DISTRICT HEALTH DEPARTMENT NO. 2

Community Health Needs Assessment 2014

Including the Counties of Alcona, Ogemaw and Oscoda

District Health Department No. 2

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Executive Summary:

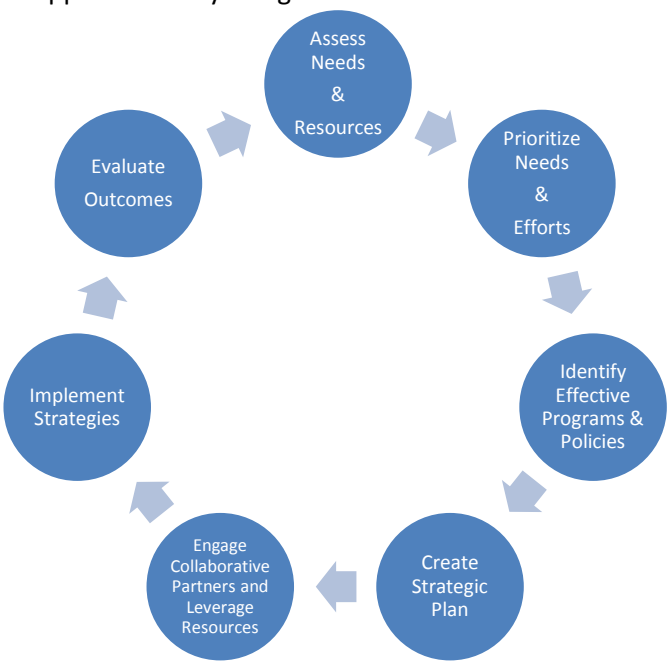
In an effort to assess the health needs of Alcona, Ogemaw and Oscoda Counties in Northeast Lower Michigan, the North-East Michigan Rural Health Planning Network administered a community health needs assessment project which was spearheaded by District Health Department No. 2 in the summer of 2014. Utilizing a 22 question survey that contained open-ended, multiple choice and rating system questions, trained interviewers partnered with several local business, agencies, and community service organizations to interview the population(s) served by these partners. Survey questions gathered demographic data including gender, age, and zip code, as well as questions related to healthcare, such as quality, availability and type of insurance. Other question categories included individual behavior questions such as alcohol, drug and tobacco use and questions regarding weight and physical activity; as well as community questions such as feeling safe in the community and access to safe drinking water and plumbing. A small incentive was offered to survey participants and a total of 271 surveys were collected throughout the three counties.

Data analysis consisted of compiling information into a spreadsheet which then was calculated to show data results and outcomes. This report is aggregate data of the three counties surveyed; however, data has been coded at the county level to allow for comparison analysis options.

The findings of the CHNA identified two areas of focus in order to accomplish the prioritized categories that will have meaningful impact on changing health outcomes. Multiple strategy goals are delineated in the summary for each vision area. The two categories/vision areas are:

Vision: Equal access to high quality, holistic, patient-centered and affordable healthcare.

Vision: Environment that supports healthy living for all.



Mission:
District Health Department No. 2 provides leadership in promoting environmental and personal health through health promotion, disease detection, disease prevention, education and regulation.

Vision:
High quality of life, health, and well-being for all people of District Health Department No. 2.

Values:
Communication and Collaboration: We believe that communication and collaboration among Divisions and staff promotes better service for the public. Every effort is made to create local, State and National partnerships to achieve mutual goals and leverage assets and resources.

Flexibility and Innovation: We believe that flexibility and innovation can help us be more efficient and effective in addressing the needs of our constantly changing community. DHD2 embraces a culture of continuous quality improvement and strives to provide excellence in service to all residents.

Focus on Equality: We believe in a commitment to achieving health access and equity in our communities.

Responding to Need: We prioritize and model excellence in customer service. We believe in working with our communities by demonstrating both strategic and timely responses to public health needs; and subsequently creating resilient communities.

Sustainability: We are committed to the principles of sustainability, where the interdependency of the environment, economics and social justice structure are recognized.

Introduction:

A grant funding opportunity arose from HRSA making a Community Health Needs Assessment (CHNA) possible for the North-East Michigan Rural Health Planning Network to conduct in spring of 2014. The counties included in this CHNA include: Alcona, Oscoda and Ogemaw. This report presents both a summary of the process used, data findings for these three counties and a synthesis of the findings for all four counties of DHD2 as well as Arenac County.

The North-East Michigan Rural Health Planning Network is comprised of a Planning Consultant and participating partners at the time of the CHNA were: St. Joseph Health System – Tawas, St. Mary's of Michigan – Standish, St. Mary's of Michigan Medical Center – Saginaw, Sterling Area Health Center, Mental Health Authority, and District Health Department No. 2.

A Community Health Needs Assessment is a systematic examination of the health status indicators for a given population that is used to identify key challenges and assets in a community. The ultimate goal of a CHNA is to develop strategies to address the community's health needs and identify issues. A variety of tools and processes may be utilized, but critical is community engagement and collaborative participation. This effort is based on a broad definition of health, specifically the definition put forth by the World Health Organization: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

Description of Community Served:

District Health Department No. 2 (DHD2) has a proud tradition of serving Alcona, Iosco, Ogemaw and Oscoda Counties in Northeast Lower Michigan since the 1930's. The three counties surveyed for the needs assessment, Alcona, Ogemaw, and Oscoda counties, have a combined population of 40,191[1]. Our counties contain landscapes ranging from Lake Huron shoreline, multitude of lakes, the Huron National Forest and vast farmlands. While the communities DHD2 serves are beautiful and their residents also possess great pride, the risk and the burden from poverty, chronic diseases and the designation of being a low health care provider service area cannot be overlooked and beg further exploration of residents' needs; and subsequently, the development of strategies to address barriers.

Demographically, the largest age bracket in the area is individuals over 65 years old (27.8%)[1]. Racially, the 3 county survey service area is predominately white, 97.3%, with next largest ethnicity group being Hispanic or Latino at 1.4%[1].

Socio-economic factors for the three county health needs assessment survey area are typically worse than State of Michigan averages. Approximately 1 in 5 residents live below the poverty level[1]. The average median annual household income is $35,015.00 compared to the State of Michigan at $48,411.00[1]. Educational attainment is 84.8% of residents with at least a high

[1] The United States Census Bureau website, www.census.gov

school diploma, while the State average is 89%[1]. The average unemployment rate for the survey area is 12.6%, compared to the State of Michigan unemployment rate of 9.1%[2].

Health and wellness indicators also show an area in need. According to figures provided by the Michigan Department of Community Health, MI BRFS 2011-2013, the four county DHD2 service area as a whole has 38.6% of individuals who self-reported obesity, ranking 6th in the State, 12.6% of the population has been ever told they have diabetes, ranking 12th in the State, and 48.7% of the population has ever been told they have high blood pressure, ranking first in the State. In addition, 23.8% of the population reports no leisure time physical activity ranking 20th in the State. Furthermore, the area has a hospitalization rate for heart disease of 115.8 per 10,000 ranking 13th in the State and has a Healthy Michigan Plan enrollment rate of 65.3 per 1,000 eligible population, ranking 5th in the State. Out of 45 jurisdictions included in the report, DHD2 ranks in the top 10 in 3 of the chronic disease burden indicators.

Alcona County is located in the Northeast corner of the DHD2 service area along the Lake Huron shoreline. According to the Robert Wood Johnson Foundation County Health Rankings, in terms of health behaviors, 30% of the adult population smokes while 30% of the adult population are obese, and 28% of the adult population are physically inactive. In regards to clinical care, 18% of the Alcona population is uninsured. The county is lacking in primary care physicians (2,160 persons to 1 physician), dentists (10,635 persons to 1 dentist), and mental health providers (3,545 persons to 1 provider). Socially and economically, 31% of Alcona county's children live in poverty while 27% live in single-parent households. According to the Michigan League for Public Policy 2014 Fact Sheet, 6.8% of residents aged 0-18 are uninsured while 19.9% of ages 18-64 are uninsured[3].

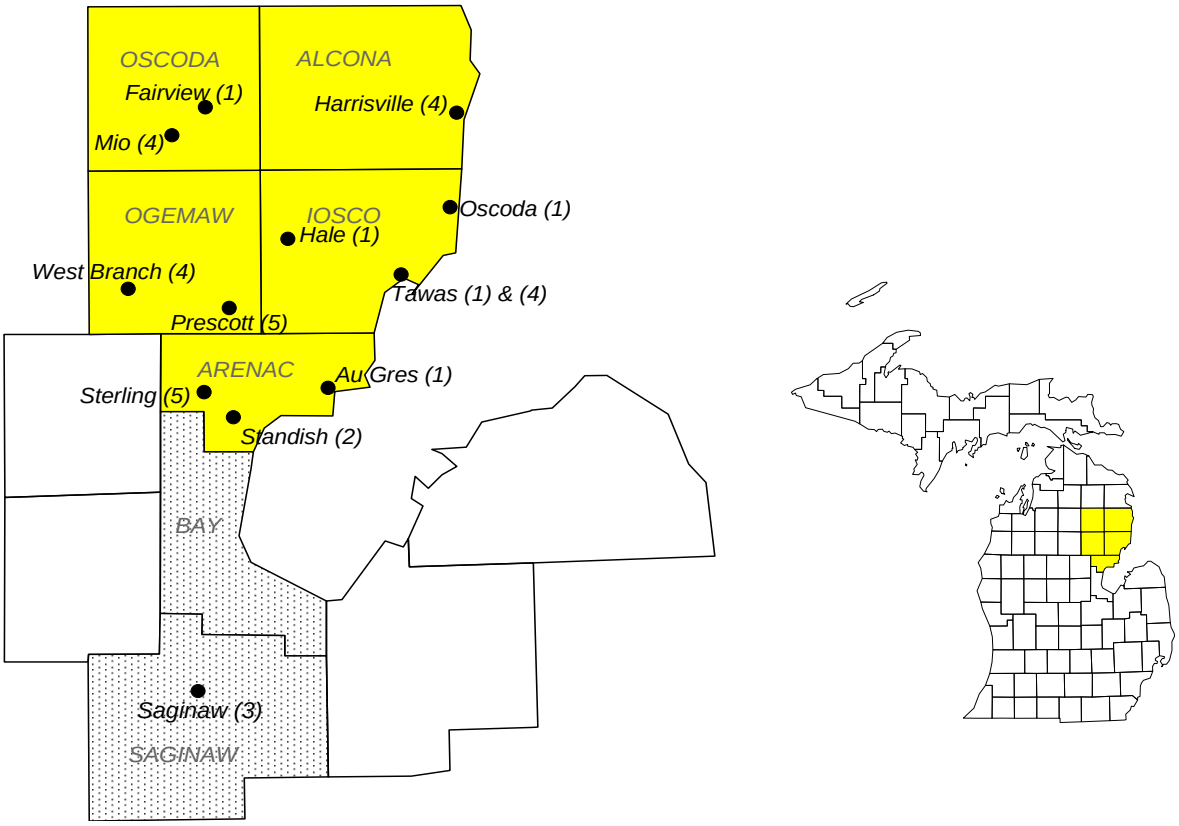
Ogemaw County is the largest population of the three county survey area. It boasts easy access to the local interstate as well as several inland lakes and recreation opportunities. Health behaviors for the county, as reported by the County Health Rankings include 20% smoking rate for the adult population, a 34% adult obesity rate, and an adult physically inactive rate of 28%. Like Alcona county, clinical care is also lacking. Sixteen percent (16%) of the population is uninsured. Primary care physicians, dentists, and mental health providers are lacking in Ogemaw County as well with a ratio of 1,541 person to every one (1) physician, 3,062 persons to every one (1) dentist, and 3,573 persons to every one (1) mental health provider. Thirty-three percent (33%) of children in Ogemaw County live in poverty while 37% of the children live in single-parent households. Uninsured rates for Ogemaw County in 2014 were 5.6% uninsured for ages 0-18 and 18.7% uninsured for ages 18-64[3].

Oscoda County is located along the AuSable River in the Huron National Forest. According to the County Health Rankings, 22% of the adult population smokes, while 30% of the adult population are obese. In terms of physical inactivity, 25% of the population is physically inactive. Data is unavailable for the ratio of primary providers to persons; however, there are

[2] Robert Wood Johnson Foundation County Health Rankings, www.countyhealthrankings.org
[3] Michigan League for Public Policy, www.mlpp.org

4,296 persons to every one (1) dentist and 2,148 people to every one mental health provider. In regards to Oscoda County children, 34% live below the poverty level while 26% live in single-parent households. In 2014, Oscoda County uninsured rates were 6.3% for ages 0-18 and 22.0% for ages 18-64[3].

Map of the Service Area



Numbers next to towns correspond to operating site of each participating partner below.

1. St. Joseph Health System – Tawas *Community Hospital*
2. St. Mary's of Michigan – Standish *Critical Access Hospital*
3. St. Mary's of Michigan - Saginaw *Tertiary Hospital*
4. District Health Department #2 *Regional Health Department*
5. *Sterling Area Health Center* *FQHC*

Methodology:

The North-East Michigan Rural Health Planning Network developed a CHNA survey tool. Two core positions were created to ensure quality interviewing and diverse engagement of the residents of three counties. First, a designation of a Lead Trainer/Survey-Event Liaison position was filled, and then assignment of a Lead Finance/Data Accountability staff. Eight (8) interviewers received training on quality and unbiased interview techniques, HIPAA and privacy, and field safety.

The survey was administered in person at a variety of community events, local businesses, as well in public health clinics. The survey was shared on our website and social media was utilized to engage residents to participate. Local newspapers also ran an article on the Community Health Needs Assessment survey process and purpose. Incentives were purchased to encourage individuals to allow for time to complete a survey with an interviewer.

Participants expressed how appreciative residents were to be able to give input. One resident provided the following statement during their CHNA interview:
"Health is everything – physical, mental and spiritual. It is vitality-life, the cornerstone of a quality living. Why should health access be for only the privileged when it should be for all people? Prevention of disease and injuries has been missing from our healthcare system as well. Listen. It is simple: 1. Access 2. Care 3. Prevention. Thank you for allowing me to share my perspective. I am hoping these thoughts and discussions become action."

A total of 271 interviews were completed. Community partnerships that contributed to successful interviewing include:

- Alcona County Baby Pantry
- Alcona County Commission on Aging
- Mio-AuSable Area Schools
- Mio Family Fare
- Ogemaw County Commission on Aging
- Ogemaw County Kids Club
- Oscoda County Commission on Aging
- The Flour Garden Restaurant – Harrisville

Key steps in the CHNA process were identified as follows:

1. Regroup membership in the North-East Michigan Rural Health Planning Network including a neutral partner to assist with facilitation

2. Develop a CHNA plan and timeline

3. Engage community stakeholders and residents

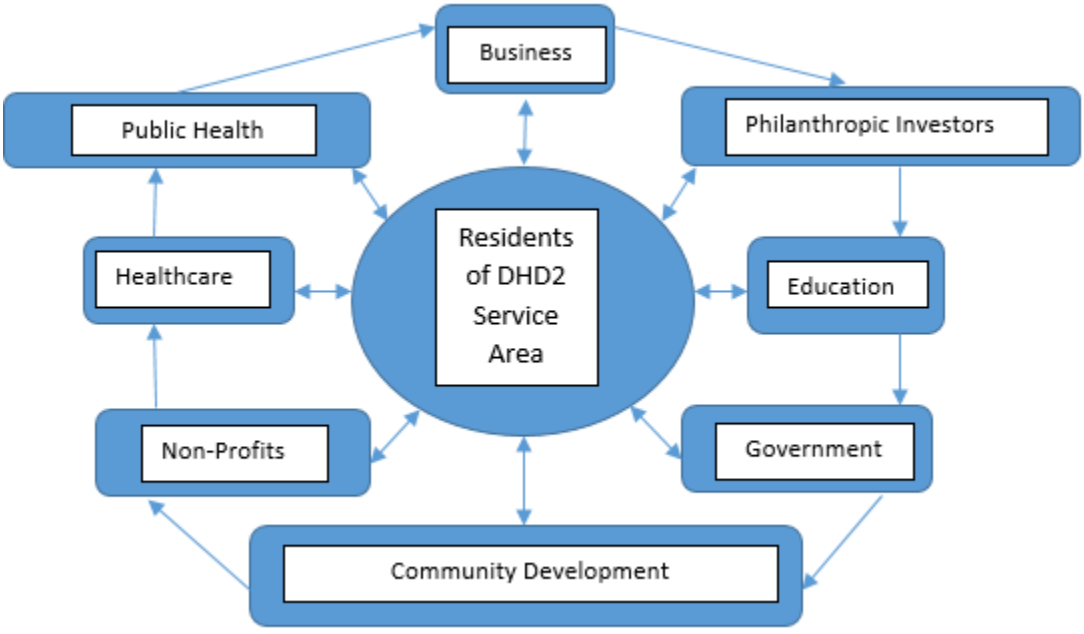
4. Gather input in an unbiased and quality manner from diverse populations

5. Review data and identify key strategic issues

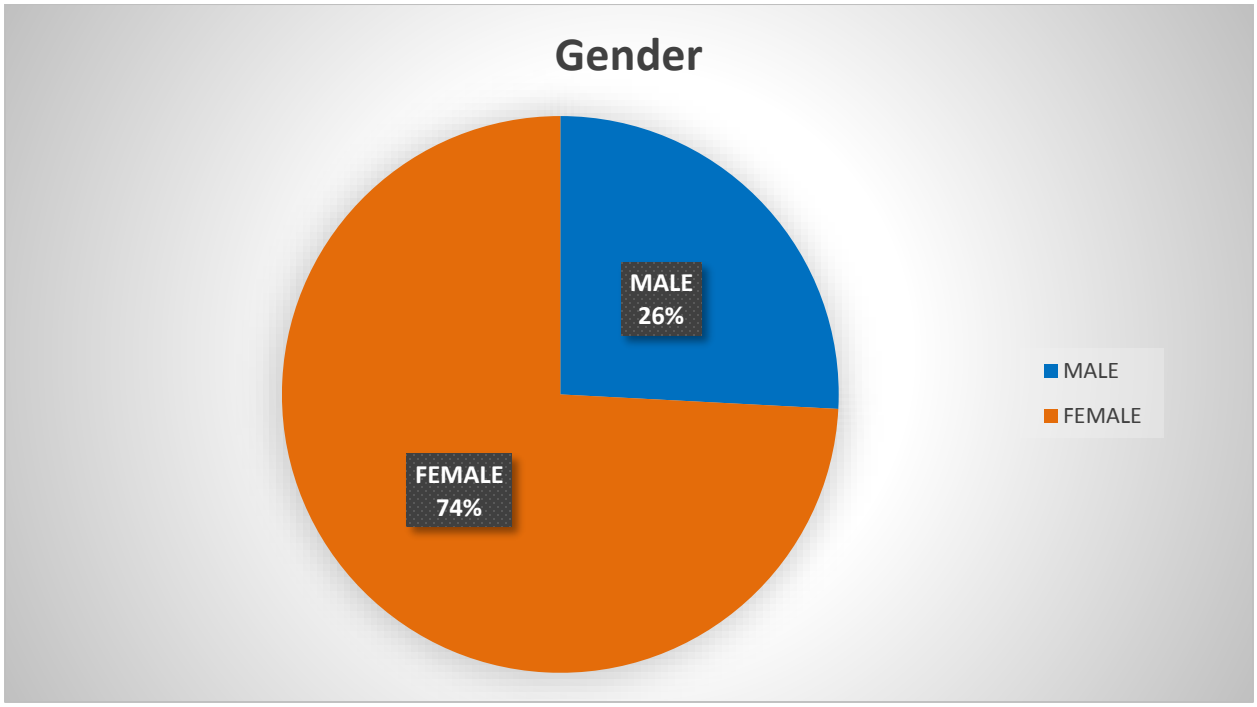
6. Share report with stakeholders

7. Recruit more community stakeholders and seek additional funding for implementation of strategic goals

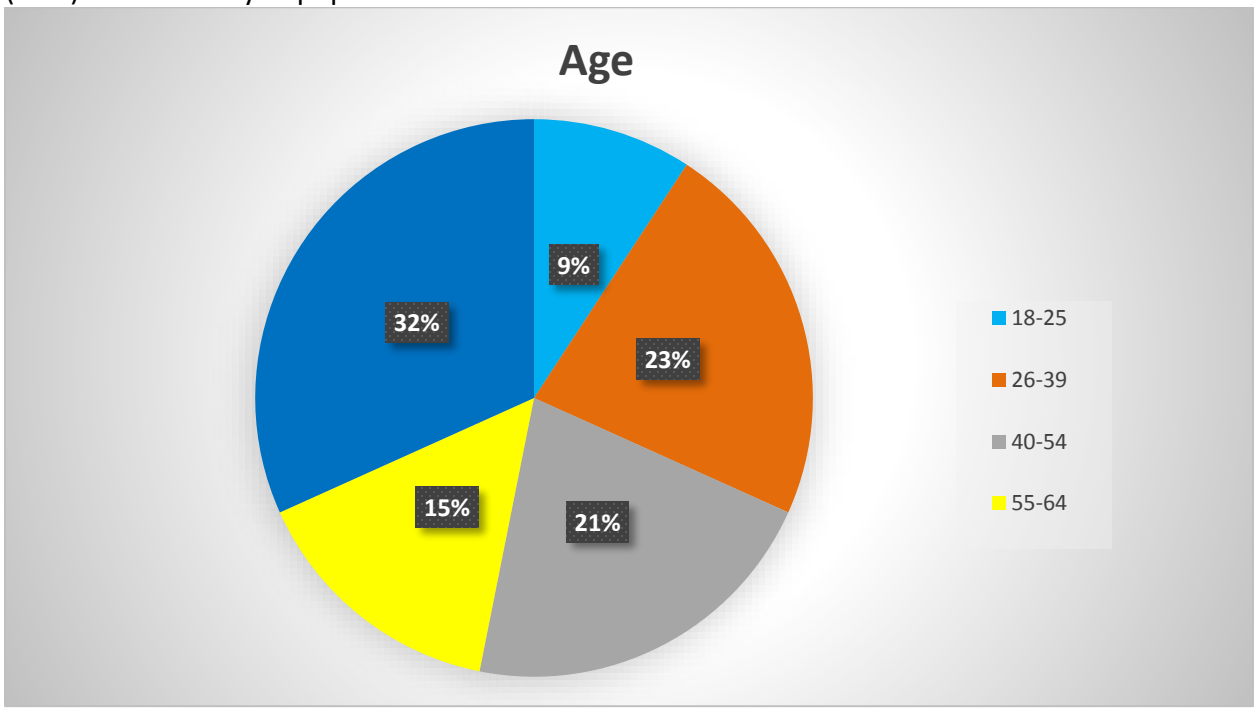
8. Development of a Health Improvement Plan



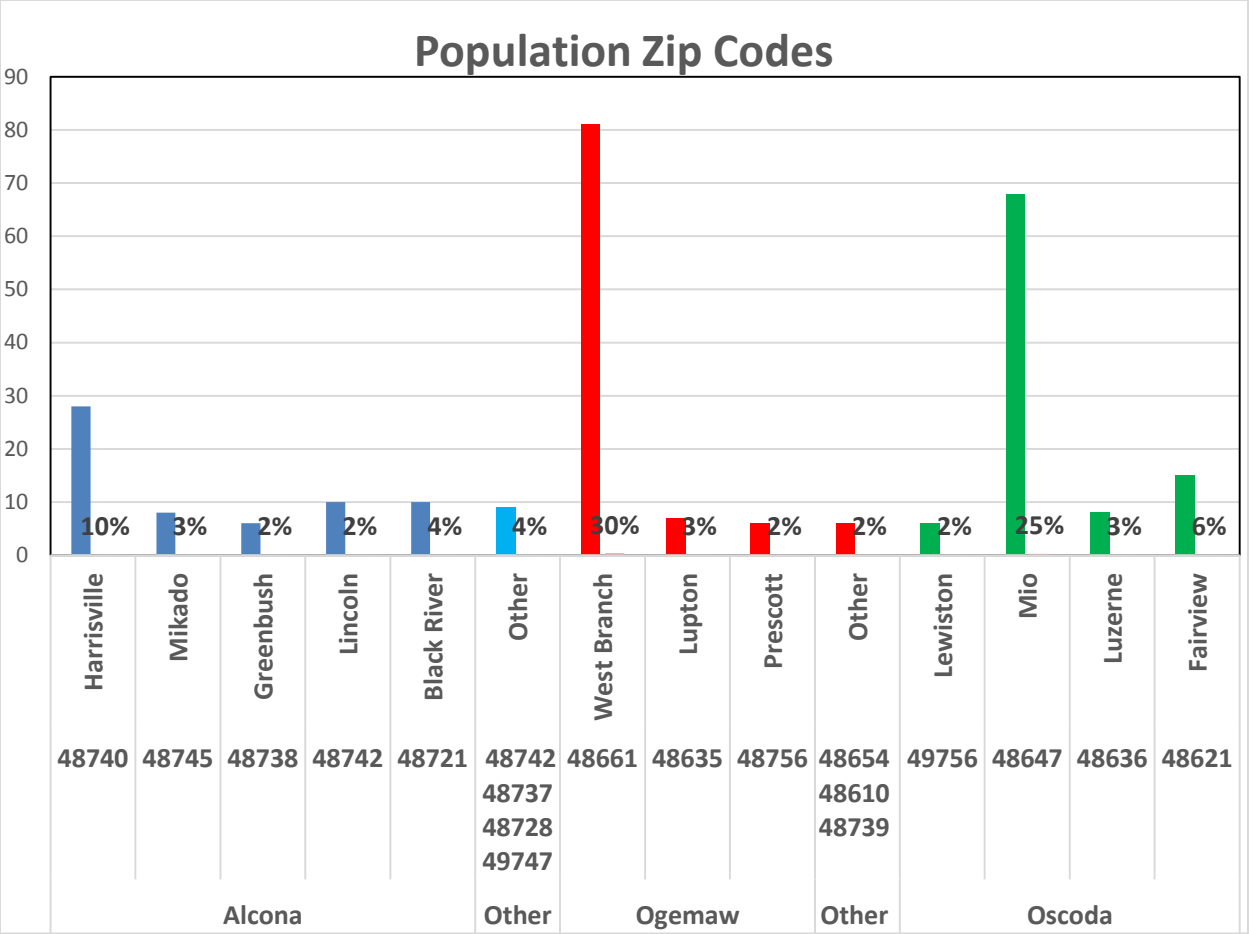
Health and Community Data Findings:



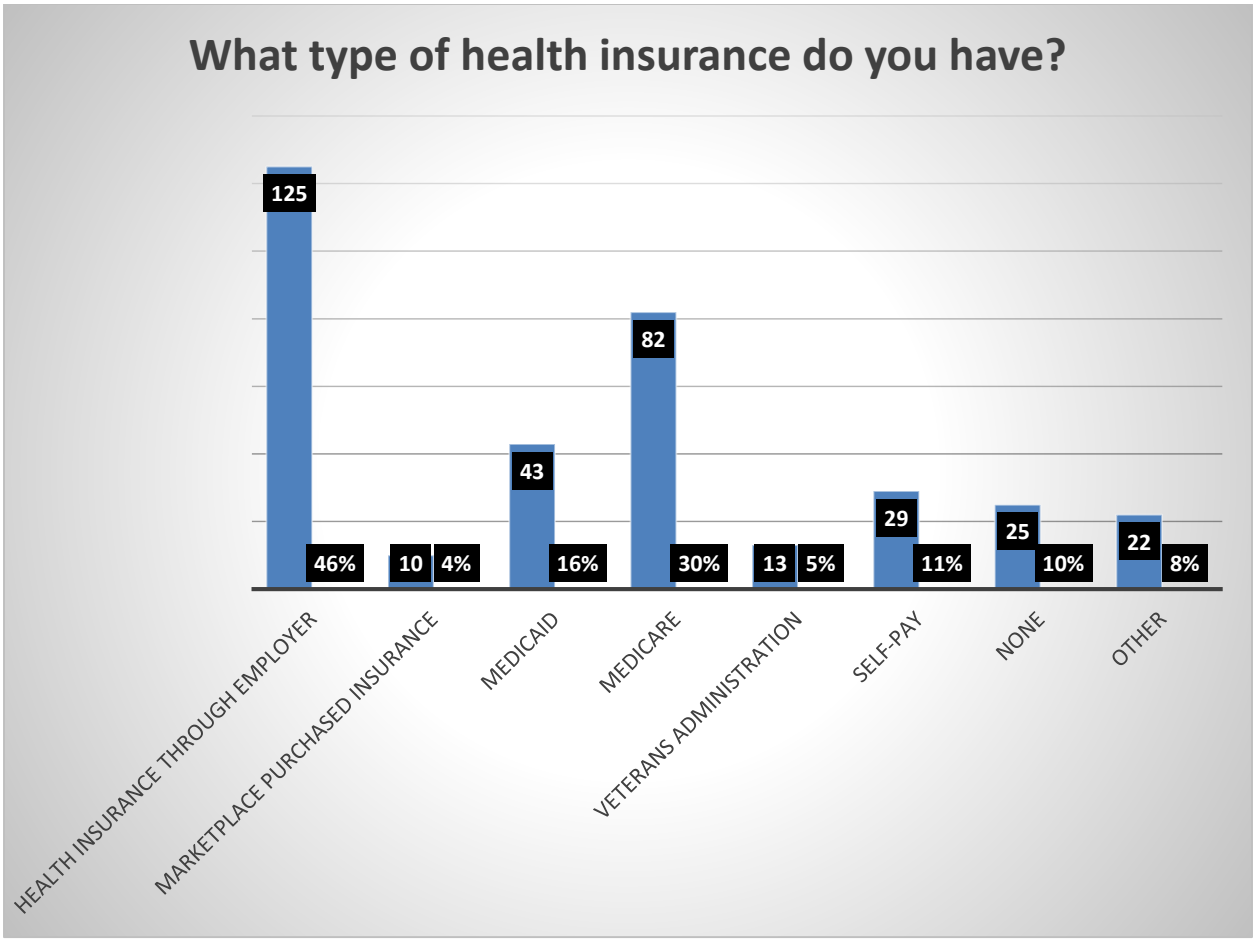
Seventy-four percent (74%) of the population surveyed was female, while twenty-six percent (26%) of the surveyed population was male.



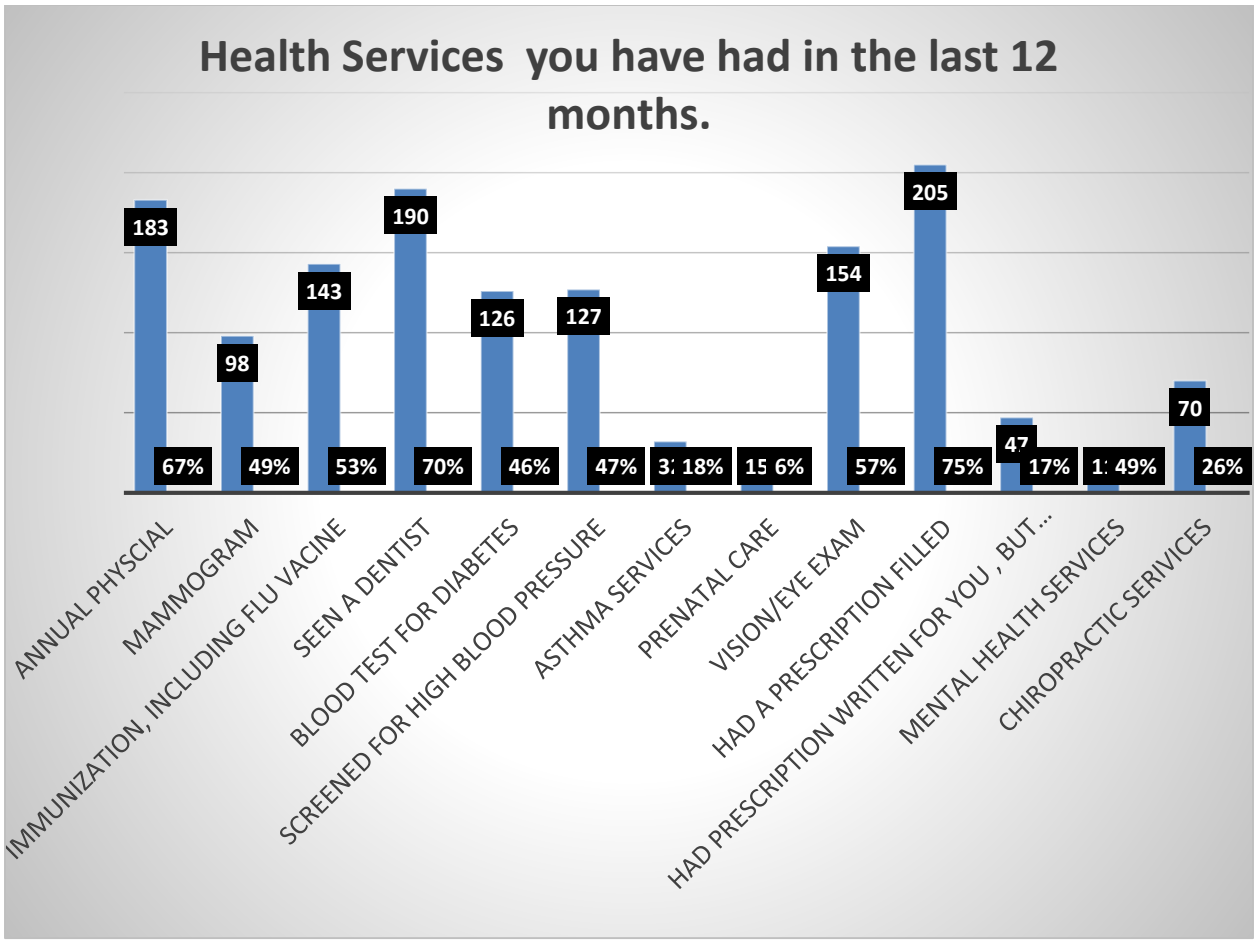
The largest age group of survey respondents were those 65 years or older totaling thirty-two percent (32%), followed by 26-39 years old with twenty-three percent (23%), 40-54 years old with twenty-one percent (21%), 55-64 years old with fifteen percent (15%), and 18-25 years old with nine percent (9%).



The largest percentage of survey respondents were from the 48661 zip code with thirty percent (30%), which includes the City of West Branch, followed by the 48647 zip code with twenty-five percent (25%), which includes the city of Mio, and the 48740 zip code with ten percent (10%), which includes the City of Harrisville.

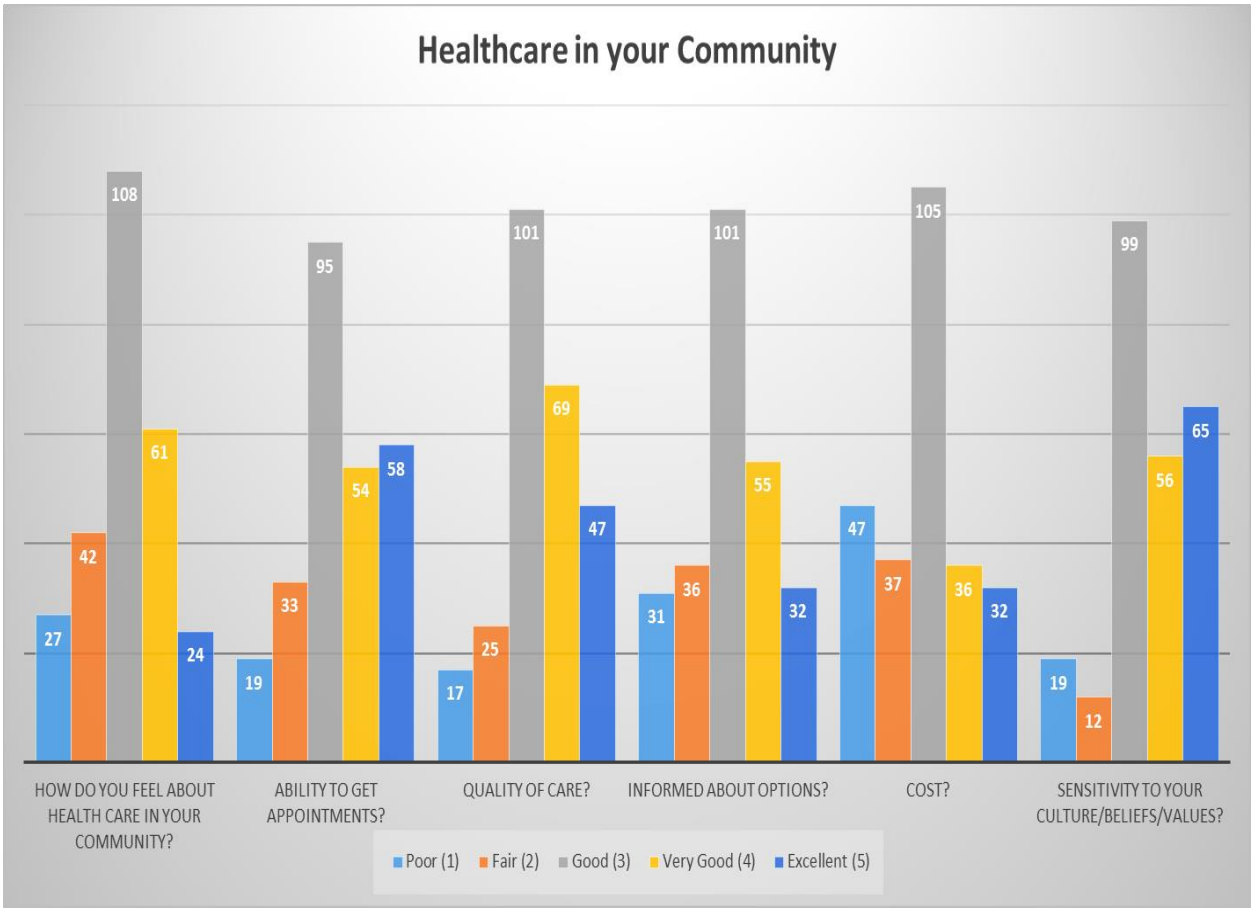


Forty-six percent (46%) of survey respondents have health insurance provided through an employer while thirty percent (30%) of survey respondents had Medicare. In contrast, eleven percent (11%) of respondents had self-pay insurance while ten percent (10%) had no health insurance. Per the Michigan League for Public Policy 2014 County Fact Sheets, an alarming average of twenty-six percent (26%) of Alcona, Ogemaw and Oscoda county residents are uninsured.



The three most common health services utilized in the last twelve (12) months by survey respondents were having a prescription filled at seventy-five percent (75%), seeing a dentist at seventy percent (70%), and having an annual physical at sixty-seven percent (67%). A true asset for Ogemaw County for oral health needs is the Dental Clinic North which resides on the DHD2 campus. Utilization of Mental Health Services revealed forty-nine percent (49%). The three concerning areas with service deficits would be the lack of mammogram screening for women at forty-nine percent (49%), the lack of annual vision/eye examination at fifty-seven percent (57%) and the lack of immunizations, including an annual influenza vaccination at fifty-three percent (53%).

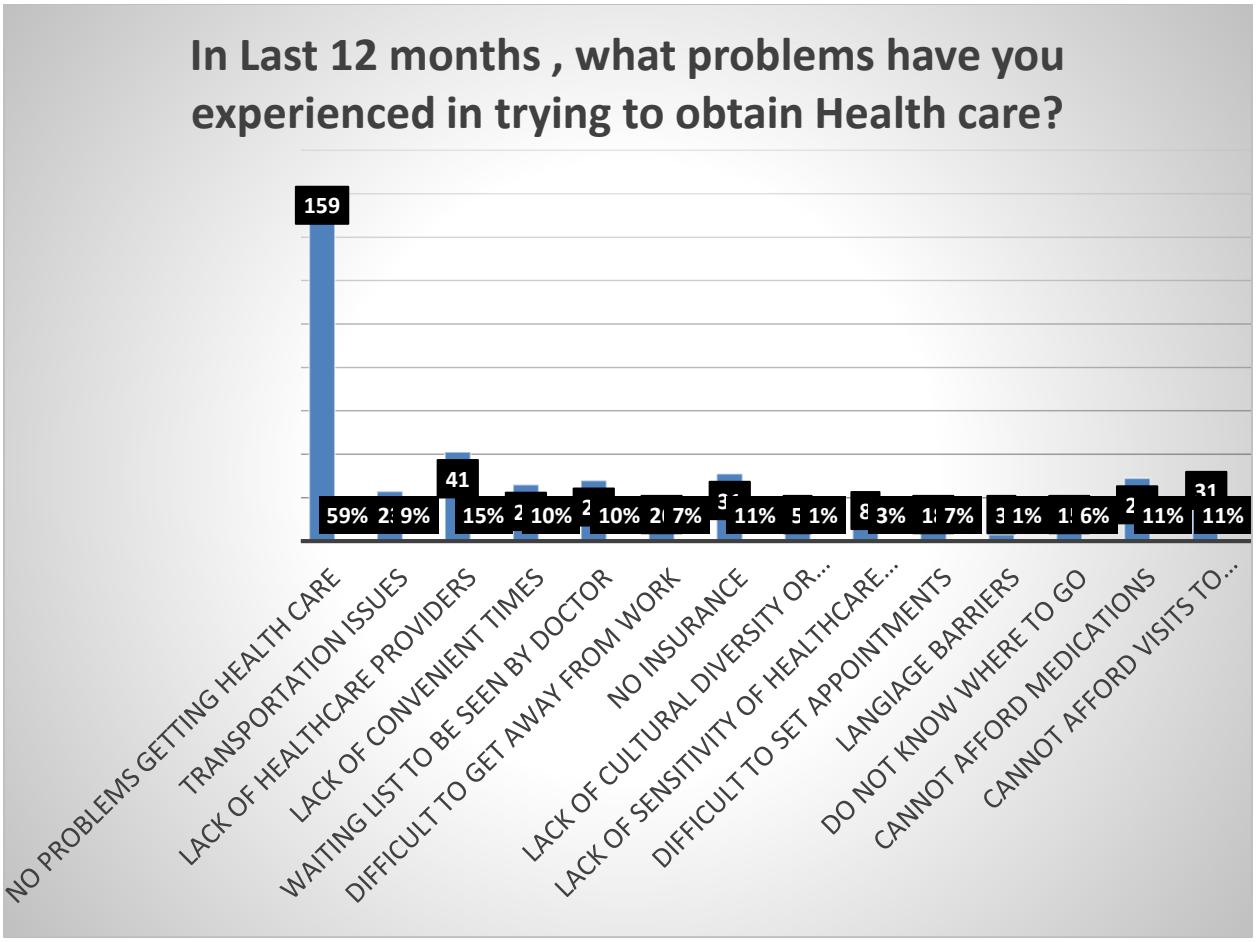
The CHNA survey asked individuals what they needed to improve their health and well-being. Respondents revealed: Fifty-nine percent (59%) need to focus on personal improved behaviors related to healthy eating choices, regular exercise, smoking cessation, decreasing stress and anxiety and getting more sleep. While forty-one percent (41%) identified needing an increase of resources such as: health insurance or more affordable and comprehensive health insurance, local primary care physicians or specialist's evaluation and care, and community fitness facilities.



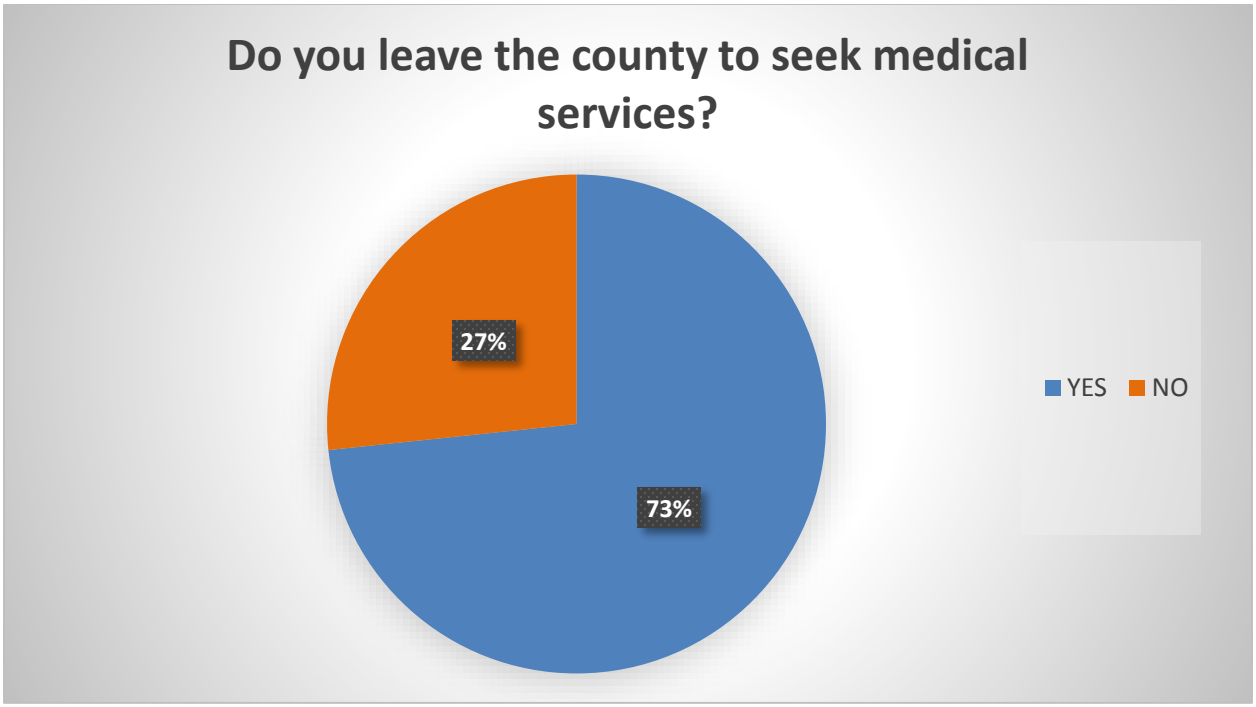
Impressions of healthcare in their community revealed thirty-two percent (32%) of respondents rated care as very good or excellent. Forty-one percent (41%) rated care as good with sixteen percent (16%) and ten percent (10%) respectively rated care as fair or poor. Respondents expressed specific concerns with two components of health care - Cost and Informed about Options.

- Informed of options: Twelve percent (12%) of respondents felt poorly about being informed of health options and additionally, fourteen percent (14%) rated this as fair.
- Costs: Eighteen percent (18%) rated health care costs as poor, and fourteen percent (14%) rated costs as fair.

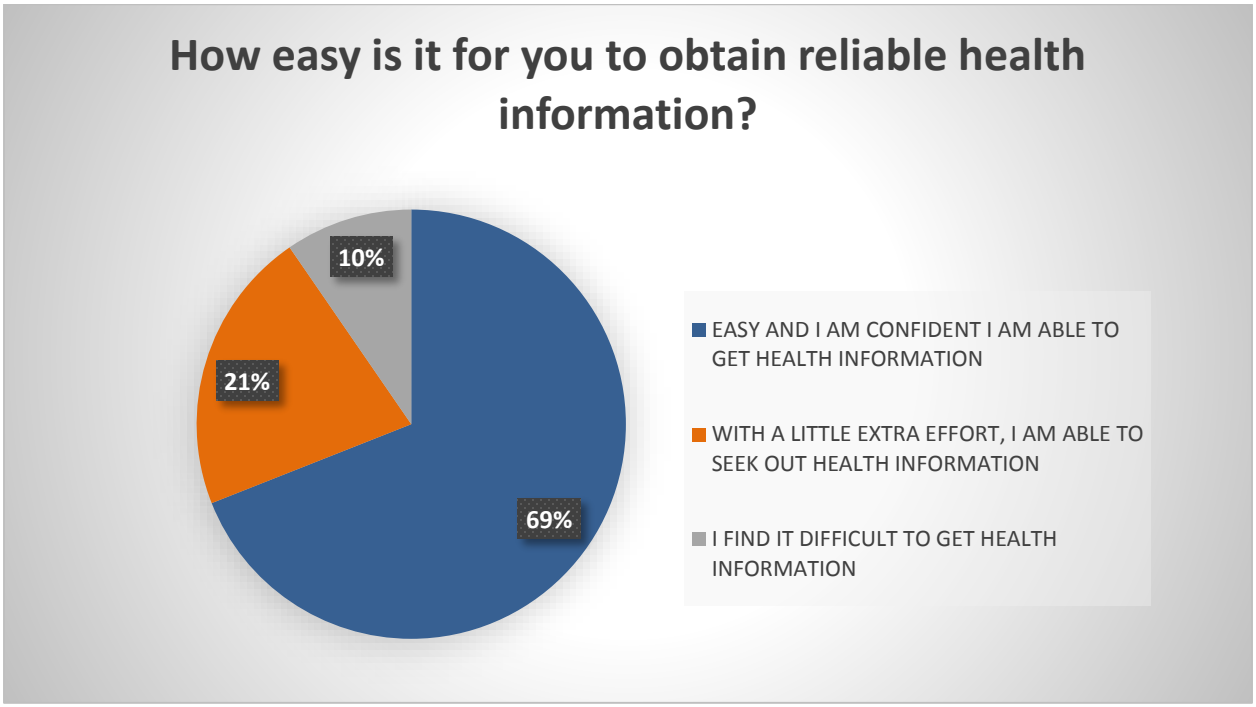
Respondents repeatedly relayed concerns throughout the CHNA survey regarding access to local health care providers, as well as concern for a lack of health insurance or high costs associated with the health care coverage.



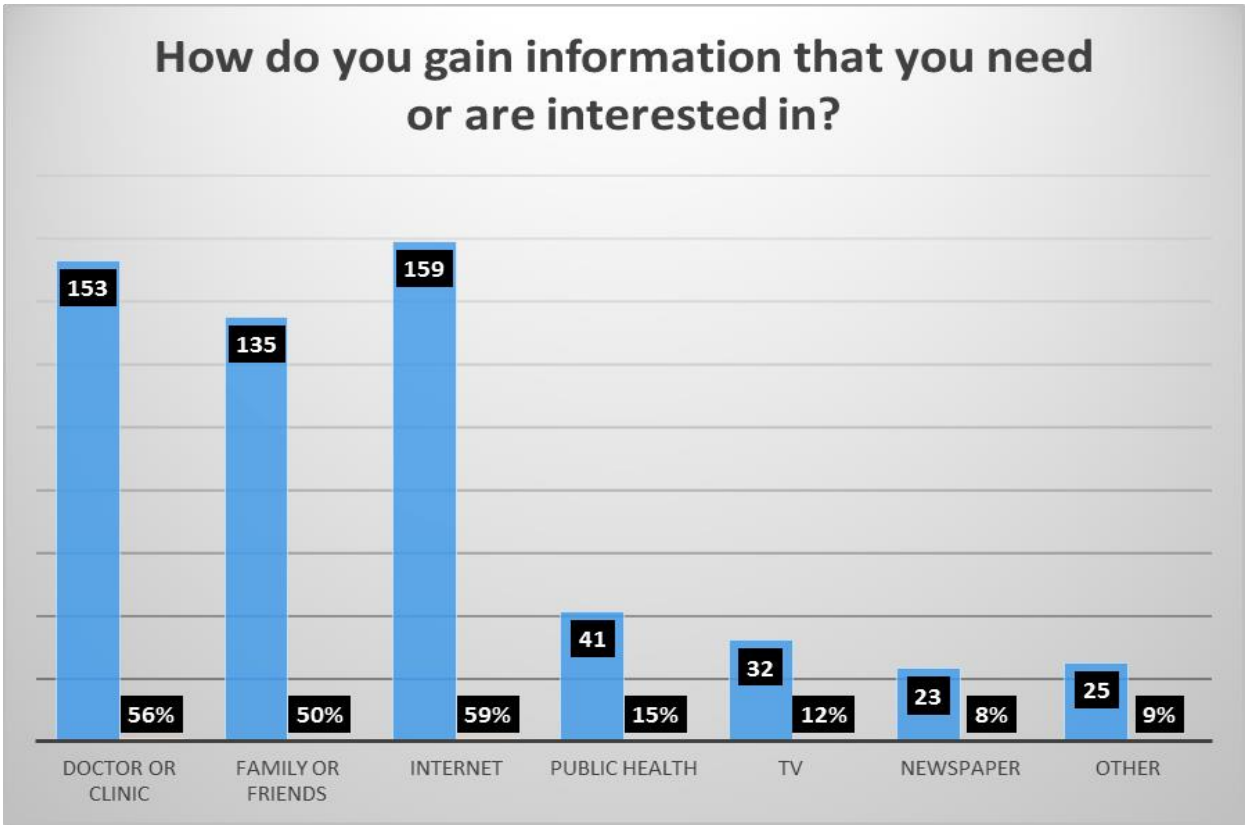
In the last 12 months, fifty-nine percent (59%) of survey respondents had no problems accessing healthcare while fifteen percent (15%) had issues with the lack of healthcare providers. Eleven percent (11%) could not get a prescription filled due to costs, as well as eleven percent (11%) had issues not being able to afford visits to a provider.



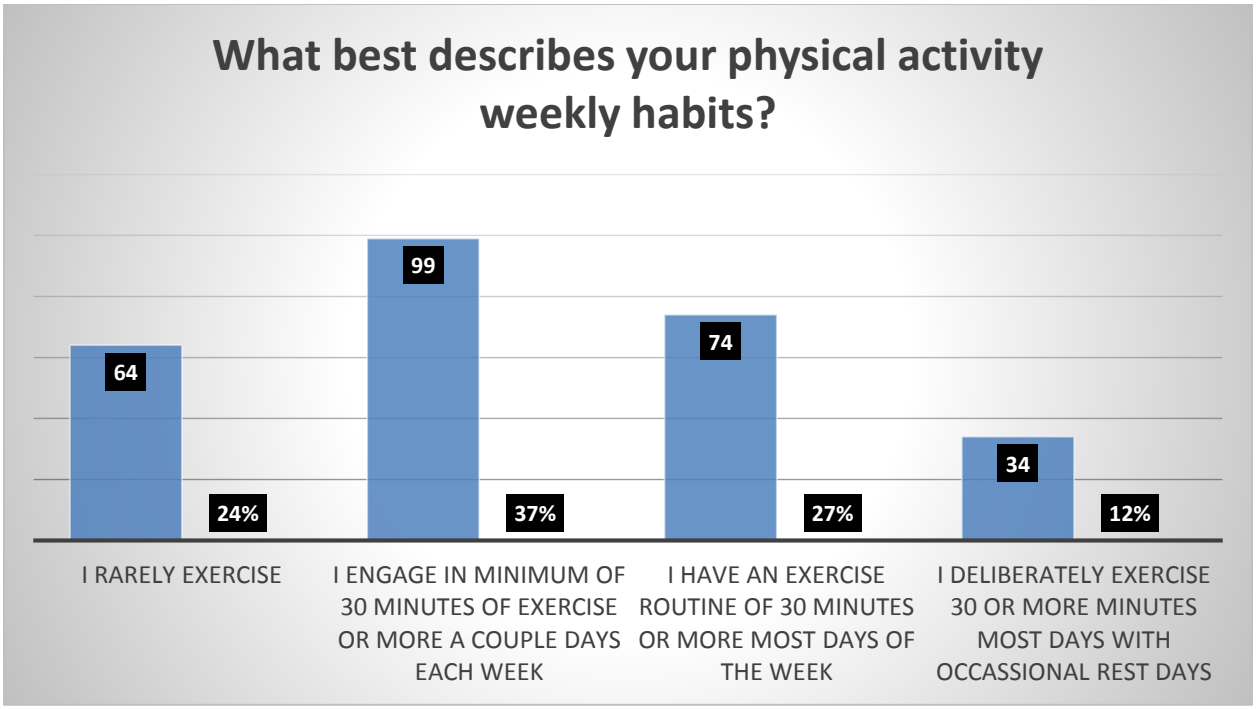
The majority of survey respondents - seventy-three percent (73%) left the county they resided in to seek medical services while twenty-seven percent (27%) did not.



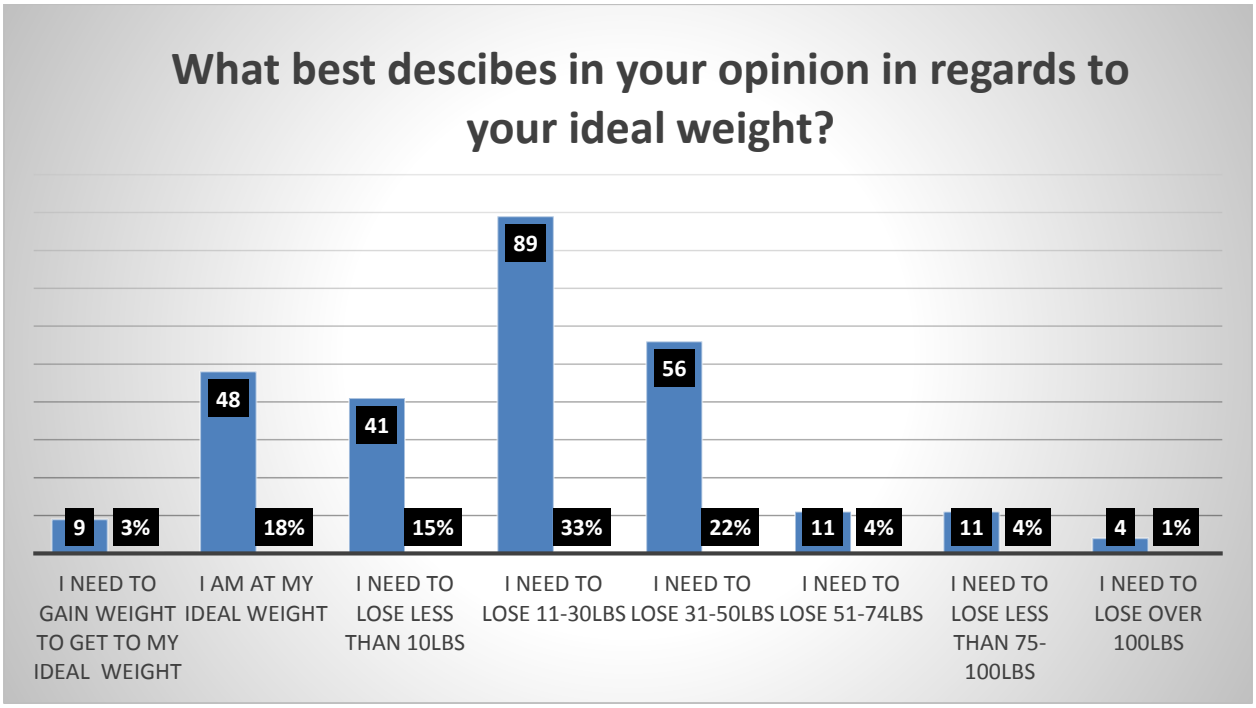
Overall, respondents found it easy and were confident they could obtain health information (69%), while twenty-one percent (21%) had some difficulty and ten percent (10%) found it difficult to obtain health information.



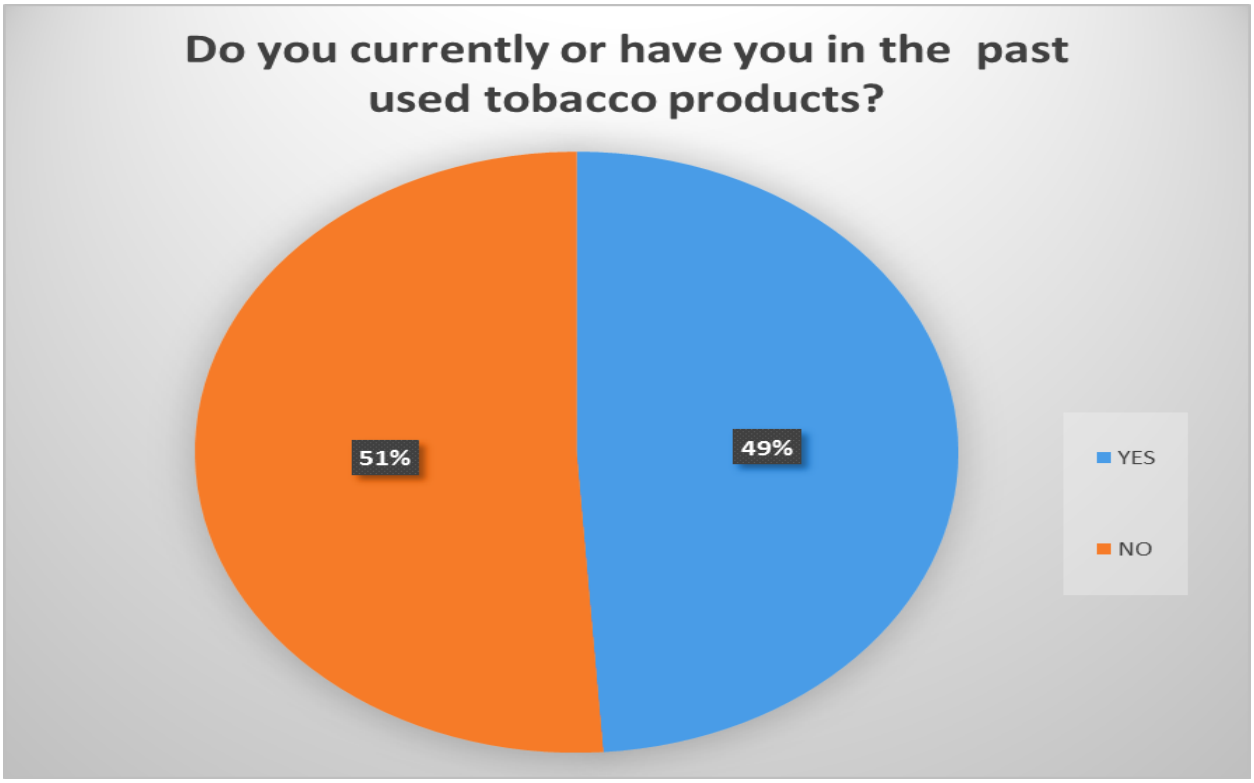
The majority of survey respondents, fifty-nine percent (59%) used the internet; fifty-six percent (56%) asked a doctor or clinic; and fifty percent (50%) asked family or friends for health information they needed or were interested in.



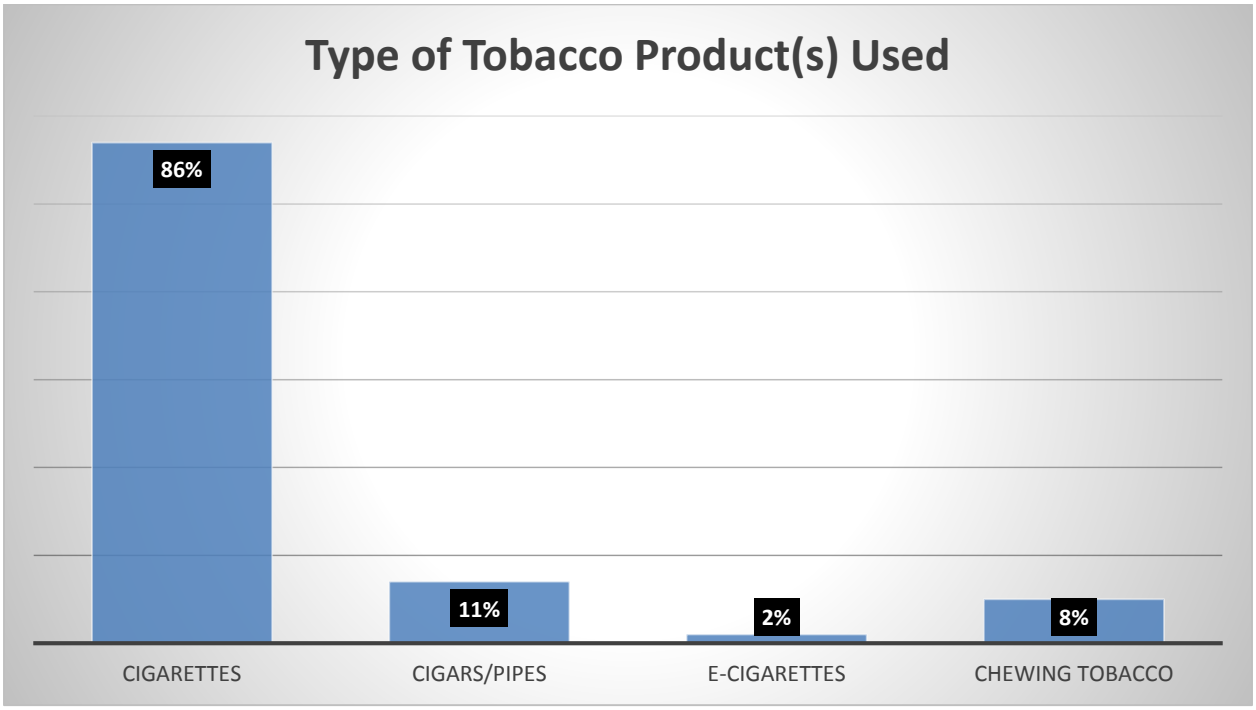
When asked about physical activity, thirty-seven percent (37%) of respondents engaged in a minimum of 30 minutes of exercise or more a couple days each week, while twenty-four percent (24%) reported rarely exercising.



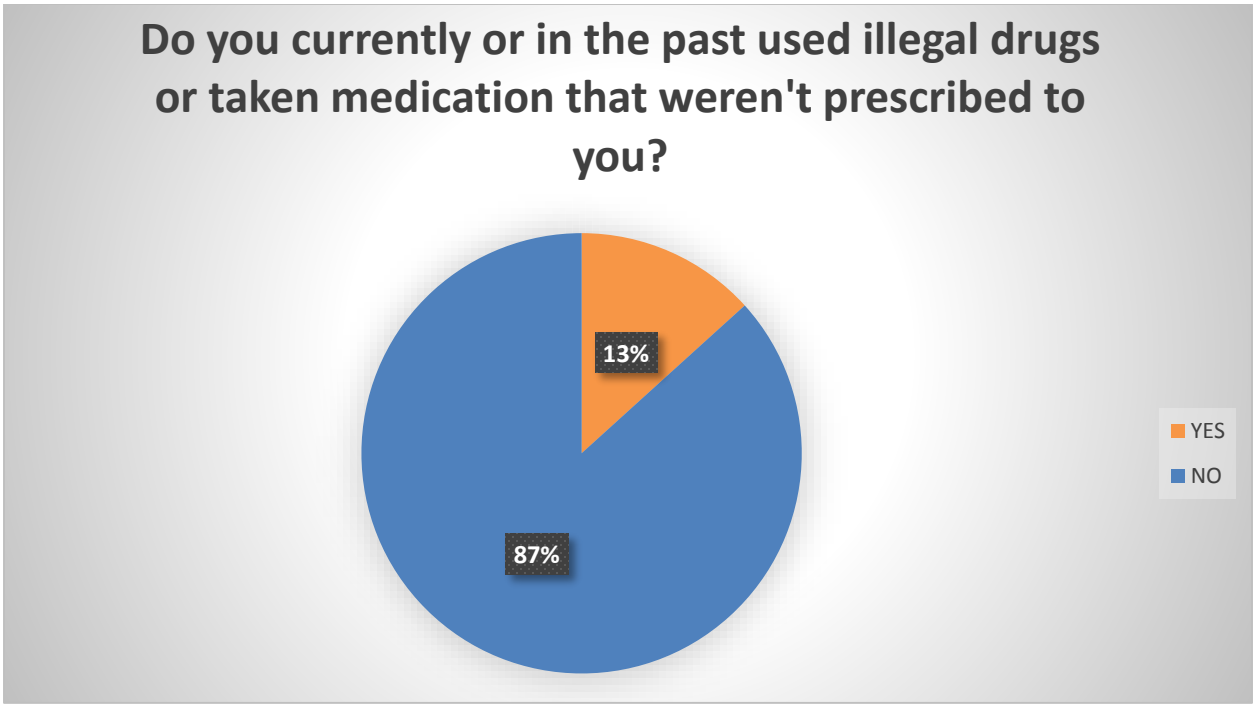
When asked about their ideal weight, thirty-three percent (33%) of respondents felt they needed to lose 11-30 pounds and twenty-two percent (22%) felt they needed to lose 31-50 pounds to reach their ideal weight.



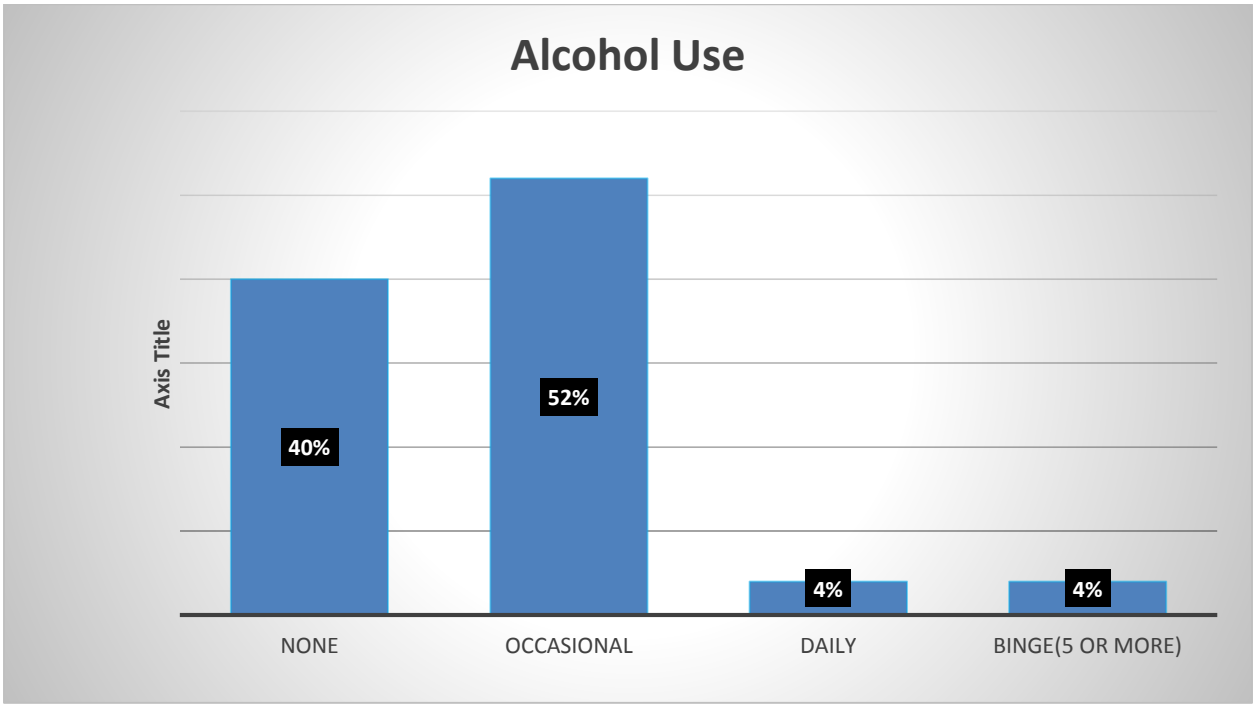
When asked about their tobacco use, fifty-one percent (51%) of respondents currently do not use, or have not in the past, used tobacco products.



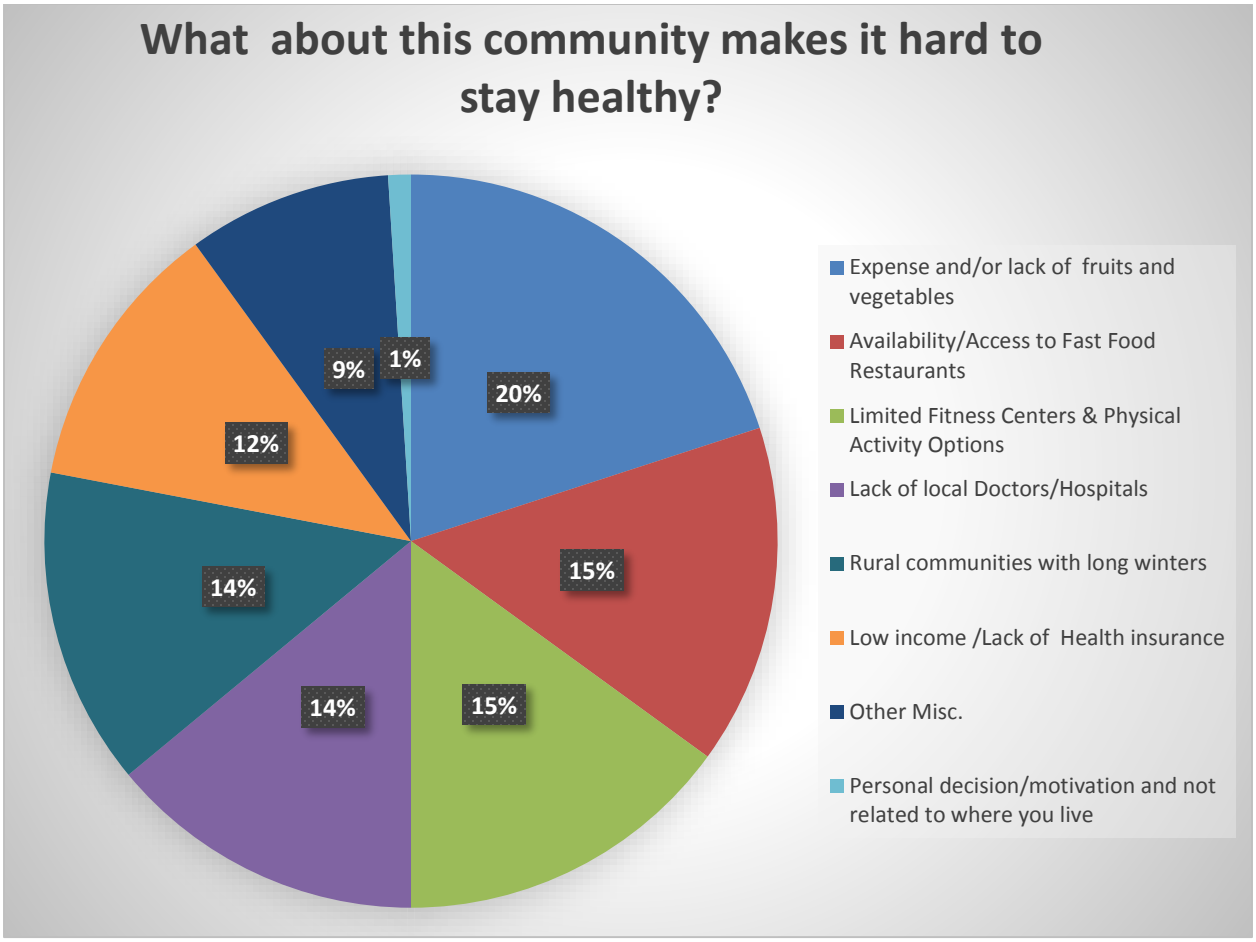
Of the forty-nine percent (49%) of individuals who reported either current or past use of a tobacco product, the most common type of tobacco product used was cigarettes at eighty-six percent (86%). Two percent (2%) of respondents did report using E-cigarettes.



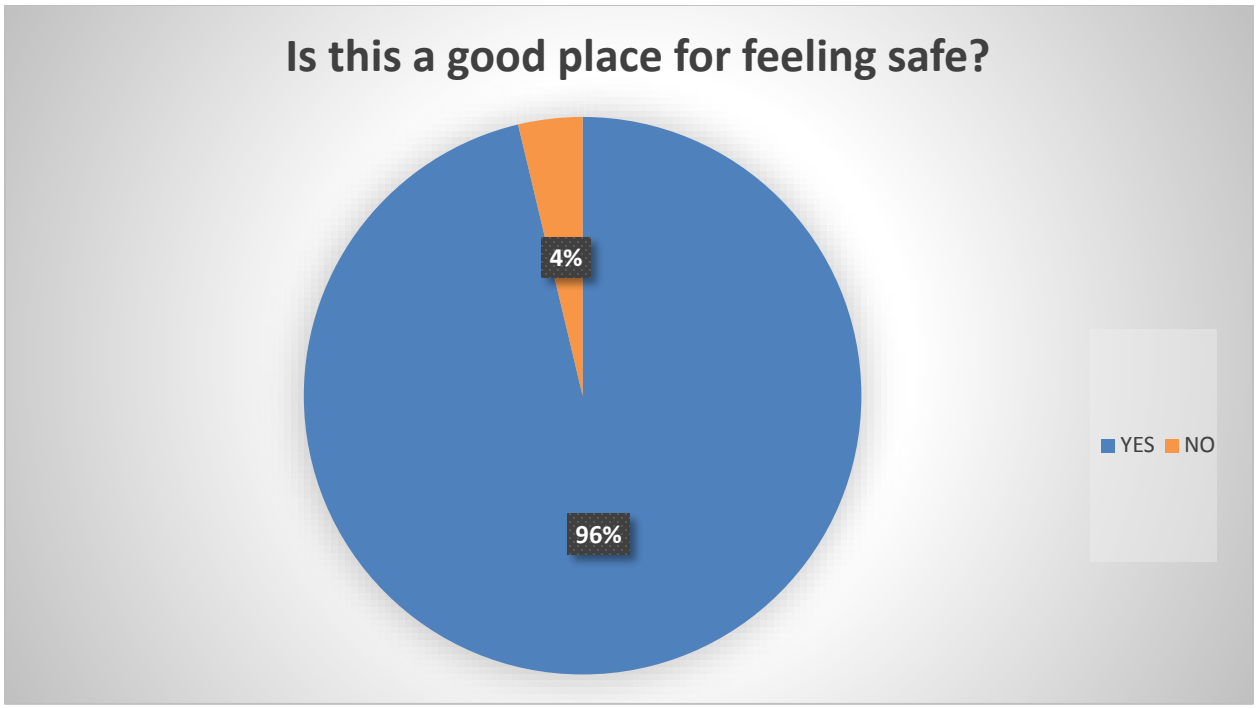
Eighty-seven percent (87%) of survey respondents reported they had not in the past and currently do not use illegal drugs or take medication that is not prescribed to them.



In regards to alcohol use, fifty-two percent (52%) of respondents reported occasional use, while forty percent (40%) reported no use, four percent (4%) reported daily use, and four percent (4%) reported binge drinking.

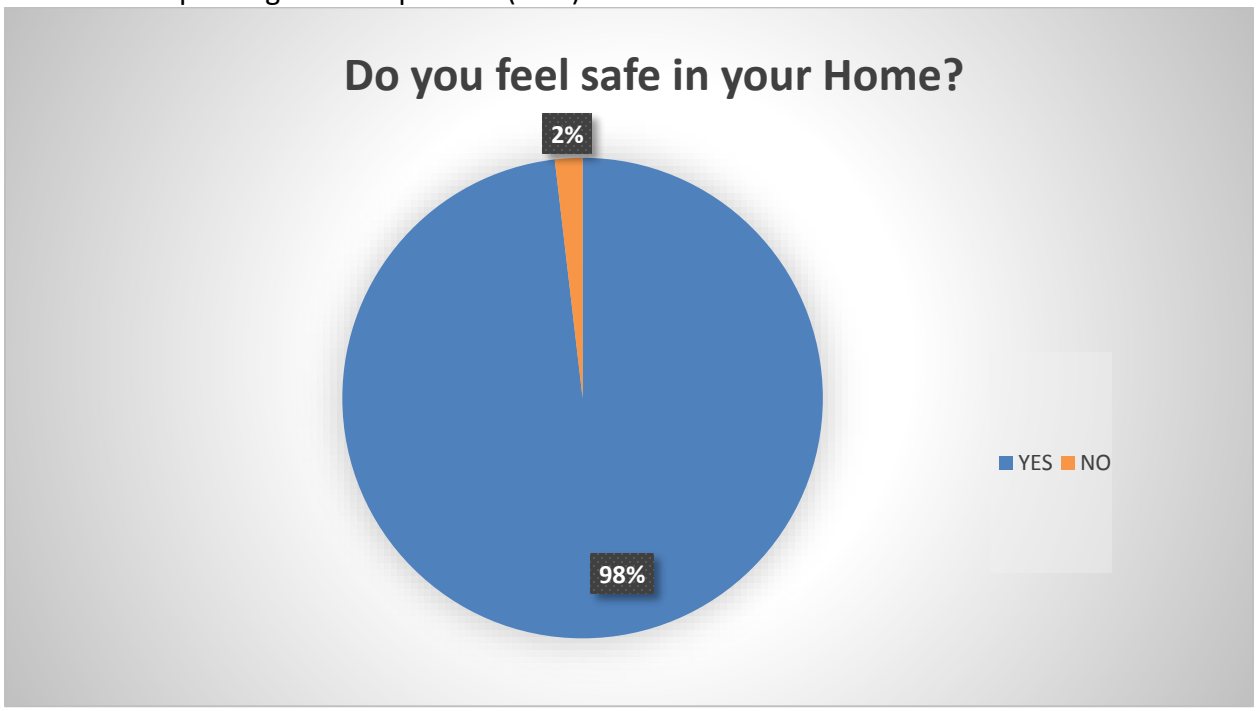


When asked what about the community makes it hard to stay healthy, twenty percent (20%) of respondents felt the expense and/or the lack of fruits and vegetables was a critical factor. While fifteen percent (15%) answered that access to fast food sabotaged healthy intentions. An additional fifteen percent (15%) cited that the limited fitness centers and physical activity options were a barrier. Fourteen percent (14%) answered lack of local doctors/hospitals was a grave concern. Long winter in a rural community presents a barrier to fourteen percent (14%). Twelve percent (12%) responded low income/lack of health insurance makes staying healthy difficult.

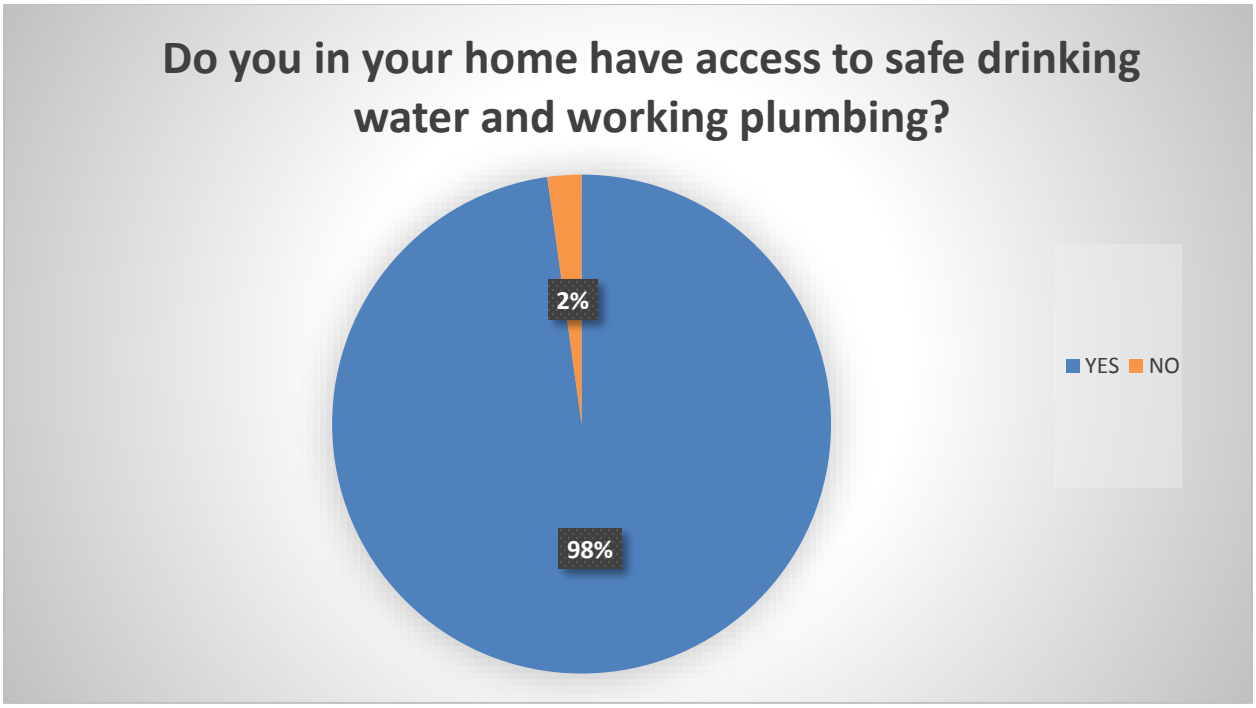


When asked if their community was a good place for feeling safe, ninety-six percent (96%) of respondents answered they did feel safe in their community. Respondents to the survey identified the following as factors contributing to feeling safe in their community and home:

- Low crime rate: Forty-three percent (43%)
- Small town with family values and close knit-community: Thirty-nine percent (39%)
- Good policing: Sixteen percent (16%)



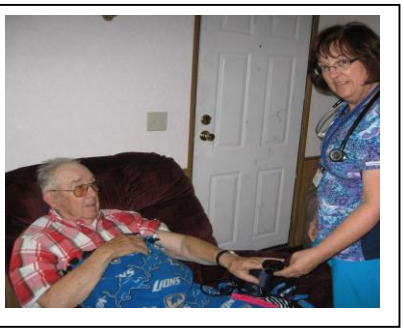
In addition to feeling safe in their community, ninety-eight percent (98%) of survey respondents also felt safe in their home.



In regards to safe drinking water and working plumbing in their homes, ninety-eight percent (98%) of survey respondents answered that they did have access to safe drinking water and working plumbing in their homes.

Emergency Preparedness:
Respondents were asked if they have a readiness plan in the event of a natural disaster, and fifty percent (50%) of individuals felt they were not prepared for natural disaster event. Conversely, fifty percent (50%) felt they were ready for a natural disaster.

A Community Focused on Caring for our Aging Population:
The CHNA asked individuals if they thought this was a good place to grow old.
Yes: Eighty-seven percent (87%)
No: Thirteen percent (13%)



The following factors contributed to respondents feeling their community is a good place to grow old:

- Small town with family values and close knit-community: Fifty-four percent (54%)
- Senior citizen population and service-focused: Twenty-nine percent (29%)
- Born and raised here/generational family: Thirteen percent (13%)

- Economically affordable: One percent (1%)
- Environmental/Natural Resources beauty and recreational: One percent (1%)
- Low crime rate/safe: One percent (1%)
- Other: One percent (1%)

Raising a Family:
The CHNA asked individuals if they thought this was a good place to raise a family.
Yes: Ninety-one percent (91%)
No: Nine percent (9%)

The following factors contributed to respondents feeling their community is a good place to raise their family:

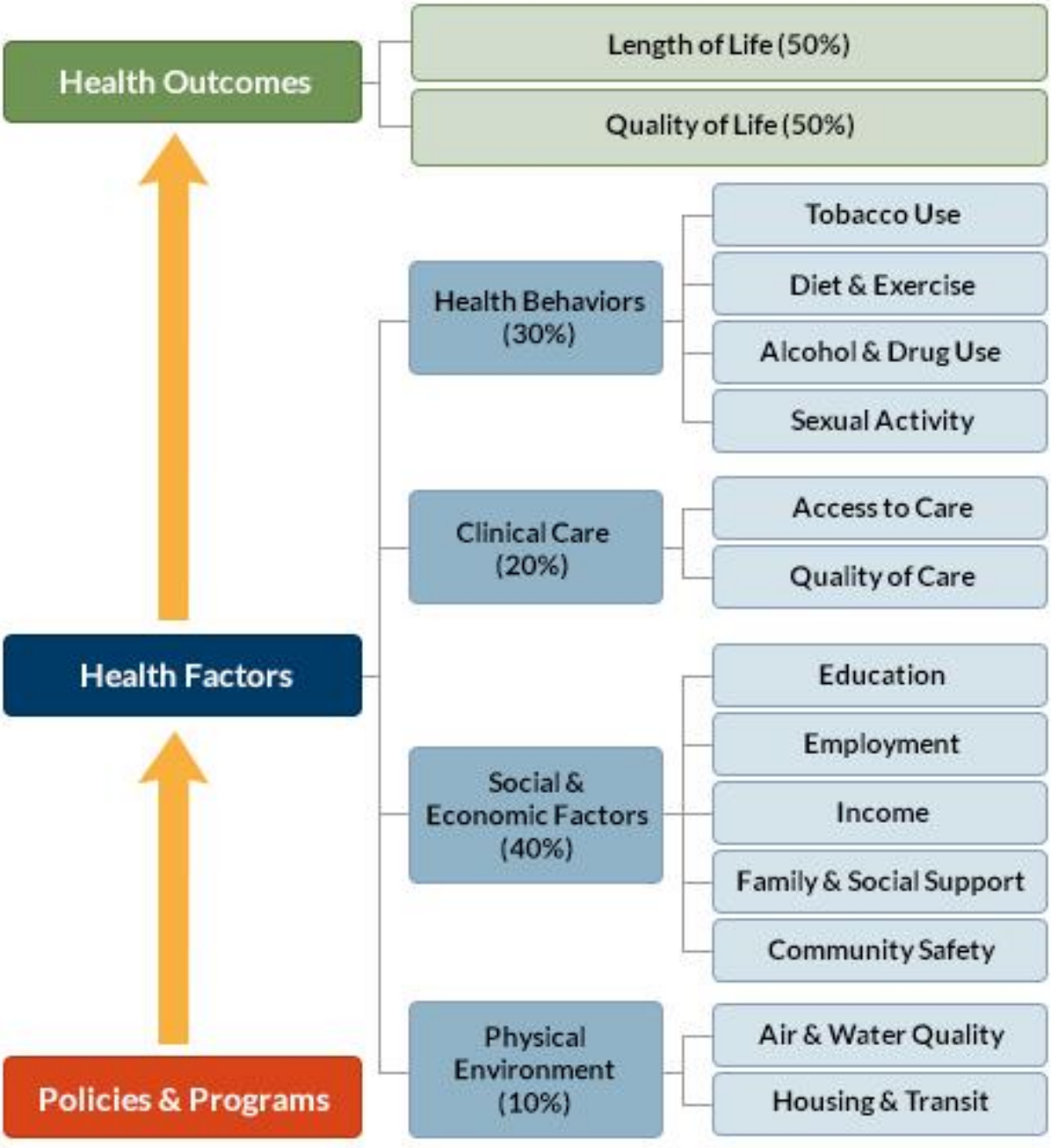
- Small town with family values and close knit-community: Sixty-seven percent (67%)
- Low crime rate: Sixteen percent (16%)
- Good schools: Fifteen percent (15%)
- Born and raised here/generational family: One percent (1%)
- Environmental/Natural Resources beauty and recreational: One percent (1%)

A comment from an individual born and raised here stated: "*Investment in our community by all residents is needed. The values of our small town are to take care of our senior citizens, to help the poor families more, and educate our youth to make good decisions."*

Health Disparity:
Respondents listed several factors they believe create health disparity in our communities:

- Poverty/Low income: Forty-one percent (41%)
- Lifestyle Choices: Thirty-four percent (34%)
- Lack of health insurance or under-insured: Fifteen percent (15%)
- Elderly population with special needs/fixed income: Two percent (2%)
- Unemployment: Two percent (2%)
- Lack of Knowledge: Two percent (2%)
- Laziness: Two percent (2%)
- Mental Illness: One percent (1%)

The following chart from the University of Wisconsin's Population Health Institute is a model used to rack U.S. counties' population health[4].



[4] University of Wisconsin Population Health Institute, www.uwphi.pophealth.wis.edu.

Summary:

"*Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has*." ~ Margaret Mead

The findings of the CHNA identified two areas of focus in order to accomplish the two prioritized categories that will have meaningful impact on changing health outcomes. Multiple strategy goals are delineated in the summary for each vision area. The two categories/vision areas are:

Vision: Equal access to high quality, holistic, patient-centered and affordable healthcare.
Strategic goals:

- Ensure all community members, including the uninsured, underinsured, and the working poor, have access to healthcare
- Improve access to affordable healthcare
- Reduce disparities in access to care and health outcomes
- Ensure providers are available that accept Medicaid or offer-low cost/free services
- Increase integrated services and continuity of services between acute and chronic needs; and emphasize preventative health behavioral models
- Ensure access to prenatal care and maternal-infant services
- Ensure access to dental care
- Ensure access to care for persons with mental illnesses and substance abuse disorders
- Increase community members' knowledge of resources that are currently available

Vision: Environment that supports healthy living for all.
Strategic goals:

- Increase healthy eating by ensuring access to healthy foods, especially in daycares, schools, and restaurants
- Increase knowledge /education about healthy lifestyle, nutrition, gardening and physical activity
- Address cost-prohibited barriers to fresh fruits and vegetables and organic, nutritious food
- Increase knowledge /education about maternal/infant health by creating seamless inter-agency, HIPAA compliant referral process, enhancing peer support, increasing incidences of breast feeding, and decreasing smoking during pregnancy and no second-hand smoking exposure to all children and youth
- Increase knowledge /education about harmful effects of chemicals or contaminants in local environments including water quality
- Ensure increase knowledge/education of the prevalence of prescription drug, alcohol and illicit drug use; and the ability to link individuals with mental illnesses and substance abuse disorders to care
- Enhance transportation modalities by increasing transportation options especially for medical services
- Create community biking/walking paths

Next Steps:

It is an honor and privilege to produce this report and share the findings with our stakeholders. Many residents shared their time and ideas with the DHD2 staff to accomplish this task. There continues to be work for the North-East Michigan Rural Health Planning Network. The focus should be to continue to engage community partners and get their commitment to the above two visions with the multitude of strategic goals. The North-East Michigan Rural Health Planning Network is advised to seek additional funding opportunities that will support the work needed to develop and publish the next needed guidance document, a Community Health Improvement Plan.

Appendix A: Survey Tool

Community Needs Assessment

Introduction to resident:

Hello, my name is _____ and I am from District Health Department No. 2. We're doing a community needs assessment – would you be able to answer a few questions for us? *

*If yes, ask for county of residence (check appropriate county) and write down zip code.

Do you live in ___ Ogemaw, __ Oscoda or ___Alcona County? Zip code: _____

*If no, or they do not live in one of the 3 counties, thank them for their time and conclude the conversation.

*If the resident asks for more information on the survey or what the results will be used for – provide the following information. The North-East Michigan Rural Health Planning Network is a community effort to improve the health of people who live in these three counties as well as Iosco and Arenac counties. We need your input to help us develop a plan for improving community health. The health department and local hospitals started this effort by bringing together a group of people concerned about health in the community. Today, District Health Department No. 2 is helping gather input from individuals in our community. Information from many interviews will be summarized into one report and used to develop a plan for improving health.

Survey:

1. Gender:
   □ Male □ Female □ Transgender
2. Age:
   □ 18 -25
   □ 26-39
   □ 40-54
   □ 55-64
   □ 65 or older
3. What type of health insurance do you have?
   □ Health Insurance through an employer
   □ Marketplace purchased Health Insurance
   □ Medicaid
   □ Medicare
   □ Veteran's Administration
   □ Self-pay
   □ None
   □ Other:

4. What do health and wellbeing mean to you?

5. In the last 12 months have you had (**Check all that apply**)
   - □ An annual physical?
   - □ Mammogram, if female?
   - □ Any immunizations, including the flu vaccine?
   - □ Seen a dentist?
   - □ Blood test for Diabetes?
   - □ Screened for High Blood Pressure?
   - □ Asthma services?
   - □ Prenatal care?
   - □ Vision/Eye exam?
   - □ Had a prescription filled?
   - □ Had a prescription written for you, but could not afford to fill it?
   - □ Mental health services?
   - □ Chiropractic services?

6. What do you need to improve your health and wellbeing?

	Poor	Fair	Good	Very Good	Excellent
7. How do you feel about health care in your community?	1	2	3	4	5
Ability to get appointments?	1	2	3	4	5
Quality of care?	1	2	3	4	5
Informed about options?	1	2	3	4	5
Cost?	1	2	3	4	5
Sensitivity to your culture/beliefs/values?	1	2	3	4	5

8. What about this community helps you live a healthy life?

9. What about this community makes it hard to stay healthy?

10. Is this a good place to raise a family?
    □ Yes □ No Why:

11. Is this a good place to grow old?
    □ Yes □ No Why:

12. Is this a good place for feeling safe?
    □ Yes □ No Why:

13. Are there people or groups in your community whose health or quality of life is not as good as others?
    □ Yes □ No If so, why do differences exists?

14. In the last 12 months, what problems have you experienced in trying to obtain health care? **(Check all that apply)**
    □ No problems getting health care
    □ Transportation issues
    □ Lack of health care providers
    □ Lack of services at convenient times
    □ Waiting list to be seen by the doctor
    □ Difficult to get away from work
    □ No insurance
    □ Lack of cultural diversity or inclusion
    □ Lack of sensitivity of healthcare providers
    □ Difficult to set appointments
    □ Language barriers
    □ Do not know where to go
    □ Cannot afford medications
    □ Cannot afford visits to doctor/clinic/hospital

15. Do you leave the County to seek medical services?
    □ Yes □ No If yes, why:

16. If there was a natural disaster in your area or an emergency event, have you made emergency plans and arrangements for your household (for example, by having stocked recommended items such as water, flashlights, medicines, etc.)?

17. How do you gain health information that you need or are interested in? (**Check all that apply**)
    □ Doctor or clinic □ Family or friends □ Internet □ Public Health □ TV □ Newspaper/s
    □ Other: _____

18. How easy is it for you to obtain reliable health information?
    □ Easy and I am confident I am able to get health information
    □ With a little extra effort, I am able to seek out health information
    □ I find it difficult to get health information

19. What health information would you find helpful for you or your family?

20. Please answer the following life style questions:

a. Alcohol Use: □ None □ Occasional □ Daily □ Binge Drinking (5 or more drinks)

b. Do you currently or have you in the past used illegal drugs or taken medications that weren't prescribed to you?
□ Yes □ No

Do you currently or have you in the past used tobacco products? □ No □ Yes
If yes what type? □ Cigarettes □ Cigars/Pipes □ E-Cigarettes □ Chewing Tobacco □ Other: _____

c. Do you feel safe in your home? □ Yes □ No

d. Do you in your home have access to safe drinking water and working plumbing? □ Yes □ No

e. What best describes your physical activity weekly habits:
□ I rarely get exercise
□ I engage in a minimum of 30 minutes of exercise or more a couple days each week
□ I have an exercise routine of 30 minutes or more most days of the week
□ I deliberately exercise 30 or more minutes most days with occasional rest days

f. What best describes your opinion in regards to your ideal weight:
□ I need to gain weight to get to my ideal weight Approximately how much _____
□ I am at my ideal weight
□ I need to lose less than 10 pounds
□ I need to lose 11-30 pounds
□ I need to lose 31-50 pounds
□ I need to lose 51-74 pounds
□ I need to lose 75-100 pounds
□ I need to lose over 100 pounds

21. How do you feel about the quality of life where you live?

22. What do we need to know to make our community healthy for everyone who lives here?

References:

Michigan Department of Community Health, MI Behavioral Risk Factor Survey Data, 2011-2013. www.michigan.gov/mdch.

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World Health Organization website. www.who.int.

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