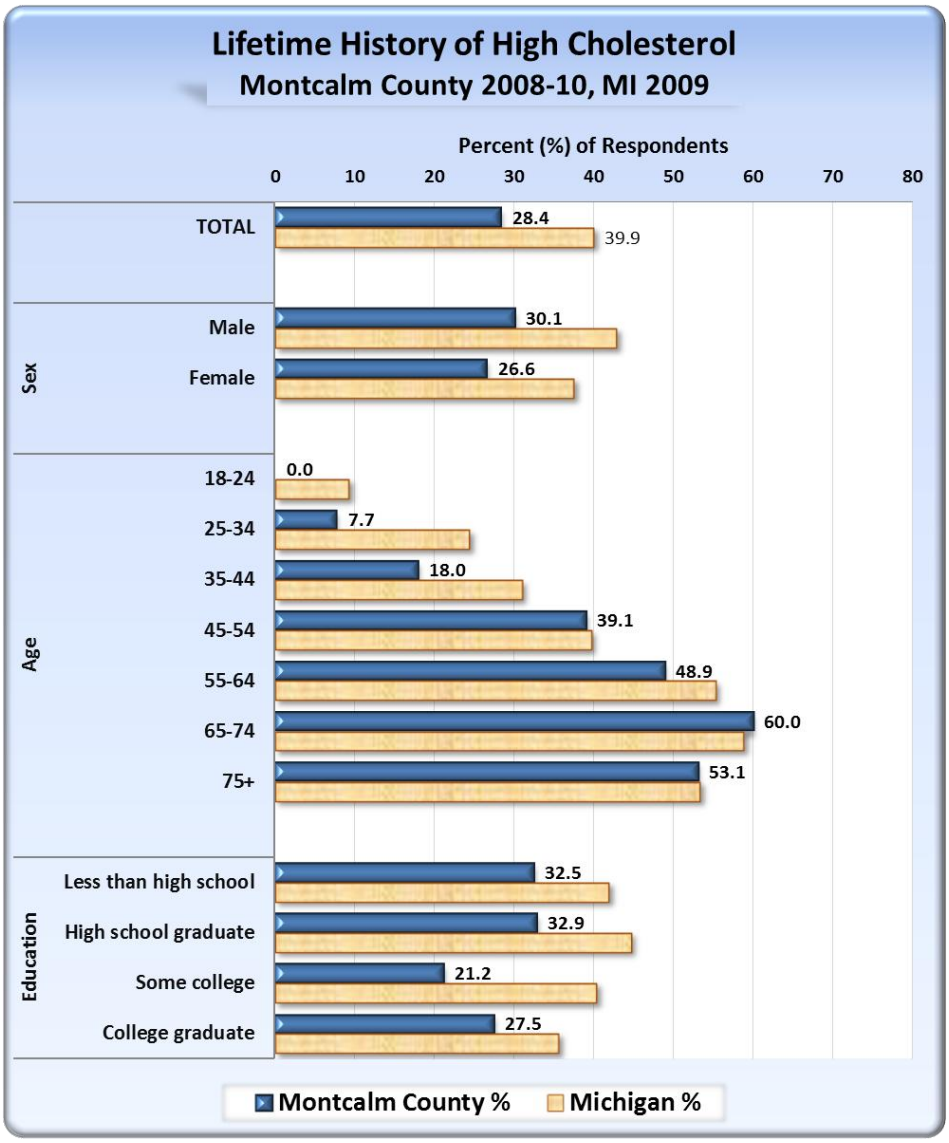
As shown in the previous figure, heart disease is the leading cause of death in Montcalm County, as is the case for both Michigan and the United States. Currently, no local BRFS survey questions address the prevalence of heart disease. Michigan 2009 BRFS results indicate that approximately 4.5% of adults in the state have ever been told by a doctor that they had a heart attack, while 4.4% have ever been told they have angina or coronary heart disease. The figure below indicates that heart disease mortality has declined over the period 1998-2009 for Montcalm County, Michigan, and U.S. residents. Analysis of 95% confidence intervals indicates that heart disease mortality does not differ significant for the three regions.



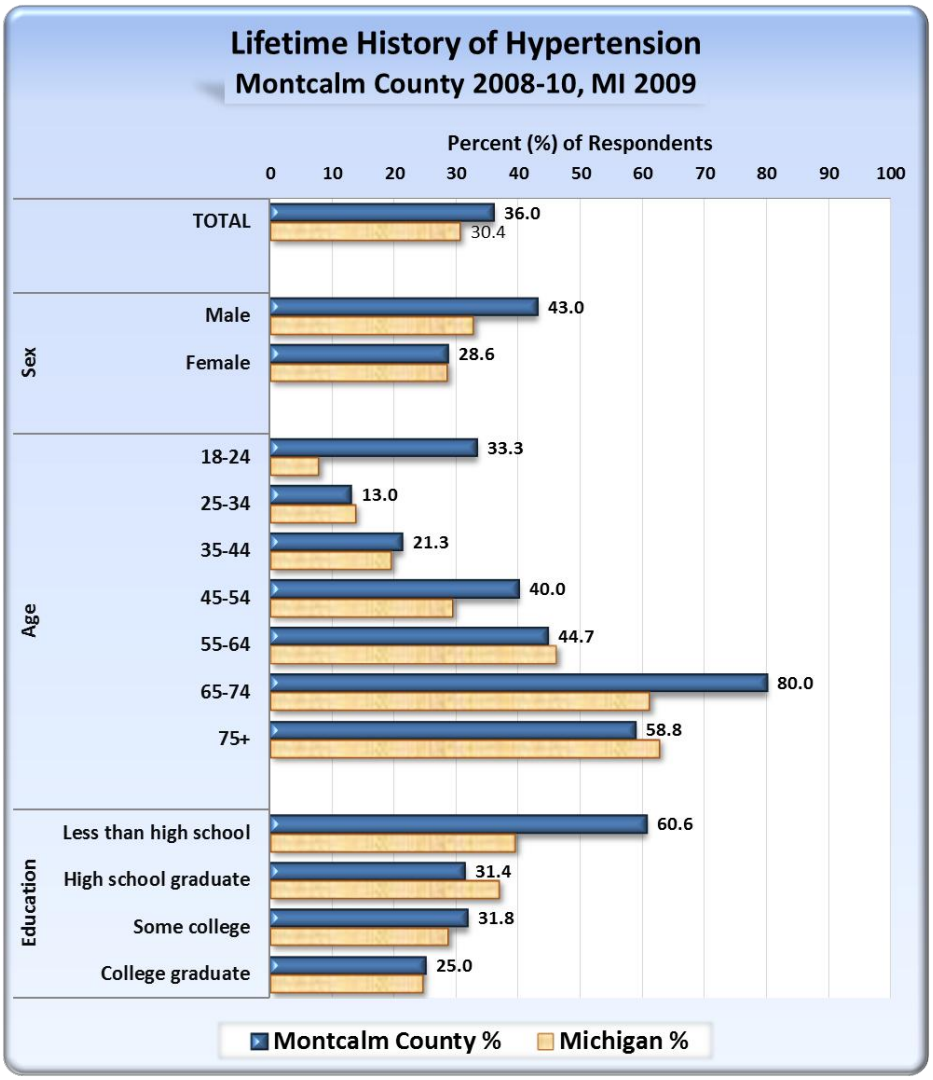
	1998-00	1999-01	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09
Montcalm County	264.3	264.1	269.0	259.0	245.4	240.6	224.8	216.6	206.4	207.6
Michigan	289.9	281.9	273.8	262.8	249.9	239.0	230.6	226.7	223.2	216.4
U.S.	266.0	257.8	248.8	240.3	230.0	220.1	209.4	200.7	192.6	

High blood cholesterol is a major risk factor for coronary heart disease in the United States. One of the ways of monitoring the risk of developing coronary heart disease is to measure blood cholesterol levels in adults. Local BRFS results indicate that a lower proportion (28.4%) of Montcalm County adults have ever been told by a health care provider that they have high cholesterol than Michigan adults (39.9%). The figure below shows that males are more likely than females to have high cholesterol, and the likelihood of having high cholesterol increases with age. Results from the 2011 Montcalm Community Survey indicates that 75.8% of adults

had their blood cholesterol measured within the past five years, compared with 79.8% of Michigan adults (MI BRFS 2009).

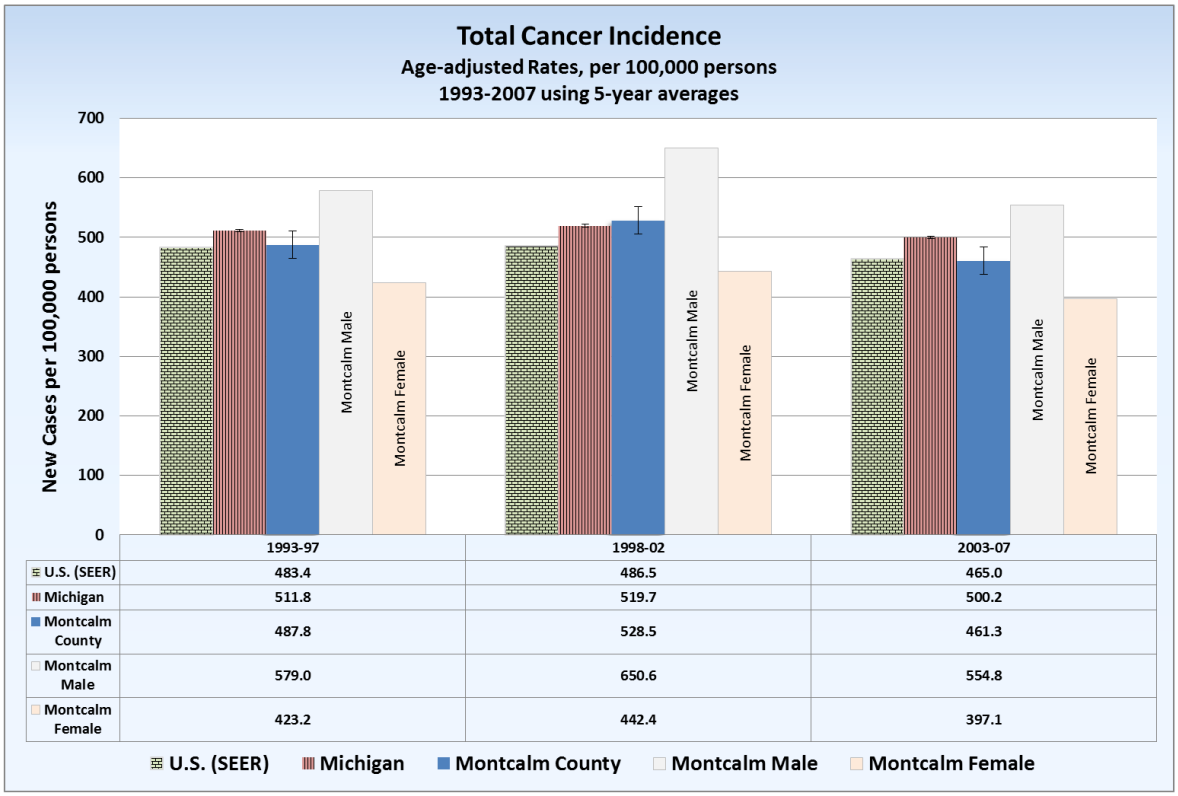


High blood pressure is a risk factor for cardiovascular disease, stroke, and kidney disease in the United States. Local BRFS results indicate that a higher proportion (36.0%) of Montcalm County adults have ever been told by a health care provider that they have high blood pressure than Michigan adults (30.4%). The figure below shows that males are more likely than females to have high blood pressure, and the likelihood of having high blood pressure increases with age and decreases for those with greater educational attainment. Results from the 2011 Montcalm Community Survey indicate that 83.9% of adults had their blood pressure measured within the past year.

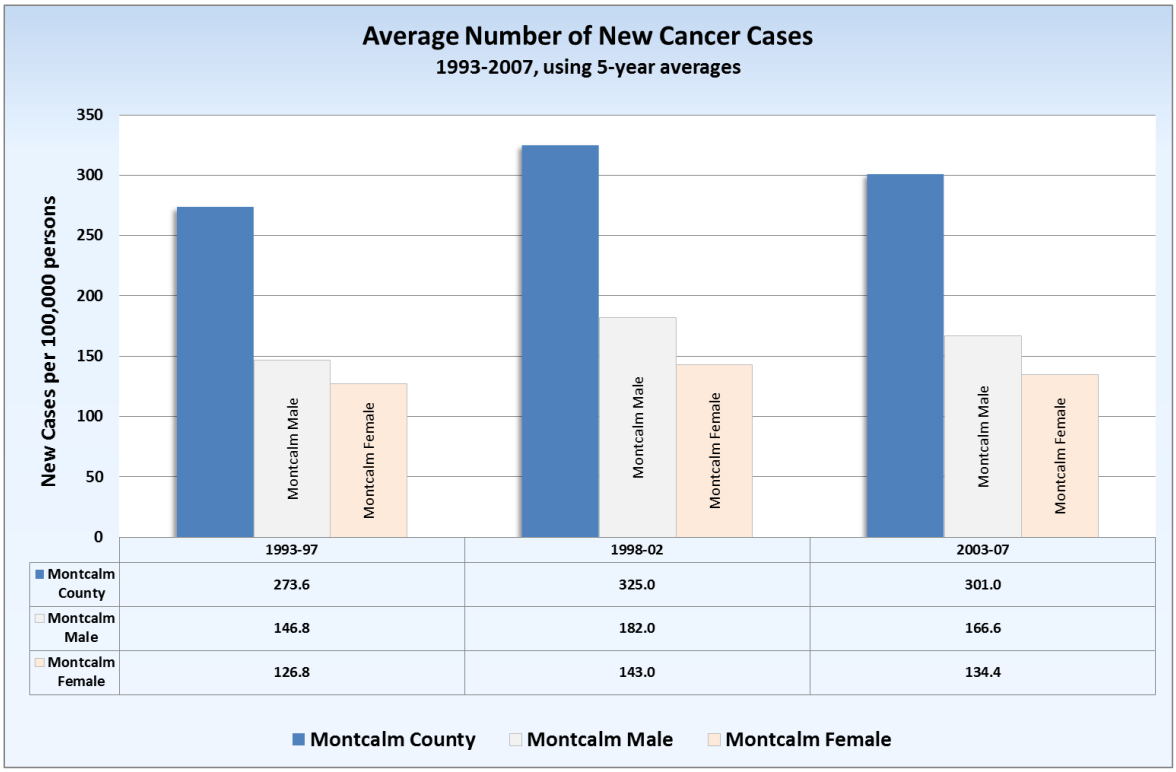


Chronic Disease, Morbidity, and Mortality: Cancer

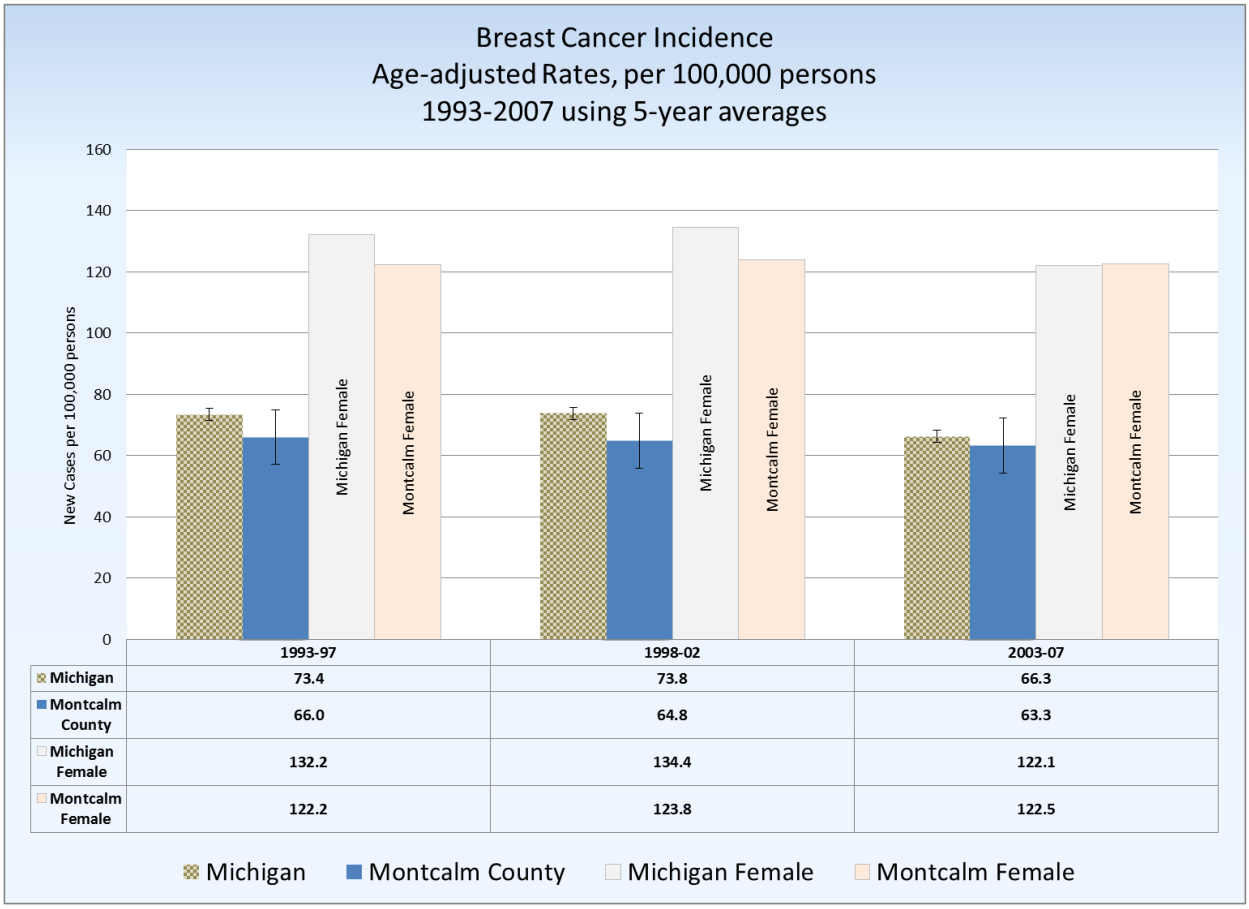
Cancer as a general term encompasses many different types of neoplastic disease and is used here to represent all types of invasive cancer, unless otherwise noted. As noted in an earlier segment, cancer is the second leading cause of death in Montcalm County, Michigan, and the United States. Data from the Michigan Resident Cancer Incident File provides information about the incidence (new cases) of invasive cancer – the figure below represents the age-adjusted total cancer incidence for the U.S., Michigan, and Montcalm County. Using 5-year average rates over the period 1993-2007, it's evident that the Michigan cancer incidence has remained higher than the U.S. rate and that the Montcalm County rate has fluctuated relative to both Michigan and the U.S., with no clear trend observed. Montcalm County males have a higher cancer incidence than females over this period.



Montcalm County averaged 301 new cases of cancer annually over the period 2003-07, but no clear trend in the number of new cases is evident over the period 1993-2007.

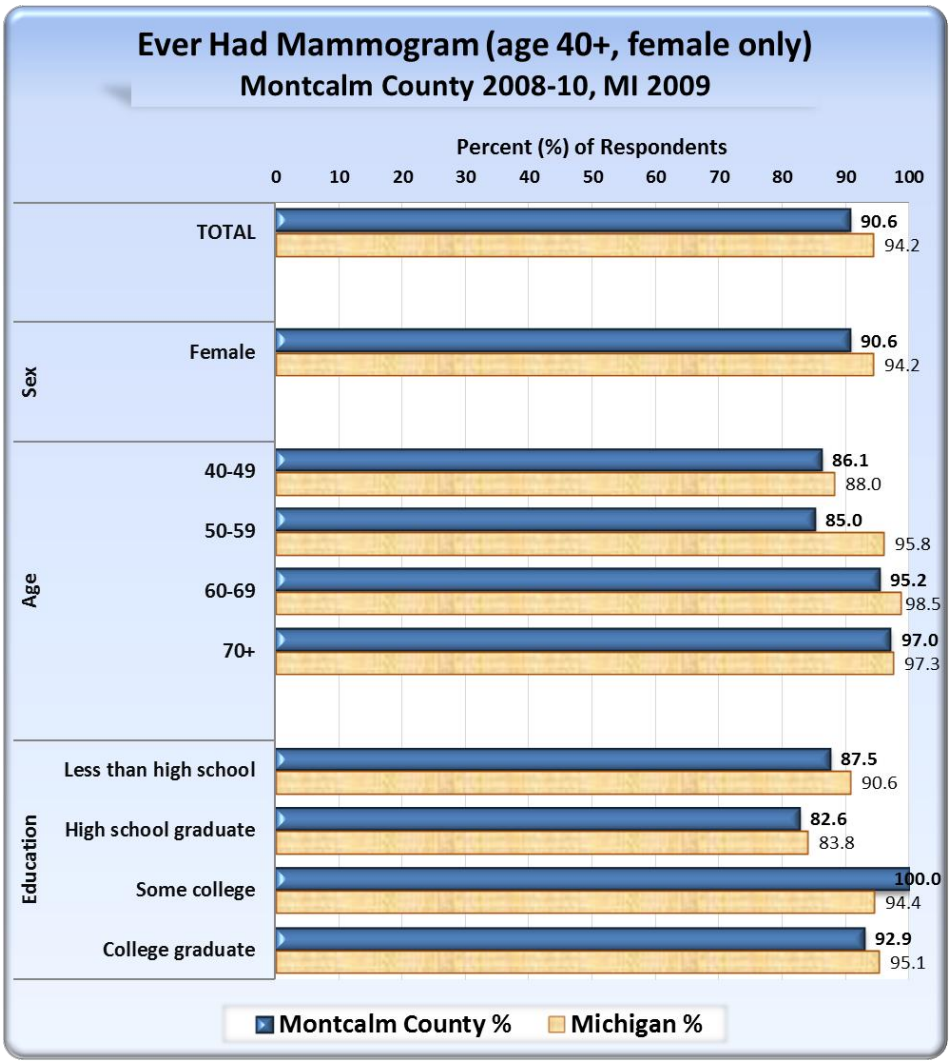


Breast Cancer: total breast cancer incidence that includes cases for both men and women is shown in the figure below for both Michigan and Montcalm County. Because the denominator includes all residents (both men and women) when calculating the incidence, the rate appears noticeably lower than the incidence rate for females only (also shown in the figure). Over the period 1993-2007, Montcalm County breast cancer incidence has remained stable while Michigan experienced a small decline in the most recent five year period (2003-07).

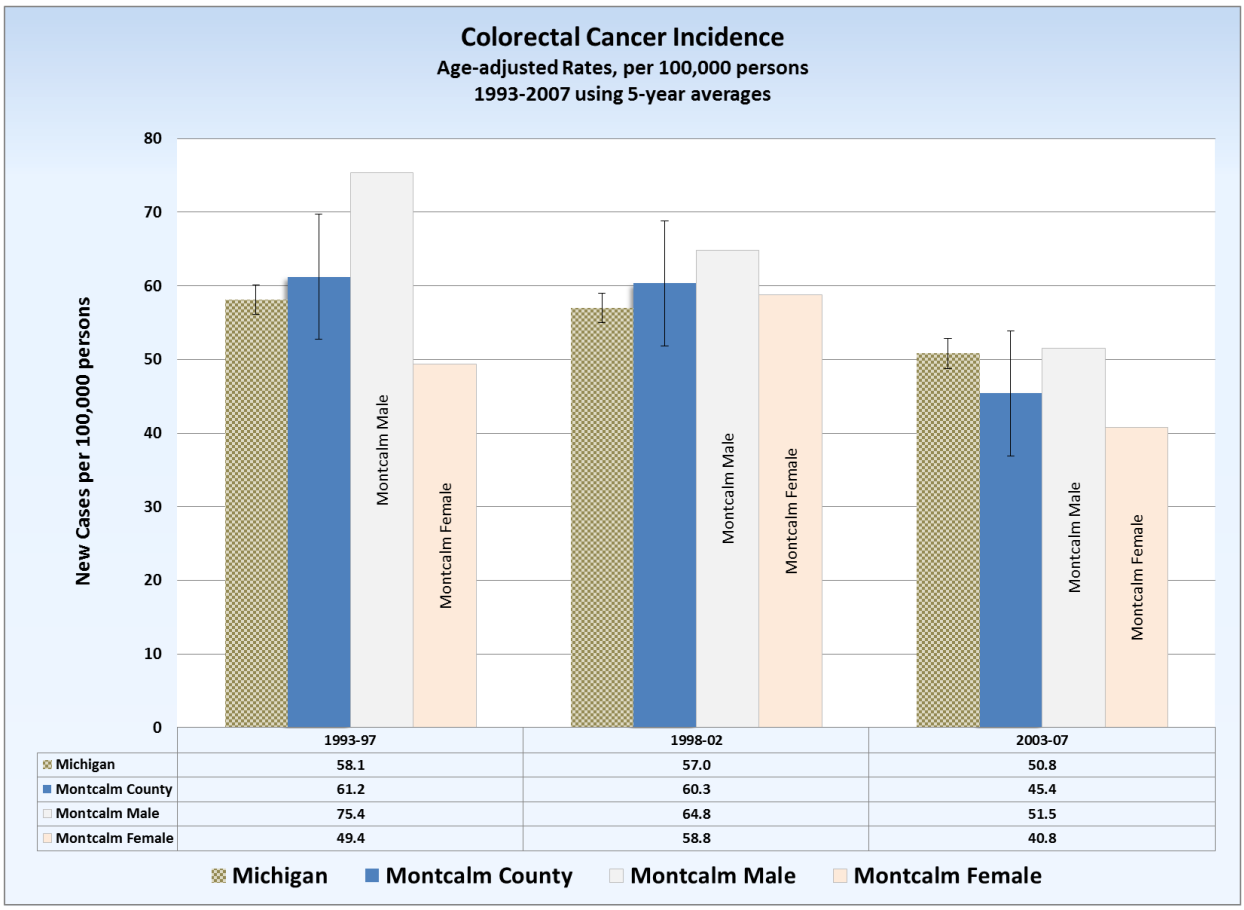


	1993-97	1998-02	2003-07
Michigan	73.4	73.8	66.3
Montcalm County	66.0	64.8	63.3
Michigan Female	132.2	134.4	122.1
Montcalm Female	122.2	123.8	122.5

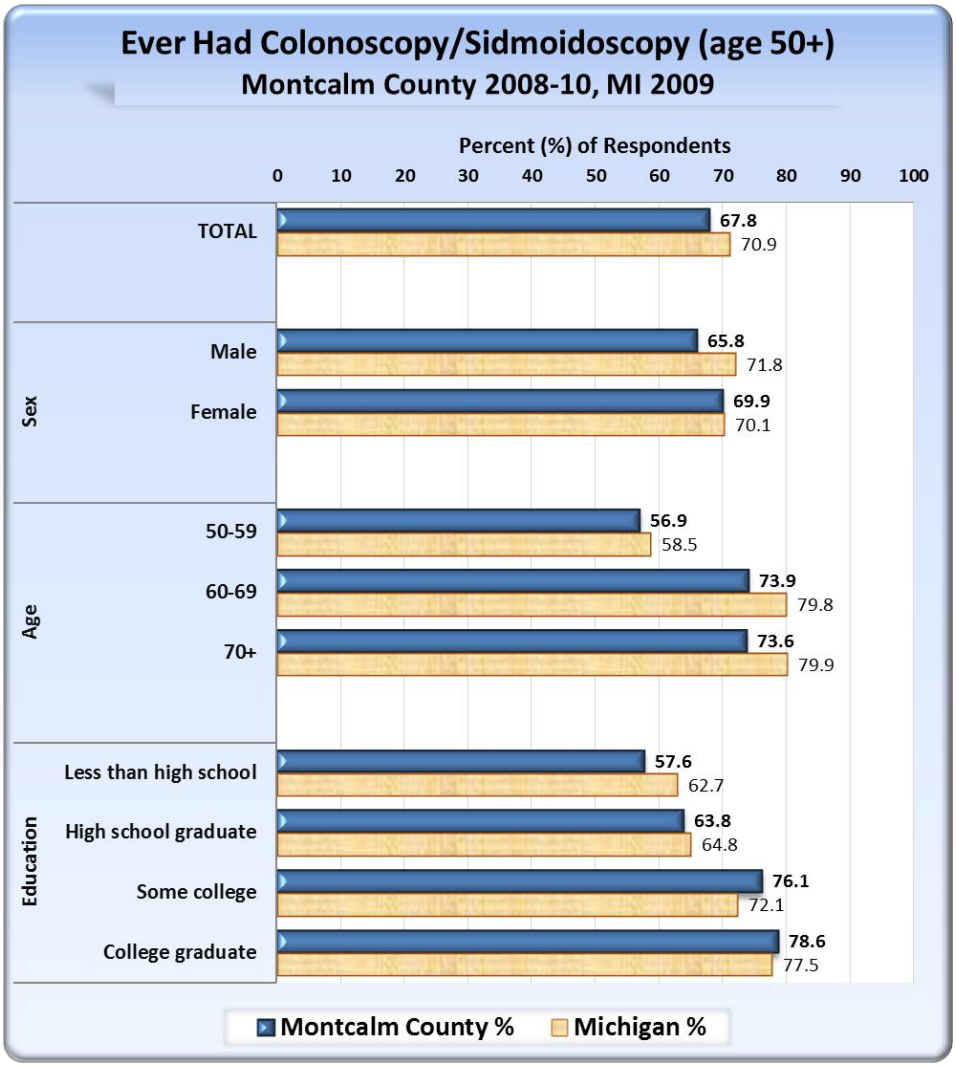
Breast Cancer Screening: early detection of breast cancer is possible through the use of screening tools such as clinical breast exams and mammography. Local Behavioral Risk Factor Survey (BRFS) results indicate a lower proportion (90.6%) of Montcalm County females age 40+ years have ever had a mammogram than Michigan females (94.2%). The figure below also indicates that women with higher educational attainment are more likely to have ever had a mammogram.



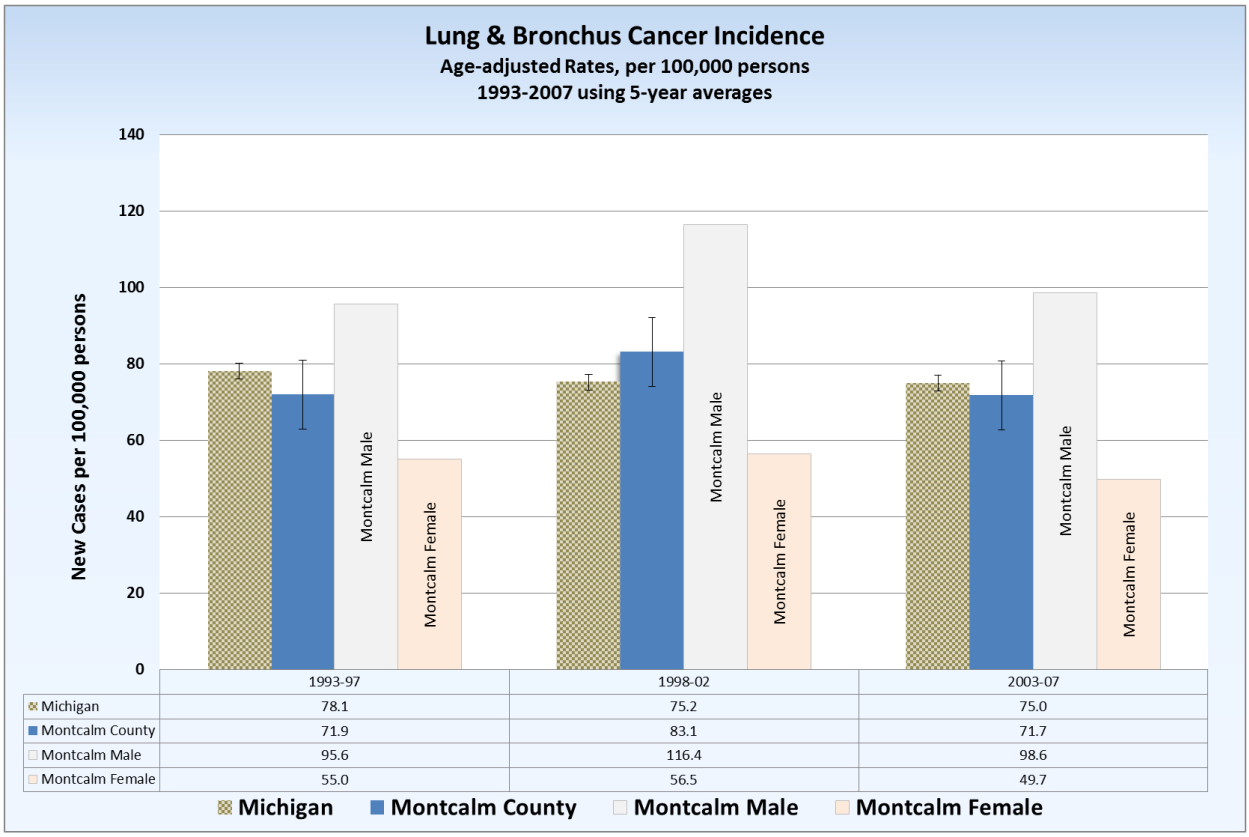
Colorectal Cancer: Colorectal cancer incidence is shown in the figure below for the period 1993-2007. For both Montcalm County and Michigan, there was a decline in incidence for the most recent period for which data is available (2003-07). Analysis of 95% confidence intervals indicates the rates were not significantly different between Montcalm and Michigan over this period. Males had a higher incidence of colorectal cancer than females over the period, but saw a greater decline over time.



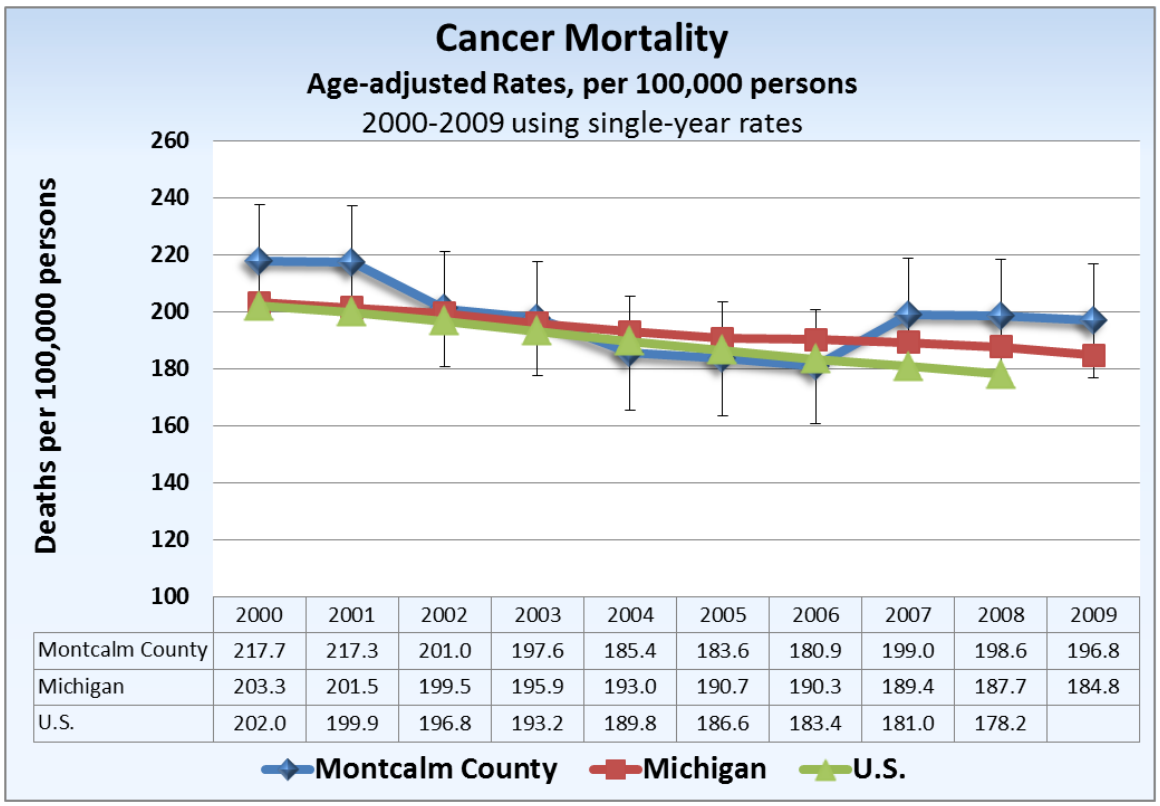
Colorectal Cancer Screening: early detection of colorectal cancer is possible through the use of screening tools such as fecal occult blood tests, sigmoidoscopy, and colonoscopy. Local Behavioral Risk Factor Survey (BRFS) results indicate a lower proportion (67.8%) of Montcalm County adults age 50+ years have ever had a sigmoidoscopy or colonoscopy than Michigan adults (70.9%). The figure below also indicates that sex differences in screening are minimal, and that adults with higher educational attainment are more likely to have ever had a sigmoidoscopy or colonoscopy.



Lung and Bronchus Cancer: lung and bronchus cancer incidence is shown in the figure below for the period 1993-2007. No significant decline in incidence is evident for either Montcalm County or Michigan over this period. Analysis of 95% confidence intervals indicates the rates were not significantly different between Montcalm and Michigan over this period. Males had a higher incidence of lung cancer incidence than females over the period.



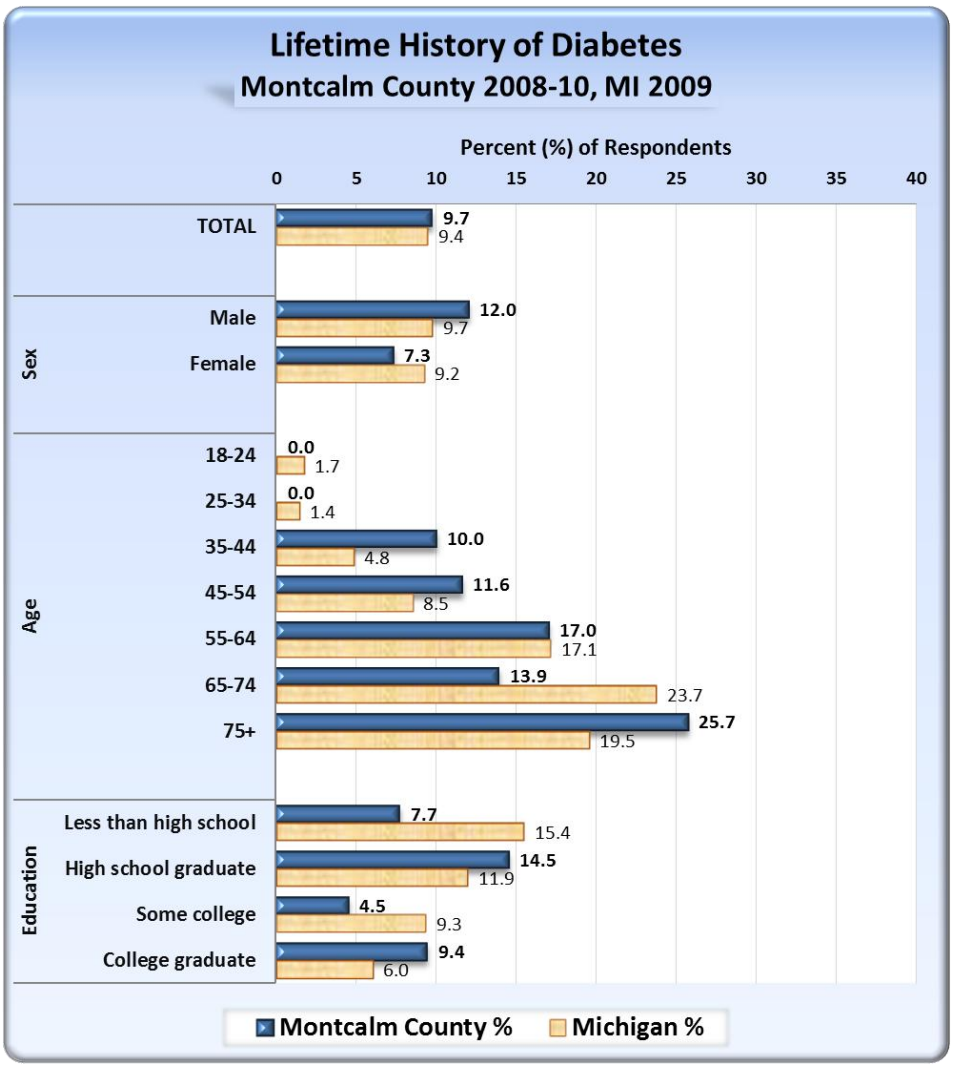
Cancer Mortality: As shown early in this segment of the report, cancer is the second leading cause of death in Montcalm County, Michigan, and the United States. Currently, no local BRFS survey questions address the prevalence of cancer. Michigan 2009 BRFS results indicate that approximately 9.9% of adults in the state have ever been told by a doctor that they had cancer. The figure below indicates that cancer mortality has declined over the period 1998-2009 for Montcalm County, Michigan, and U.S. residents. Analysis of 95% confidence intervals indicates that cancer mortality does not differ significantly for the three regions over this period.



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Montcalm County	217.7	217.3	201.0	197.6	185.4	183.6	180.9	199.0	198.6	196.8
Michigan	203.3	201.5	199.5	195.9	193.0	190.7	190.3	189.4	187.7	184.8
U.S.	202.0	199.9	196.8	193.2	189.8	186.6	183.4	181.0	178.2	

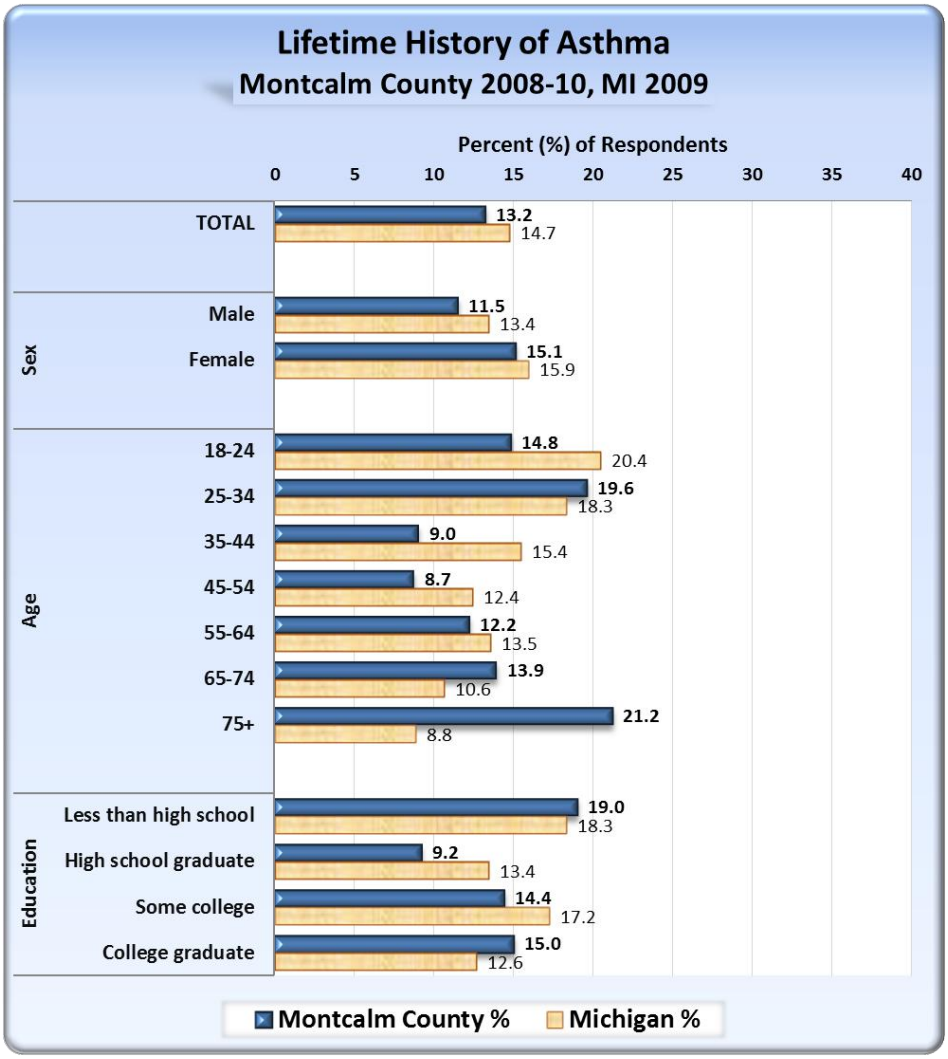
Chronic Disease, Morbidity, and Mortality: Diabetes

Diabetes was the sixth leading cause of death in Montcalm County during the year 2009. Local BRFS results indicate that a similar proportion (9.7%) of Montcalm County adults have ever been told by a health care provider they have diabetes as Michigan (9.4%). The figure below also indicates males are more likely to have ever been told they have diabetes, the likelihood of ever having diabetes increases with age, and decreases with higher educational attainment.



Chronic Disease, Morbidity, and Mortality: Asthma

Local BRFS results indicate that a lower proportion (13.2%) of Montcalm County adults have ever been told by a health care provider they have asthma as Michigan adults (14.7%). The figure below also indicates males are less likely to have ever been told they have diabetes, the likelihood of ever having asthma decreases with age for Michigan adults but is unclear for Montcalm, and tends to decrease with higher educational attainment, although the correlation is weak.



Emerging Community Health Trends and Issues

In addition to the analysis of quantitative historical data, in the summer of 2011 two surveys were conducted to identify and gauge the relative importance of surfacing health issues in Montcalm County. The first of these surveys was a Community Health Survey distributed to community members across the county. The second parallel survey was a Provider Opinion survey distributed to health care providers in the county.

In August of 2011, the community survey was mailed to a randomly chosen but geographically balanced list of 1,500 community members. An additional 51 surveys were collected from clients of local service agencies. In all, a total of 475 surveys were captured and used for analysis, providing statistical relevance. The comprehensive survey consisted of seven sections: demographics, general health, access to health care, personal lifestyle behaviors, family

characteristics, family lifestyle behaviors, and community issues and concerns. An open-ended improvements section was also afforded.

In August of 2011, the Provider Opinion Survey was distributed to health care providers in Montcalm County; 64 surveys were returned. This parallel but shorter three-section survey covered: professional demographics, community issues and concerns, and health care assets and needs. The last section was open ended.

In the fall of 2011, data from each survey was compiled and analyzed, primarily to identify patterns and frequencies in response themes. Comparisons between data sets were also made to identify any discrepancies between attitudes of community members and those of providers. Survey summaries and data comparisons were then further discussed in work sessions of the Healthy Montcalm Advisory Committee. The purpose of the discussions was to identify and prioritize the leading county health concerns for further action.

Leading Community Issues

The Community Health survey asked respondents to indicate whether given health care issues were a serious problem, moderate problem, not a problem or whether the respondent was not sure. The following list shows the ranking of community responses in terms of percentage of respondents who indicated that the issue was either serious or moderate; effectively a ranking of the perceived seriousness of the issue.

Community Perceived 'Serious or Moderate' Problem Issues	
ISSUE	**%**
Jobs (availability)	80.8%
Overweight adults	75.8%
Alcohol/drug use	74.5%
Overweight children	72.6%
Crime	70.1%
Traffic crashes (alcohol & drug related)	56.4%
Smoking	56.2%
Teen pregnancy	55.6%
Child abuse	48.0%
Domestic violence	47.8%
Cancer	46.9%
Transportation (public & personal access)	46.9%
Housing (affordability, availability)	45.1%
Prescription drug abuse	41.7%
Alzheimer's disease	38.1%
Diabetes	36.6%
Heart disease	34.9%
Law enforcement (responsiveness)	33.7%

Community Perceived 'Serious or Moderate' Problem Issues	
ISSUE	**%**
School violence	33.5%
Dental care (access)	32.4%
Secondhand smoke	32.0%
Mental illness	31.6%
Suicide	29.5%
Sexually transmitted disease	29.5%
Stroke	28.2%
Recreational opportunities (access)	27.6%
Services for disabled (access)	27.2%
Substance abuse treatment (access)	26.7%
Health care (access)	26.1%
Gambling	25.3%
Contaminated sites (landfills, structures)	25.1%
Nursing home care (access)	24.2%
Drinking water (quality)	23.2%
Prenatal care (access, awareness)	22.9%
Watershed quality (streams, rivers, lakes)	21.9%
Healthy foods (availability)	20.8%
Ambulance service (availability, response)	17.9%
Elder abuse	15.2%

Leading Provider Issues

Similarly, the Provider Opinion Survey asked respondents to indicate whether given parallel health care issues were a serious problem, moderate problem, not a problem or whether the respondent was not sure. The following list shows the ranking of provider responses in terms of percentage of respondents who indicated that the issue was either serious or moderate, effectively a ranking of the perceived seriousness of the issue as seen by providers.

Provider Perceived 'Serious or Moderate' Problem' Issues	
ISSUE	**%**
Jobs (availability)	98.2%
Alcohol/drug use	94.7%
Overweight children	87.5%
Overweight adults	85.7%

Provider Perceived 'Serious or Moderate' Problem' Issues	
ISSUE	**%**
Mental illness	80.4%
Smoking	78.9%
Dental care (access)	73.2%
Prescription drug abuse	71.4%
Substance abuse treatment (access, cost)	71.4%
Transportation (public & personal access)	71.4%
Domestic violence	69.6%
Diabetes	67.9%
Cancer	66.1%
Health care (access)	66.1%
Heart disease	66.1%
Child abuse	65.5%
Crime	64.3%
Teen pregnancy	64.3%
Secondhand smoke	58.9%
Housing (affordability)	57.1%
Traffic crashes (alcohol & drug related)	57.1%
Alzheimer's Disease or dementia	50.0%
Healthy foods (availability)	49.1%
Stroke	48.1%
Suicide	47.3%
Recreational opportunities (access)	42.9%
Prenatal care (access, awareness)	38.2%
Sexually transmitted disease	38.2%
Services for disabled (access)	37.5%
Law enforcement (responsiveness)	28.6%
School violence	28.6%
Gambling	26.8%
Ambulance service (availability, response)	23.6%
Nursing home care (access)	23.2%
Contaminated sites (landfills, structures, etc.)	21.4%
Elder abuse	16.1%
Drinking water (quality)	14.3%
Watershed quality (streams, rivers, lakes)	13.5%

Similarities between Community Perception and Provider Perception

While providers tended to rank all health issues as a problem to a greater degree than did the community respondents, to a large degree top health issues tended to parallel one another on both the community and the provider surveys.

Community Perceived 'Serious or Moderate' Problem		**Provider Perceived 'Serious or Moderate' Problem**	
ISSUE	**%**	**ISSUE**	**%**
Jobs (availability)	80.8%	Jobs (availability)	98.2%
Overweight adults	75.8%	Alcohol/drug use	94.7%
Alcohol/drug use	74.5%	Overweight children	87.5%
Overweight children	72.6%	Overweight adults	85.7%
Crime	70.1%	Mental illness	80.4%
Traffic crashes (alcohol & drug related)	56.4%	Smoking	78.9%
Smoking	56.2%	Dental care (access)	73.2%
Teen pregnancy	55.6%	Prescription drug abuse	71.4%
Child abuse	48.0%	Substance abuse treatment (access, cost)	71.4%
Domestic violence	47.8%	Domestic violence	69.6%
Cancer	46.9%	Diabetes	67.9%
Transportation (public & personal access)	46.9%	Cancer	66.1%
Housing (affordability, availability)	45.1%	Health care (access)	66.1%

Divergence of Perceptions

While commonalities were apparent in many of the issues perceived to be most serious by both community and providers, there was substantial divergence in the intensity to which issues were perceived to be a problem. Notably, access to dental care was perceived to be a health problem in more cases than was health care access by both providers and community respondents. While providers perceived both to be a serious issue, community responses tended to parallel the degree to which the respondent had insurance. Health insurance was available to twice as many community respondents as was dental insurance, so access to dental care was perceived to be more of an issue than was access to health care. As can be seen in the chart below, provider perception of access as an issue was much stronger than was community perception.

Community	Serious or Moderate Problem	Provider	Serious or Moderate Problem
Health care (access)	26.1%	Health care (access)	66.1%
Dental care (access)	32.4%	Dental care (access)	73.2%

Issues about which there is least certainty in community

In addition, many issues which providers ranked as problem areas were issues which the community at large was not sure. Substance abuse which was ranked as a serious or moderate issue by 71.4% of providers was ranked as 'not sure' by 53.1% of the community respondents. Mental Illness which was ranked as a serious or moderate issue by 80.4% of providers was ranked 'not sure' by 49.1% of community respondents.

Community Perceived 'Not Sure' of Issues	
ISSUE	**%**
Elder abuse	58.1%
Sexually transmitted disease	56.4%
Stroke	55.8%
Suicide	54.3%
Substance abuse treatment (access)	53.1%
Mental illness	49.1%
Prenatal care (access, awareness)	47.6%
Heart disease	47.4%
Gambling	46.3%
Alzheimer's disease	46.1%
Prescription drug abuse	44.8%
Contaminated sites (landfills, structures)	44.6%
Diabetes	44.4%
Nursing home care (access)	43.2%
Services for disabled (access)	42.3%
Child abuse	40.6%
Cancer	40.0%
School violence	40.0%
Watershed quality (streams, rivers, lakes)	38.7%
Domestic violence	38.3%
Teen pregnancy	33.7%
Traffic crashes (alcohol & drug related)	30.7%
Drinking water (quality)	26.7%
Transportation (public & personal access)	25.9%
Ambulance service (availability, response)	25.5%

Community Perceived 'Not Sure' of Issues	
ISSUE	**%**
Housing (affordability, availability)	25.1%
Secondhand smoke	24.0%
Smoking	23.6%
Law enforcement (responsiveness)	22.7%
Recreational opportunities (access)	21.9%
Dental care (access)	19.6%
Overweight children	18.5%
Health care (access)	17.3%
Overweight adults	16.0%
Crime	15.2%
Alcohol/drug use	14.5%
Healthy foods (availability)	12.4%
Jobs (availability)	11.4%

Contributory Factors Perceived by Providers

When asked what they considered to be the primary health care asset in the county, most providers cited the number of area hospitals and providers. Also noted were: Montcalm Area Dental Clinic in Sidney for dental care, Montcalm Center for Behavioral Health which (does a good job of screening, treating, and/or referring), Cherry Street Clinic-Montcalm Area Health Center (a great addition to the county), and availability of counseling services for students with severe behavior issues.

When asked what they considered to be the primary obstacles to improving health outcomes or health care service in Montcalm County, providers cited:

- Financial Obstacles including lack of insurance, lack of transportation
- Lack of preventative health care, particularly lack of preventative dental health for kids, basic healthcare for kids
- Competition between hospitals - unwillingness to share resources and information
- Patient responsibility for their health including apathy, ignorance, entitlement, smoking, lack of exercise
- Knowledge of people or programs that the county provides
- Community culture: Health education, recreational activities, healthy foods

Provider suggested issues included:

- Lack of insurance for the underinsured adult population
- Lack of preventive medical coverage
- Adult protective services in the county
- Lack of effective pain management services and substance abuse treatment

- Poverty causing difficulty paying for medication and office visits due to worry about co-payments
- Increasing mental health issues and drug abuse: people receiving any kind of state assistance should be randomly drug screened - system is chronically abused
- Non-compliance, entitlement which could be due to multiple reasons
- Underutilized services, e.g., counseling has several programs to help low-income people get our services which are being underutilized.
- Prevention and education on how healthy lifestyles can prevent adult chronic illness; encourage exercise...community races/walks, the biggest loser at the Club, etc. I would like to see more options offered and recommended

Contributory Factors Perceived by Community

Although community responses were somewhat less institution-specific than those suggested by providers, many of the same themes were echoed in the community survey. Community respondent comments clustered around several themes:

Schools, education and communication:
Abstinence education; mandatory classes for all first time parents; soda and sweet products removed from school vending machines; more health information; implement programs to change traditional culture

Financial and Insurance related:
Access to basic health care for people who have no insurance, affordable insurance, assistance with copay; better Medicaid for old poor folks, finding providers (medical and dental) that take Medicaid or Medicare, Medicare quotas; free clinics for those in need; more health opportunities for uninsured; optical and dental health for young and old

Increased Personal Responsibility
Adults and children to be more compliant with health care and hours of visits to doctor; Do not use emergency department in hospital as primary care; people should take personal initiative to improve their health; it's wrong to ask the government to steal someone else's money to pay for my desires

Access and Care Related
Better care; more outpatient service availability; better understanding doctors; health care for kids under 18; better programs for some seniors; more dental service; more primary care physicians; improvement to access; increase ability to keep good quality doctors in our communities; provide quicker access (not ER) for when doctor appointments unavailable, urgent care centers; more clinics for walk-in illnesses

Specialty Services or Expanded Medical Services
Availability of endoscopic exams in evening; better ambulance service both timeliness and service related; better transportation and health care centers; dialysis, cancer treatment,

heart treatment; mental health; autism; dermatology; more natural health related programs

Dental Service Related
Reasonable dental care; dental for uninsured adults; education about Mountain Dew and tooth decay; education regarding smoking and teeth; dental for children; dental for seniors; dental with Medicaid

Transportation Related
Re-establish ambulance bases; Reorganize Montcalm County EMS; transportation to health care that seniors can afford

Recommendations and Next Steps

Following a comprehensive data review in September of 2011, the Healthy Montcalm Advisory Committee prioritized the following major issues in October and November to be addressed as a result of this needs assessment:

- Reduce the Prevalence of Obesity
- Increase Awareness of Existing Community Resources
- Improve Access to Care
- Reduce Substance Abuse
- Address Mental Health

Members of the Advisory Committee acknowledged that economic issues (particularly jobs) were also identified by the community as an issue of great concern as it relates to health access and affordability and would be taken into account when addressing the other five priority issues identified above.

The Advisory Committee is now in the process of identifying and prioritizing potential solutions or ways to best address these major issues. Presentations are being made to existing community organizations, coalitions and service clubs to increase awareness of identified issues and gather input on potential solutions. Identified solutions for each issue will be evaluated using a decision tree analysis that will consider cost of implementation, likelihood of success, and percent of the population that would be affected.

The Rural Health Development Network Board will be formalized in February of 2012. The board will establish a health improvement committee that will be responsible for developing a Healthy Montcalm Improvement Plan.

The Healthy Montcalm community health needs assessment and improvement process will be continuous and ongoing. A new assessment and improvement cycle will be initiated every three

years. During each three-year cycle, the Healthy Montcalm initiative will develop a community-wide implementation plan that includes measurable evidence-based strategies to improve health outcomes in the identified target areas. This improvement plan will be monitored during the three-year cycle and the results will be evaluated before beginning the next assessment process in order to build upon the initial assessment process. Annual community updates will also be provided.

Appendix a.

2011 Montcalm County Health Needs Assessment Survey

Please take a few minutes to complete this survey. Your opinions will contribute to a better understanding of the health assets and unmet health needs in our community. If you have questions about the survey or would like to know more about the Healthy Montcalm Initiative, please contact the person(s) identified in the cover letter.

Demographic Information

This first set of questions is for statistical purposes to ensure our survey sample accurately reflects our community population as a whole. The information you provide will remain confidential.

1. Please select the County in which you live.

- ❍ **98.1%** (96.8%) Montcalm County
- ❍ **1.9%** (3.2%) Other County

2. How long have you lived in your current county of residence?

- ❍ **2.3%** (5.8%) Less than a year
- ❍ **15.6%** (21.5%) 1 to 5 years
- ❍ **14.3%** (17.5%) 6 to 10 years
- ❍ **67.8%** (55.3%) More than 10 years

3. In which county do you work?

- ❍ **29.6%** (34.3%) Montcalm County
- ❍ **9.9%** (12.6%) Kent County
- ❍ **1.7%** (1.2%) Ionia County
- ❍ **1.1%** (1.1%) Isabella County
- ❍ **0.4%** (0.6%) Mecosta County
- ❍ **6.3%** (6.5%) Other
- ❍ **51.0%** (43.8%) Does not Apply

4. Select option that includes your age.

- ❍ **0.2%** (0.4%) Less than 18 years
- ❍ **4.4%** (13.3%) 18-25 years
- ❍ **9.5%** (16.7%) 26-35 years
- ❍ **11.8%** (21.2%) 36-45 years
- ❍ **17.9%** (16.7%) 46-55 years
- ❍ **18.3%** (11.7%) 56-64 years
- ❍ **37.7%** (19.8%) 65 years or older

5. What is your gender?

- ❍ **45.7%** (44.5%) Male
- ❍ **53.9%** (55.2%) Female

6. What is your Marital Status?

- ❍ **59.7%** (53.9%) Married
- ❍ **17.3%** (16.8%) Separated / Divorced
- ❍ **13.1%** (7.5%) Widowed
- ❍ **9.9%** (21.9%) Single / Never married

7. Race or ethnic group you most closely identify with.

- ❍ **0.8%** (3.8%) African American / Black
- ❍ **0.0%** (0.0%) Asian / Pacific Islander
- ❍ **96.0%** (93.9%) Caucasian / White
- ❍ **0.4%** (1.5%) Hispanic / Latino
- ❍ **2.1%** (0.3%) Native American
- ❍ **0.4%** (0.4%) Other

8. What is your family income?

- ❍ **29.6%** (33.8%) Less than $20,000
- ❍ **24.9%** (23.1%) $20,000 to $35,000
- ❍ **17.2%** (14.7%) $36,000 to $50,000
- ❍ **8.2%** (9.6%) $51,000 to $65,000
- ❍ **14.2%** (11.0%) over $65,000
- ❍ **6.0%** (7.9%) don't know

Crude Results = 1st %; raw data from survey

Weighted Results = % in ( ); adjusted to represent county demographics

9. What is the highest level of education you have completed?

- ❍ **9.9%** (18.8%) Less than 12th grade
- ❍ **34.9%** (36.4%) High School Graduate (or GED)
- ❍ **27.2%** (31.5%) Some College, no degree
- ❍ **10.5%** (5.0%) 2 Year College Graduate
- ❍ **9.9%** (4.1%) 4 Year College Graduate
- ❍ **6.5%** (2.8%) Post Graduate Degree

10. What is your employment status?

- ❍ **28.6%** (33.8%) Employed full time
- ❍ **12.4%** (13.3%) Employed part time
- ❍ **39.2%** (21.6%) Retired
- ❍ **2.9%** (5.4%) Unemployed less than 1 year
- ❍ **2.7%** (3.2%) Unemployed for 1 year or more
- ❍ **9.3%** (12.2%) Unemployed due to disability or illness
- ❍ **0.6%** (0.6%) Full-Time student, not employed
- ❍ **5.1%** (9.6%) Homemaker or choose not to work

11. Have you or your spouse served in the military? (includes: Air Force, Army, Marines, Navy, National Guard, and Coast Guard) *(Please select all that apply)*

- ☐ **28.4%** (20.9%) Yes, military veteran
- ☐ **2.7%** (2.1%) Yes, active military service
- ☐ **68.8%** (77.6%) No military service

12. Please select the kinds of insurance you currently have. *(Please select all that apply)*

- ☐ **84.6%** (77.8%) Medical / Health
- ☐ **41.1%** (40.8%) Dental
- ☐ **34.7%** (34.9%) Vision / Optical
- ☐ **12.6%** (19.4%) Do not have insurance
- ☐ **1.5%** (1.0%) Do not know

13. Please select the type of health insurance carrier you have.

- ❍ **45.7%** (40.7%) Employer-sponsored plan *(example: Blue Cross Blue Shield)*
- ❍ **11.4%** (7.5%) A plan purchased on your own
- ❍ **38.9%** (25.0%) Medicare
- ❍ **13.1%** (20.9%) Medicaid
- ❍ **2.3%** (1.8%) Military *(example: Veteran's / CHAMPUS / TRICARE)*
- ❍ **1.7%** (1.8%) County Health Plan *(Mid-Michigan Health Plan)*
- ❍ **5.9%** (4.2%) Other insurance
- ❍ **11.2%** (18.0%) Do not have health insurance
- ❍ **0.6%** (0.3%) Do not know

14. If you do not have health insurance, what is the primary reason? *Please select the one best answer.*

- ❍ **14.7%** (12.0%) Lost job or unemployed
- ❍ **13.3%** (12.9%) Part-time or temporary employee, and have no benefits
- ❍ **4.0%** (6.2%) My employer stopped offering health insurance
- ❍ **2.7%** (2.6%) Divorced and can't afford it
- ❍ **1.3%** (0.3%) Spouse recently died
- ❍ **1.3%** (0.3%) Insurance company refused coverage
- ❍ **8.0%** (11.9%) Lost Medicaid eligibility
- ❍ **44.0%** (37.6%) Can't afford it
- ❍ **4.0%** (5.6%) Do not know how to get it
- ❍ **1.3%** (1.9%) Choose not to have insurance
- ❍ **5.3%** (8.6%) Other

Your General Health

We would now like to ask you a few questions about your general health status.

15. How would you rate your current health status?

- ❍ **7.5%** (8.0%) Poor
- ❍ **24.3%** (22.6%) Fair
- ❍ **34.8%** (38.8%) Good
- ❍ **24.5%** (20.3%) Very Good
- ❍ **9.0%** (10.3%) Excellent

16. During the past 30 days, how many days were you too sick (physically or mentally) to work or do your normal activities?

- ❍ **68.5%** (64.8%) None
- ❍ **12.7%** (14.8%) 1-2 days
- ❍ **6.0%** (7.2%) 3-5 days
- ❍ **2.4%** (3.2%) 6-10 days
- ❍ **10.5%** (10.1%) More than 10 days

17. When did you have your last routine doctor's visit?

- ❍ **80.8%** (73.8%) Within the last year
- ❍ **8.3%** (10.6%) Within the last two years
- ❍ **5.3%** (8.7%) Between two and five years ago
- ❍ **3.4%** (4.2%) More than five years ago
- ❍ **2.1%** (2.8%) Have never had a routine doctor's visit

18. When was the last time you had the following *(place a check in appropriate box)*

	Within past year	1 to 2 years ago	3 to 5 years ago	More than 5 years	Never	Don't Recall
Blood Pressure checked	**89.7%** (83.9%)	**5.1%** (7.3%)	**2.1%** (3.9%)	**1.7%** (2.2%)	**0.4%** (1.3%)	**0.9%** (1.4%)
Cholesterol checked	**69.4%** (58.5%)	**10.5%** (13.8%)	**3.7%** (3.5%)	**2.6%** (2.2%)	**8.5%** (14.0%)	**5.2%** (7.9%)
Blood Sugar checked	**67.0%** (58.4%)	**10.9%** (13.3%)	**5.1%** (6.3%)	**3.8%** (3.6%)	**7.3%** (11.3%)	**5.8%** (7.1%)
Flu Shot	**53.7%** (43.7%)	**9.3%** (10.0%)	**3.7%** (6.8%)	**5.1%** (4.6%)	**24.8%** (29.2%)	**3.5%** (5.7%)
Vision tested / Eye exam	**55.0%** (51.3%)	**20.5%** (21.0%)	**10.9%** (10.3%)	**8.0%** (9.0%)	**2.0%** (1.9%)	**3.6%** (6.4%)
Dental cleaning / exam	**61.5%** (51.6%)	**9.6%** (10.0%)	**9.1%** (14.2%)	**12.4%** (15.5%)	**2.6%** (3.1%)	**4.8%** (5.5%)
Mammogram *(women only)*	**45.4%** (31.2%)	**13.1%** (7.9%)	**10.8%** (9.2%)	**5.6%** (4.6%)	**21.9%** (37.7%)	**3.2%** (9.5%)
Pap Test *(women only)*	**45.3%** (47.2%)	**21.4%** (22.3%)	**12.0%** (10.7%)	**15.0%** (13.8%)	**2.6%** (4.0%)	**3.8%** (2.0%)
Prostate Exam or PSA *(men only)*	**45.5%** (32.1%)	**14.6%** (12.7%)	**8.0%** (7.3%)	**8.5%** (6.9%)	**18.8%** (34.2%)	**4.7%** (6.8%)
Colon / rectal exam	**20.7%** (16.6%)	**12.5%** (9.5%)	**15.3%** (9.7%0	**10.1%** (7.2%)	**36.0%** (50.8%)	**5.4%** (6.2%)
Skin Cancer screening	**17.4%** (11.6%)	**4.8%** (3.2%)	**3.9%** (2.2%)	**2.9%** (2.4%)	**60.4%** (70.6%)	**10.6%** (10.0%)

19. For what reason(s) do you use Emergency Department Services? ***(Please select all that apply)***

- ☐ **2.3%** (3.3%) For most of my health care needs (have no family doctor or no health insurance)
- ☐ **13.9%** (16.4%) When I need non-emergency care on the weekends or after doctor's office has closed
- ☐ **62.5%** (64.1%) For emergency illness or accident
- ☐ **1.3%** (1.0%) Other
- ☐ **28.4%** (26.1%) Have not used the Emergency Department

Access to Health Care

We would now like to ask you a few questions about your ability and opportunity to access health care.

20. Was there a time in the past year when you needed to see a doctor, but could not?

- ❍ **20.4%** (27.2%) Yes
- ❍ 79.6% (71.9%) No

21. If you answered "yes" to the question above, select the primary reason you could not visit the doctor. ***(Please <u>select the single most important answer</u>)***

- ❍ **3.1%** (3.2%) Didn't want to go (afraid, too anxious)
- ❍ **1.0%** (1.4%) Didn't have time / too busy
- ❍ **2.1%** (2.4%) Could not get time off from work
- ❍ **14.6%** (8.6%) Could not get an appointment
- ❍ **10.4%** (17.8%) No transportation to get to doctor
- ❍ **0.0%** (0.0%) No childcare or care for other family member
- ❍ **51.0%** (54.3%) Could not afford it / uninsured
- ❍ **4.2%** (3.3%) Doctor did not accept my insurance
- ❍ **13.5%** (8.9%) Other

22. Do you travel outside of Montcalm County for health care? (Montcalm County includes the towns of Carson City, Coral, Crystal, Edmore, Gowen, Greenville, Howard City, Lakeview, McBride, Pierson, Sheridan, Sidney, Six Lakes, Stanton, Trufant, Turk Lake, and Vestaburg.)

- ❍ **19.2%** (19.5%) Always
- ❍ **19.4%** (16.2%) Frequently
- ❍ **39.4%** (34.2%) Seldom
- ❍ **22.0%** (30.1%) Never

23. If you travel outside Montcalm County for health care, select the services you use there ***(Please select all that apply)***

- ☐ **31.8%** (31.2%) Primary care (family doctor, pediatrician, gynecologist)
- ☐ **45.9%** (36.6%) Medical specialists (heart doctor, lung doctor, kidney doctor, surgeon, etc.)
- ☐ **14.9%** (10.8%) Inpatient hospital care
- ☐ **16.4%** (16.1%) Dental care
- ☐ **25.5%** (21.2%) Vision care / ophthalmologist / optometrist
- ☐ **0.2%** (0.2%) Substance abuse counseling / rehabilitation / treatment
- ☐ **3.2%** (2.9%) Mental health services
- ☐ **7.6%** (7.0%) Other
- ☐ **22.1%** (30.2%) Do not travel outside Montcalm County for health care

24. If you travel outside of Montcalm County for health care, for what reason(s) do you do so? ***(Please select all that apply)***

- ☐ **28.6%** (23.0%) Service not available in Montcalm County
- ☐ **20.8%** (20.9%) Better quality of care elsewhere
- ☐ **2.7%** (4.3%) Local doctor does not accept my insurance
- ☐ **5.3%** (6.1%) Closer to work
- ☐ **4.8%** (4.6%) Privacy or confidentiality reasons
- ☐ **23.2%** (20.1%) Other
- ☐ **21.3%** (28.9%) Do not travel outside Montcalm County for health care

25. Where do you get most of your health information? ***(Please select up to three sources)***

- ☐ **87.8%** (85.3%) Doctor / nurse / pharmacist
- ☐ **26.5%** (31.2%) Friend / family
- ☐ **5.5%** (10.3%) Health Department
- ☐ **2.3%** (3.1%) Library
- ☐ **2.3%** (2.0%) Church
- ☐ **17.5%** (13.5%) Newspaper / magazine / journal
- ☐ **30.3%** (30.7%) Internet
- ☐ **9.5%** (8.3%) TV
- ☐ **3.4%** (2.9%) Other

26. Do you have trouble finding health information you can trust?

- ❍ **14.8%** (19.4%) Yes
- ❍ **85.2%** (80.6%) No

27. Do you have trouble accessing the health services you or your family needs?

- ❍ **11.3%** (13.5%) Yes
- ❍ **88.7%** (86.5%) No

Your Lifestyle and Behaviors

We would now like to ask you a few questions about behaviors or lifestyle choices that could influence a person's health.

28. In the past month, how many times did you ride with a driver who had more than one serving of alcohol?

- ❍ **93.8%** (91.3%) 0 times
- ❍ **4.7%** (6.4%) 1-2 times
- ❍ **0.2%** (0.5%) 3-4 times
- ❍ **1.3%** (1.8%) 5 or more times

29. In the past month, how many times did you drive after you had more than one serving of alcohol?

- ❍ **92.9%** (91.6%) 0 times
- ❍ **5.6%** (6.6%) 1-2 times
- ❍ **0.9%** (1.1%) 3-4 times
- ❍ **0.6%** (0.8%) 5 or more times

30. Which answer best describes you? ***(Place a check in appropriate box)***

	Always	Often	Rarely	Never	Does not Apply
You wear a seatbelt	**88.7%** (85.0%)	**8.5%** (12.0%)	**1.5%** (1.6%)	**0.9%** (1.1%)	**0.4%** (0.3%)
You drive the speed limit	**51.5%** (48.5%)	**41.0%** (39.6%)	**3.9%** (5.8%)	**0.2%** (0.1%)	**3.4%** (6.0%)
You eat at least 5 servings of fruits and vegetables daily	**11.2%** (10.1%)	**42.9%** (37.3%)	**38.0%** (43.9%)	**7.3%** (8.2%)	**0.6%** (0.4%)
You eat fast food more than once a week	**3.0%** (3.5%)	**15.3%** (15.3%)	**60.4%** (60.5%)	**20.2%** (20.0%)	**1.1%** (0.6%)
You exercise or are physically active at least 30 minutes a day	**27.7%** (25.8%)	**41.2%** (42.0%)	**24.0%** (26.7%)	**6.0%** (4.9%)	**1.1%** (0.5%)
You smoke cigarettes	**13.3%** (19.1%)	**7.3%** (7.9%)	**3.4%** (3.3%)	**71.5%** (63.8%)	**4.5%** (5.9%)
You use chewing tobacco or snuff	**1.3%** (2.2%)	**1.3%** (2.2%)	**1.1%** (1.1%)	**89.1%** (86.0%)	**7.3%** (8.5%)
You use illegal drugs	**0.2%** (0.2%)	**0.4%** (0.5%)	**2.1%** (2.4%)	**91.2%** (89.6%)	**6.0%** (7.3%)
You get a flu shot each year	**45.4%** (35.4%)	**10.1%** (11.2%)	**7.5%** (9.5%)	**36.2%** (43.5%)	**0.9%** (0.4%)
You practice safe sex to prevent unwanted pregnancy or sexually transmitted infection	**32.9%** (38.4%)	**2.4%** (6.3%)	**2.4%** (2.4%)	**7.2%** (8.6%)	**55.0%** (44.3%)
You perform self-exams for cancer (examples:	**16.3%** (13.0%)	**29.5%** (25.2%)	**30.2%** (34.9%)	**18.4%** (23.4%)	**5.6%** (3.5%)

	Always	Often	Rarely	Never	Does not Apply
breast, testicular, skin exams)					
You get enough sleep to feel rested	**18.3%** (14.7%)	**52.9%** (47.6%)	**23.5%** (30.6%)	**5.1%** (6.9%)	**0.2%** (0.1%)
You feel satisfied with your life	**35.2%** (32.2%)	**48.1%** (48.0%)	**11.8%** (12.6%)	**3.0%** (4.7%)	**1.9%** (2.5%)
You feel socially isolated	**3.9%** (4.5%)	**16.2%** (18.8%)	**33.4%** (34.1%)	**41.4%** (37.7%)	**5.2%** (5.0%)
You worry about losing your job	**3.9%** (5.2%)	**8.3%** (9.9%)	**18.0%** (21.3%)	**28.0%** (30.6%)	**41.7%** (33.0%)
You worry about losing your home or being homeless	**6.6%** (8.8%)	**9.6%** (12.6%)	**22.2%** (24.5%)	**47.4%** (43.2%)	**14.1%** (10.9%)
You feel safe in your community	**46.9%** (45.4%)	**45.2%** (45.4%)	**5.1%** (5.5%)	**1.5%** (3.1%)	**1.3%** (0.7%)
You worry about your level of skills or knowledge for today's workforce	**6.0%** (10.5%)	**13.0%** (16.4%)	**20.7%** (23.7%)	**26.3%** (28.9%)	**34.0%** (20.5%)

Your Family Characteristics

We would now like to ask you a few questions about your household or family.

31. How many people *(including yourself)* live in your household?

- ❍ **22.7%** (19.7%) 1 person
- ❍ **45.1%** (32.6%) 2 persons
- ❍ **10.4%** (12.6%) 3 persons
- ❍ **11.9%** (19.1%) 4 persons
- ❍ **6.1%** (8.8%) 5 persons
- ❍ **2.8%** (5.0%) 6 persons
- ❍ **0.4%** (0.4%) 7 persons
- ❍ **0.6%** (1.8%) 8 or more persons

32. How many children under age 18 years live in your household?

- ❍ **72.5%** (55.6%) 0 children
- ❍ **10.2%** (16.0%) 1 children
- ❍ **8.9%** (15.2%) 2 children
- ❍ **6.6%** (9.7%) 3 children
- ❍ **1.5%** (1.9%) 4 children
- ❍ **0.0%** (0.0%) 5 children
- ❍ **0.2%** (1.2%) 6 children
- ❍ **0.2%** (0.4%) 7 or more children

33. How many adults *(including yourself)* age 65 or older live in your household?

- ❍ **54.9%** (65.9%) 0
- ❍ **43.6%** (29.3%) 1-2
- ❍ **1.3%** (3.6%) 3-4
- ❍ **0.2%** (1.2%) 5 or more

34. If some members of your household do not have health insurance, select who is NOT currently covered. *(Select all that apply)*

- ☐ **4.8%** (6.7%) Entire family not covered
- ☐ **15.0%** (19.3%) 1 or more adults not covered, children are covered
- ☐ **0.2%** (0.5%) Children age 6 years or older not covered
- ☐ **0.5%** (0.7%) Children less than age 6 years not covered
- ☐ **3.1%** (4.1%) Other
- ☐ **75.3%** (66.4%) Does not apply - all members of household have insurance
- ☐ **1.2%** (2.4%) Don't know

35. During the past year, have you taken your child to the emergency department for a non-emergency illness/injury because you could not afford to go to a doctor's office or had no insurance for the child?

- ❍ **0.6%** (0.9%) Yes [weighed response = 1.8% after excluding respondents with no child]
- ❍ **31.0%** (46.8) No
- ❍ **68.4%** (52.3%) Does not apply – no children in household

36. If you have children under age 18 years in your household, do they have a health care provider that you consider to be their personal "doctor"? (This could also be a nurse practitioner, physician assistant, or other type of provider)

- ❍ **26.9%** (43.2%) Yes [weighted response = 92.7% after excluding respondents with no child]
- ❍ **2.6%** (3.3%) No
- ❍ **70.5%** (53.5%) Does not apply – no children under age 18 years in household

37. Was there a time in the past year when your child needed to see a doctor, but could not?

- ❍ **4.1%** (7.6%) Yes [weighted response = 16.3% after excluding respondents with no child]
- ❍ **26.2%** (39.5%) No
- ❍ **69.7%** (52.9%) Does not apply – no children under age 18 years in household

38. If you answered "yes" to the question above, select the primary reason your child could not visit the doctor. ***(Please select the single most important answer)***

- ❍ **0.0%** (0.0%) Child didn't want to go (afraid, too anxious)
- ❍ **0.0%** (0.0%) Didn't have time / too busy
- ❍ **0.9%** (1.6%) Could not get time off from work [weighted = 12.8% after adjusting for child status]
- ❍ **0.6%** (1.2%) Could not get an appointment [weighted = 9.6% after adjusting for child status]
- ❍ **2.7%** (8.2%) No transportation to get to doctor [weighted = 58.9% after adjusting for child status]
- ❍ **0.0%** (0.0%) No childcare or care for other family members
- ❍ **1.5%** (1.6%) Could not afford it / uninsured [weighted = 12.8% after adjusting for child status]
- ❍ **0.6%** (0.5%) Doctor did not accept my insurance [weighted = 4.0% after adjusting for child status]
- ❍ **0.3%** (0.7%) Other [weighted = 5.6% after adjusting for child status]
- ❍ **93.4%** (86.1%) Does not apply – no children under age 18 years in household

39. Which answer best describes your family? ***(Place a check in appropriate box)***

	Always	Often	Rarely	Never	Does not Apply
Family members wear a seatbelt	**81.8%** (83.0%)	**5.6%** (5.5%)	**0.0%** (0.0%)	**0.2%** (0.4%)	**12.3%** (11.1%)
Family members each eat at least 5 servings of fruits and vegetables daily	**7.6%** (8.1%)	**43.0%** (41.6%)	**31.7%** (32.8%)	**4.1%** (5.1%)	**13.5%** (12.5%)
Family members sit down to a meal together	**32.5%** (31.8%)	**37.8%** (38.7%)	**12.0%** (13.1%)	**2.0%** (3.1%)	**15.7%** (13.2%)
Family members eat fast food more than once a week	**2.2%** (2.5%)	**16.5%** (15.6%)	**50.4%** (52.7%)	**15.2%** (15.3%)	**15.7%** (13.9%)
Family members exercise or are physically active at least 30 minutes a day	**18.2%** (17.9%)	**42.2%** (44.7%)	**19.9%** (18.5%)	**4.3%** (4.8%)	**15.4%** (14.2%)
Family members become angry resulting in fights or excessive yelling	**1.1%** (2.3%)	**5.7%** (6.1%)	**36.3%** (40.0%)	**38.5%** (34.7%)	**18.5%** (16.9%)
Family members see a doctor at least once a year	**54.9%** (52.0%)	**23.2%** (26.9%)	**4.4%** (5.2%)	**2.4%** (2.2%)	**15.1%** (13.6%)
Family members see a dentist at least once a year	**47.8%** (44.0%)	**15.0%** (17.3%)	**12.8%** (15.2%)	**7.2%** (8.6%)	**17.2%** (15.0%)

Community Issues and Concerns

We would now like to ask you a few questions about issues that affect many communities.

40. Are you satisfied with the quality of life in Montcalm County? (consider things like safety, services, civic engagement, leisure, sense of community, opportunity)

- ❍ **11.7%** (12.3%) Greatly satisfied
- ❍ **51.1%** (46.8%) Satisfied
- ❍ **27.9%** (30.9%) Neutral
- ❍ **7.7%** (7.5%) Dissatisfied
- ❍ **1.7%** (2.6%) Greatly dissatisfied

41. Are you satisfied with the health care system in Montcalm County? (consider things like access, cost, availability, quality, options)

- ❍ **7.3%** (6.6%) Greatly satisfied
- ❍ **41.7%** (40.8%) Satisfied
- ❍ **35.3%** (33.2%) Neutral
- ❍ **12.4%** (15.2%) Dissatisfied
- ❍ **3.4%** (4.2%) Greatly dissatisfied

42. Are you satisfied with Montcalm County as a good place to raise children? (consider things like school quality, day care, after-school programs, services, recreation, community support)

- ❍ **10.0%** (11.2%) Greatly satisfied
- ❍ **48.9%** (48.4%) Satisfied
- ❍ **33.4%** (29.2%) Neutral
- ❍ **6.6%** (9.7%) Dissatisfied
- ❍ **1.1%** (1.5%) Greatly dissatisfied

43. Are you satisfied with Montcalm County as a good place to grow old? (consider things like housing, transportation, churches, social support, services, recreation, community support)

- ❍ **10.9%** (12.0%) Greatly satisfied
- ❍ **54.8%** (48.3%) Satisfied
- ❍ **26.0%** (31.0%) Neutral
- ❍ **7.0%** (7.7%) Dissatisfied
- ❍ **1.3%** (0.9%) Greatly dissatisfied

44. Please rate the following issues and concerns as to whether you consider there to be a problem in Montcalm County ***(Place a check in appropriate box)***

	Serious Problem	Moderate Problem	Not a Problem	Not Sure
Alcohol / drug use	**35.1%** (31.9%)	**41.6%** (41.2%)	**8.2%** (12.1%)	**15.0%** (14.8%)
Alzheimer's Disease or dementia	**7.9%** (6.5%)	**31.9%** (23.7%)	**11.9%** (17.1%)	**48.2%** (52.7%)
Ambulance service (availability, response)	**4.9%** (3.2%)	**14.0%** (15.5%)	**54.2%** (55.5%)	**26.9%** (25.8%)
Cancer	**22.0%** (17.3%)	**27.0%** (23.6%)	**9.2%** (14.3%)	**41.8%** (44.8%)
Child abuse	**14.3%** (13.1%)	**35.7** (34.5%)	**7.7%** (12.1%)	**42.3%** (40.3%)
Contaminated Sites (landfills, structures, etc.)	**6.6%** (4.9%)	**19.6%** (17.2%)	**27.3%** (31.2%)	**46.6%** (46.7%)
Crime	**18.9%** (16.9%)	**53.5%** (53.3%)	**12.0%** (15.6%)	**15.7%** (14.2%)
Dental care (access)	**12.1%** (12.5%)	**21.7%** (24.1%)	**45.8%** (45.2%)	**20.4%** (18.1%)
Diabetes	**10.8%** (9.6%)	**27.5%** (24.1%)	**15.2%** (16.1%)	**46.5%** (50.1%)
Domestic violence	**14.2%** (12.6%)	**36.1%** (33.2%)	**9.3%** (12.9%)	**40.4%** (41.3%)
Drinking water (quality)	**6.8%** (7.7%)	**17.3%** (15.7%)	**48.1%** (48.5%)	**27.8%** (28.1%)
Elder abuse	**2.9%** (3.2%)	**13.0%** (10.1%)	**23.5%** (25.8%)	**60.7%** (61.0%)
Gambling	**8.8%** (9.0%)	**17.7%** (12.8%)	**24.8%** (29.9%)	**48.7%** (48.3%)
Healthy foods (availability)	**4.0%** (4.5%)	**18.0%** (20.9%)	**65.0%** (60.6%)	**13.1%** (14.1%)
Health care (access)	**6.8%** (6.9%)	**20.5%** (18.9%)	**54.6%** (56.8%)	**18.1%** (17.3%)
Heart disease	**7.8%** (7.0%)	**29.2%** (21.9%)	**12.9%** (16.2%)	**50.1%** (54.8%)
Housing (affordability, availability)	**18.0%** (19.8%)	**29.6%** (32.2%)	**26.0%** (25.0%)	**26.4%** (23.1%)
Jobs (availability)	**71.1%** (69.2%)	**12.4%** (13.5%)	**4.8%** (7.1%)	**11.7%** (10.3%)
Law enforcement (responsiveness)	**5.5%** (6.9%)	**29.5%** (24.2%)	**41.5%** (44.5%)	**23.6%** (24.4%)
Mental Illness	**5.8%** (6.1%)	**27.6%** (25.0%)	**14.9%** (18.9%)	**51.8%** (50.0%)
Nursing home care (access)	**6.4%** (5.9%)	**19.1%** (14.8%)	**29.0%** (32.3%)	**45.5%** (47.1%)
Overweight adults	**45.5%** (40.2%)	**33.3%** (32.0%)	**4.6%** (8.1%)	**16.6%** (19.6%)
Overweight children	**42.1%** (36.3%)	**33.6%** (33.4%)	**5.0%** (8.8%)	**19.3%** (21.5%)
Prenatal care (access, awareness)	**4.4%** (6.5%)	**19.7%** (18.7%)	**25.7%** (32.5%)	**50.1%** (42.3%)
Prescription drug abuse	**16.1%** (18.2%)	**27.6%** (27.6%)	**9.3%** (12.6%)	**47.0%** (41.6%)
Recreational opportunities (access)	**7.8%** (9.3%)	21.4% (20.9%)	**47.7%** (45.4%)	**23.2%** (24.4%)
Secondhand smoke	**10.2%** (10.6%)	**23.5%** (24.0%)	**41.2%** (40.4%)	**25.2%** (25.0%)
School violence	**7.9%** (10.9%)	**27.2%** (26.0%)	**23.0%** (25.6%)	**41.9%** (37.5%)
Services for disabled (access)	**7.5%** (8.1%)	**20.8%** (18.6%)	**27.6%** (33.0%)	**44.1%** (40.3%)

	Serious Problem	Moderate Problem	Not a Problem	Not Sure
Sexually transmitted disease	**7.4%** (8.8%)	**23.0%** (20.8%)	**11.3%** (15.5%)	**58.3%** (54.9%)
Smoking	**23.1%** (20.8%)	**35.1%** (33.0%)	**17.4%** (21.1%)	**24.4%** (25.2%)
Stroke	**6.6%** (6.6%)	**22.8%** (18.0%)	**12.5%** (17.0%)	**58.1%** (58.4%)
Substance abuse treatment (access)	**10.1%** (9.1%)	**17.7%** (14.6%)	**17.1%** (22.9%)	**55.1%** (53.4%)
Suicide	**8.1%** (7.7%)	**22.5%** (19.7%)	**12.9%** (18.3%)	**56.5%** (54.2%)
Teen pregnancy	**19.5%** (20.2%)	**38.4%** (38.7%)	**7.0%** (9.5%)	**35.1%** (31.6%)
Traffic crashes (alcohol & drug related)	**21.7%** (20.8%)	**37.0%** (31.7%)	**9.4%** (14.5%)	**31.9%** (33.0%)
Transportation (public & personal access)	**18.0%** (18.2%)	**31.0%** (27.9%)	**24.0%** (29.6%)	**27.0%** (24.3%)
Watershed quality (streams, rivers, lakes)	**5.9%** (6.6%)	**16.9%** (12.4%)	**36.7%** (40.2%)	**40.4%** (40.7%)
Other issue you consider to be a serious problem (specify:_____)				

45. What services would you like to see improved in Montcalm County?
(Please comment on any of the following)

- Health related:
  - Insurance/Payment affordability & acceptance – **33.3%**
  - Increased access to care from physicians - **25.4%**
  - Dental services – **12.3%**
- Nutrition / Fitness / Recreation related:
  - More access to cheaper fitness centers – **21.3%**
  - Cheaper access to healthy food – **19.1%**
  - Increased education/awareness – **12.4%**
- Education related:
  - Increased programs/activities – **23.5%**
  - Increased early & higher educational opportunities – **14.1%**
  - Prepare Students on Fundamentals (poor levels of reading, math, language, etc.) – **11.7%**
  - Teaching Standards/Evaluation – **10.6%**
- Transportation related:
  - Need County-Wide/Public Transportation - **41.7%**
  - Transportation to Medical Appointments - **10.7%**
  - Elderly/Handicapped Transportation Services – **8.7%**
- Other: _____

Thank you! *Please enclose your completed survey in the self-addressed, postage paid envelope we have provided and place it in the mail.*

2011 Committee Members

Steering Committee Members

Jodie Faber United Lifestyles	**Lisa Lund** Montcalm Community College	**Jennie Mills** Cherry Street Health Services	**Steve Scott** Sheridan Community Hospital	**Maria Suchowski** Evaluation Consultant
Rex Hoyt Mid-Michigan District Health Department	**Amy McMillan** Carson City Hospital	**Ross Pope** Mid-Michigan District Health Department	**Kim Singh** Mid-Michigan District Health Department	**Cheryl Thelen** Mid-Michigan District Health Department

Advisory Committee Members

William Barnwell Sheriff's Department	**Al Cumings** Tri County Area Schools	**Eric Halvorsen** Sheridan VFW	**Jerry Jones** First Congregational Church	**Vicki Ritz** The Laurels of Carson City
Kristine Bassett Baker College	**Jean DeStafano** Hospice of Michigan	**Kyle Hamlin** Lakeview Community Schools	**Candy Kerschen** Greenville Chamber	**Frances Schuleit** Greenville Area Community Foundation
Jeff Beal Vestaburg Community Schools	**Ron Farrell** Montabella Community Schools	**Patsy Harkness** Farm Bureau	**John Kroneck** Life Guidance	**Mike Scott** Village of Howard City
Bob Brown Montcalm Center for Behavioral Health	**Dave Feldpausch** Montcalm EMS	**Dennis Hayes** Greenville Chiropractic Clinic	**Franz Mogdis** Montcalm Alliance	**Michelle Seigo** Dept. of Human Services
Darcy Brown United Way Montcalm-Ionia Counties	**Bob Ferrentino** Montcalm Community College	**Jacob Helms** Central Montcalm Public Schools	**Carrie O'Connor** Great Start	**Ron Simon** MAISD
Kim Brown Catholic Charities	**James Freed** City of Lakeview & Stanton	**Abby Hodges** Carson City-Crystal Area Schools	**Rick Outman** Montcalm County	**Deb Terborg** Goodwill Industries
Melissa Castillo United Way	**Sandy Gardner** Early On	**Beverly Holland** Carson City Hospital	**Evi Petersen** Great Start	**Keith Treiber** Lakeview Area Community Fund
Bob Clingenpeel Commission On Aging	**Patricia Gray** Greenville Public Schools	**Linda Huyck** MSU Extension	**Fred Plath** Montcalm Panhandle Community Fund	**John Van Nieuwenhuyzen** EightCAP
Kim Croy Generation E Institute	**Pete Haines** Greenville Public Schools	**Chris Hyzer** Montcalm County	**Dixie Pope** Central Michigan University	**Cameron Van Wyngarden** City of Greenville