Please join me in our effort to build a healthier Oakland County by aligning your vision for wellness with the results of this comprehensive Community Health Assessment (CHA). The enclosed assessment provides a compilation of data describing the health of Oakland County residents and is intended to inform the community about significant health trends.

This document provides a foundation for decision-making about health improvements across all sectors. As you explore the information in these pages, consider the impact our collective efforts have on the health status and quality of life in Oakland County. I urge all businesses and community organizations to use this information for your organizational planning to better understand and address the issues that impact health in this community.

This health improvement initiative began in 2013 with the Oakland County Health Division leading an effort called Energizing Connections for Healthier Oakland (ECHO). Many organizations and individuals donated valuable time and effort to the Steering Committee and Assessment Teams to make the project a success. They included representatives from hospitals, human services, behavioral health, education, businesses, parks and recreation, economic development, emergency response, community organizations, and elected officials.

Visit www.oakgov.com/health for additional information about ECHO and the next steps you can take toward improving the quality of life in Oakland County through healthy and active lifestyles. Together we can build a healthier Oakland County.

In 2013, Oakland County Health Division (OCHD) began convening a coalition of partners to examine health and quality of life in Oakland County. Energizing Connections for Healthier Oakland (ECHO) has conducted the County’s most comprehensive health assessment initiative to date, which will regularly recur to track progress on health outcomes.

A Community Health Assessment (CHA) is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a CHA is developing strategies to address the community’s health needs and identified issues. Community input and collaboration between partners are key methods to ensure that the assessment accurately reflects the needs and concerns found in the community. ECHO utilized Mobilizing for Action through Planning and Partnerships (MAPP) to complete this health assessment. MAPP is a community-driven, interactive process that uses strategic thinking to prioritize health issues.

ECHO would like to thank everyone that contributed to the completion of this CHA, including Steering Committee and Assessment Team members. Efforts of partners and community members, who provided data, participated in focus groups, engaged with our four question boards, or completed a survey are greatly appreciated. Your input and time has ensured that we have a broad understanding of health and quality of life in Oakland County.
Recognizing that improving the public’s health is a shared responsibility of many sectors, the Oakland County Health Division (OCHD), in coordination with a cross-sector of Oakland County organizations, engaged in a community health improvement initiative titled Energizing Connections for Healthier Oakland (ECHO). In December 2013, the ECHO Steering Committee was organized to provide oversight of the ECHO initiative. The Steering Committee’s vision statement (below) was created to provide an end goal or inspiration for every stakeholder engaged in the ECHO process, including the Community Health Assessment, the Community Health Improvement Plan and implementation and monitoring of selected strategies to build a healthier community.

“HEALTHY PEOPLE CONNECTED TO A THRIVING COMMUNITY”

ECHO utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide the Oakland County Community Health Assessment (CHA) process. The result was a community-driven process that engaged partners from businesses, academia, human services, parks and recreation, hospitals, economic development, emergency response, elected officials, behavioral health and community organizations.

To complete the CHA, ECHO relied on data compiled from the four MAPP assessments:

- Community Health Status Assessment (CHSA) – The CHSA team used quantitative data to identify the top health conditions in Oakland County and also examined if and where health inequities exist.

- Community Themes and Strengths Assessment (CTSA) – The CTSA team identified community assets and perceptions about health and quality of life.

- Local Public Health Status Assessment (LPHSA) – The LPHSA team examined the delivery of essential public health services by all partners in Oakland County and identified strengths, weaknesses, and opportunities for improvement in the public health system.

- Forces of Change Assessment (FOCA) – The FOCA team looked at forces that drive opportunities and threats that may affect health in the community.

This collection of qualitative and quantitative data provides a well rounded base of demographic and health indicator information.
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PHYSICAL FEATURES

Located in southeast Michigan, Oakland County is located on the northern border of the City of Detroit and Wayne County. Oakland County’s total area is 907 square miles. It has 35,247 acres of water, including 1,468 natural lakes and the headwaters of five major rivers. Residents enjoy 83,087 acres of park, recreation, and open land, including 13 county parks, eight state parks, three Metroparks, and numerous local parks.

POPULATION

In 2014, the population in Oakland County was 1,220,798 making Oakland County the 2nd most populous county in Michigan and 32nd most populous nationally.

<table>
<thead>
<tr>
<th>Total Population</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (2014)</td>
<td>1,220,798</td>
<td>9,889,024</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.

AGE

The median age in Oakland County was 40.7. Approximately 69% of Oakland County’s population is adults over 25 years old and 14% is over age 65. The largest segment of Oakland County’s population ranges between the ages of 45-64 years old, which is consistent with the State of Michigan.

<table>
<thead>
<tr>
<th>Total Population by Age Group, 2010-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Oakland County</td>
</tr>
<tr>
<td>Michigan</td>
</tr>
<tr>
<td>United States</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.
Oakland County is most densely populated in the southeastern quadrant. This map displays the population density per square mile with the darkest areas reflecting the most populated.

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.
RACE/ETHNICITY

In 2014, 74.0% of Oakland County residents identified themselves as White, 13.7% as Black or African American, 6.0% as Asian, and 2.3% as other or multiple races. There were approximately 44,312 residents who identified as Hispanic or Latino. This represents nearly 4.0% of the total population, which is similar to the remainder of Michigan at almost 5%.7

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>1,220,798</td>
<td>9,889,024</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>1,176,486</td>
<td>9,431,915</td>
</tr>
<tr>
<td>White</td>
<td>903,320</td>
<td>7,526,388</td>
</tr>
<tr>
<td>Black</td>
<td>166,763</td>
<td>1,368,159</td>
</tr>
<tr>
<td>Asian</td>
<td>73,230</td>
<td>257,464</td>
</tr>
<tr>
<td>American Indian / Alaskan Native</td>
<td>2,542</td>
<td>48,437</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>260</td>
<td>1,757</td>
</tr>
<tr>
<td>Other</td>
<td>2,304</td>
<td>11,526</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>28,067</td>
<td>218,184</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>44,312</td>
<td>457,109</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.7

INCOME & POVERTY

Between 2010 – 2014, the median income of households in Oakland County, was $66,436 compared to the Michigan average of $49,087. In Oakland County, an estimated 5.3% of households had income below $10,000 a year and 31.7% had income over $100,000.

<table>
<thead>
<tr>
<th>Household Income, 2010-2014</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Households</td>
<td>489,797</td>
<td>3,827,880</td>
</tr>
<tr>
<td>Total Household Earnings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $10,000</td>
<td>5.3</td>
<td>8.0</td>
</tr>
<tr>
<td>$10,000 to $14,999</td>
<td>3.8</td>
<td>5.5</td>
</tr>
<tr>
<td>$15,000 to $24,000</td>
<td>8.5</td>
<td>11.7</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>8.3</td>
<td>11.1</td>
</tr>
<tr>
<td>$35,000 to $49,000</td>
<td>11.9</td>
<td>14.5</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>17.3</td>
<td>18.5</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>13.1</td>
<td>11.9</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>31.7</td>
<td>18.8</td>
</tr>
<tr>
<td>Median household income (dollars)</td>
<td>$66,436</td>
<td>$49,087</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.8
In 2014, 9.9% of Oakland County’s total population lived below poverty. This percentage has continued to decrease since 2011, falling from 11.1% and has been consistently lower than the state average throughout this period.

<table>
<thead>
<tr>
<th>Year</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>10.2</td>
<td>16.8</td>
</tr>
<tr>
<td>2011</td>
<td>11.1</td>
<td>17.5</td>
</tr>
<tr>
<td>2012</td>
<td>10.5</td>
<td>17.4</td>
</tr>
<tr>
<td>2013</td>
<td>10.0</td>
<td>17.0</td>
</tr>
<tr>
<td>2014</td>
<td>9.9</td>
<td>16.2</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 one-year estimate.

In 2014, 12.4% of children (0-17 years old) in Oakland County lived below the poverty level. Since 2011, this measure has continued to decrease and has been significantly lower than the state average.

<table>
<thead>
<tr>
<th>Year</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>13.4</td>
<td>23.5</td>
</tr>
<tr>
<td>2011</td>
<td>14.9</td>
<td>24.8</td>
</tr>
<tr>
<td>2012</td>
<td>14.4</td>
<td>24.9</td>
</tr>
<tr>
<td>2013</td>
<td>13.0</td>
<td>23.8</td>
</tr>
<tr>
<td>2014</td>
<td>12.4</td>
<td>22.6</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 one-year estimate.

In 2014, 7.5% of adults aged 65 and older lived below the poverty level. This percentage has continued to increase since 2012 when the level in Oakland County was lower at 5.9%.

<table>
<thead>
<tr>
<th>Year</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>7.3</td>
<td>8.0</td>
</tr>
<tr>
<td>2011</td>
<td>7.3</td>
<td>8.2</td>
</tr>
<tr>
<td>2012</td>
<td>5.9</td>
<td>8.3</td>
</tr>
<tr>
<td>2013</td>
<td>6.8</td>
<td>8.3</td>
</tr>
<tr>
<td>2014</td>
<td>7.5</td>
<td>8.1</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 one-year estimate.
The county’s unemployment rate has continued to drop from a high of 12.9% in 2010 to 6.3% in 2014.

### Unemployment, 2010-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>12.9</td>
<td>15.1</td>
</tr>
<tr>
<td>2011</td>
<td>11.1</td>
<td>13.1</td>
</tr>
<tr>
<td>2012</td>
<td>8.8</td>
<td>11.3</td>
</tr>
<tr>
<td>2013</td>
<td>6.6</td>
<td>9.8</td>
</tr>
<tr>
<td>2014</td>
<td>6.3</td>
<td>8.3</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 one-year estimate. Note: Population is age 16 and older.

### Education

Oakland County has 28 public school districts, with 531 schools, including 26 public school academies and more than 100 private schools. In the 2014-2015 school year, K-12 enrollment was approximately 207,000 children and adolescents, with 188,460 from public schools and 19,026 from nonpublic schools.

In 2010-2014, 93% of adults aged 25 and over graduated from high school or higher, 25.2% obtained a Bachelors degree, and 18.5% achieved a graduate or professional degree. An estimated seven percent did not complete high school.

### Education Level of Those 25 Years and Older, 2010-2014

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>846,267</td>
<td>6,619,834</td>
</tr>
<tr>
<td>Less than High School</td>
<td>7.0</td>
<td>10.7</td>
</tr>
<tr>
<td>High School (Includes equivalency)</td>
<td>20.5</td>
<td>30.2</td>
</tr>
<tr>
<td>Some college or Associate’s Degree</td>
<td>28.9</td>
<td>32.7</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>25.2</td>
<td>16.1</td>
</tr>
<tr>
<td>Graduate or Professional Degree</td>
<td>18.5</td>
<td>10.3</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.
This map displays the areas in Oakland County where residents over the age of 18 do not have a high school diploma.

Oakland County, Michigan, Population with No High School Diploma (Age 18) Percent by Tract, ACS 2010 - 2014

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.12
Reflecting a diverse population, Oakland County’s 77 total languages rank second in the state and 41st nationally for the number of languages spoken. In 2014, among people at least five years old living in Oakland County, 14% spoke a language other than English at home, with the second highest being Spanish or Spanish Creole (2.4%), and third highest Arabic (1.6%).

<table>
<thead>
<tr>
<th>LANGUAGE SPOKEN AT HOME POPULATION 5 YEARS AND OVER, 2010-2014</th>
<th>OAKLAND COUNTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NUMBER</td>
</tr>
<tr>
<td>Total population 5 years and older</td>
<td>1,152,759</td>
</tr>
<tr>
<td>Speak only English</td>
<td>991,143</td>
</tr>
<tr>
<td>Spanish or Spanish Creole</td>
<td>28,173</td>
</tr>
<tr>
<td>Arabic</td>
<td>17,891</td>
</tr>
<tr>
<td>Other Asian Languages</td>
<td>11,457</td>
</tr>
<tr>
<td>Chinese</td>
<td>11,148</td>
</tr>
<tr>
<td>German</td>
<td>6,820</td>
</tr>
<tr>
<td>Hindi</td>
<td>6,716</td>
</tr>
<tr>
<td>Other Language</td>
<td>79,411</td>
</tr>
</tbody>
</table>

*Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.*
OCHD began work on the Community Health Assessment (CHA) in 2013, selecting Mobilizing for Action through Planning and Partnerships (MAPP) as a framework to guide the process. MAPP was developed by the National Association of County and City Health Officials (NACCHO) to help communities apply strategic thinking to prioritize public health issues and identify resources to address them. OCHD titled the initiative Energizing Connections for Healthier Oakland (ECHO) and assembled a group of five staff, the ECHO Core Group, to work on this endeavor.

ECHO involves the community in a recurring process to:

1. **Identify** – gather data to create a snapshot of health in the county
2. **Prioritize** – rank health issues and determine which ones to address
3. **Act** – develop a coordinated plan to empower all partners throughout the community to help improve the health of the county

This Community Health Assessment (CHA) initiative will provide a comprehensive picture of health in Oakland County that includes input from community members, as well as a community health improvement plan developed collectively with partners.
The MAPP Process Includes Six Key Phases:

Phase 1: Organizing for Success and Partnership Development
OCHD Administration and key staff participated in a Sector Mapping process to identify existing partnerships and community leaders to become involved in the Steering Committee. This led to the formation of a 30-member, cross-sector Steering Committee, which oversees ECHO and includes representatives from hospitals, human services, behavioral health, higher education, businesses, parks and recreation, economic development, emergency response, community organizations, and elected officials.

Phase 2: Visioning
Early in the process, ECHO engaged the community to identify their thoughts and attitudes around the meaning of a healthy community through the use of 4-Question Boards. These boards were displayed at a variety of events, and community members were invited to write their responses to the questions. ECHO used these answers to develop visual displays of the community’s interpretation of what health means to them. The information collected on the 4-Question Boards was also important to the development of focus groups and community survey questions.

The initial task for the ECHO Steering Committee was to develop the ECHO vision. Using data from the four question boards and other vision statements, each Steering Committee member was asked to come-up with 3-5 words to include in the ECHO vision. These words were used to develop the ECHO Vision which is “Healthy people connected to a thriving community.”

Phase 3: Conducting the Four MAPP Assessments
A Community Kickoff was held in April 2014 to launch ECHO in the community. Over 100 partners and community members attended to learn about ECHO and the four ECHO Assessment Teams. This event also commenced the start of data collection and information gathering through the four assessment teams. The ECHO Data Dashboard was also introduced as a web-based tool to collect and organize data for the health of Oakland County.

The four assessment teams include:

• Community Health Status Assessment (CHSA) – The CHSA team used quantitative data to identify the top health conditions in Oakland County and also examined if and where health inequities exist.

• Community Themes and Strengths Assessment (CTSA) – The CTSA team identified community assets and perceptions about health and quality of life. After reviewing data on disparities in access to healthcare, unemployment rates, free and reduced-price meal eligibility rates, and high school dropout rates, the team decided to focus additional efforts to gather information from six communities with greater disparities: Pontiac, Hazel Park, Oak Park, Ferndale, Madison Heights, and Royal Oak Township. Qualitative data was gathered through use of question boards, focus groups, and a community-wide survey.

• Local Public Health Status Assessment (LPHSA) – The LPHSA team examined the delivery of essential public health services by all partners in Oakland County and identified strengths, weaknesses, and opportunities for improvement in the public health system. This assessment used the National Public Health Performance Standards as a tool for analysis of service delivery.
FRAMEWORK

- Forces of Change Assessment (FOCA) – The FOCA team looked at forces that drive opportunities and threats that may affect health in the community. Initial thoughts regarding forces and their importance to the health of the community were gathered in an electronic survey and finalized at an in-person Steering Committee meeting to identify the top forces impacting health in Oakland County.

Phase 4: Identifying Strategic Issues
Each Assessment Team identified top themes, opportunities, and/or concerns that arose from reviewing the data. The ECHO Core Group assembled all the information into summary reports that were presented to the Steering Committee. A robust discussion about recurring themes in the data resulted in the Steering Committee selecting five strategic issues that would be the focus of the ECHO Community Health Improvement Plan (CHIP) for Oakland County. Core principles were developed to guide the work of ECHO in creating the CHA, CHIP, and Action Plan.

Core Principles
- **Access**: Quality services are available, affordable, and easily navigable.
- **Education**: Critical component in promoting prevention, improving health literacy, and reducing health inequities.
- **Resource Awareness**: Promote and share resources among partners and clients.
- **Collaboration and Community Partnership**: Commitment to building upon existing, strong partnership base.
- **Equity**: Commitment to achieving highest level of health for all people.
- **Civic Engagement**: Provide opportunities for residents to make a difference in their communities.
- **Communication**: Information is shared openly among all partners.

The Five Strategic Issues Identified
- Healthy Eating
- Access to Care
- Built Environment
- Active Living
- Data and Informatics
- Built Environment
- Data and Informatics

Phase 5: Formulate Goals and Strategies
The ECHO Steering Committee reconvened to identify goals to improve health through the five strategic issues. The committee reviewed and approved goals for the ECHO CHIP and began to identify objectives and activities to help achieve those goals.

The ECHO Core Group finalized work on the CHIP, reaching out to subject matter experts for additional input. The CHIP includes a list of suggested actions that organizations can implement as a starting point for getting involved.

The CHIP was presented to the ECHO Steering Committee for approval. During this process, Steering Committee members also began to identify areas of the improvement plan that their organizations could assume a leadership role in the action phase.

Phase 6: Next Steps – Organize for Action Phase
Beginning in the summer of 2016, the ECHO Core Group will collaborate with the Steering Committee, to develop action plans for each strategic issue, and monitor implementation of CHIP activities. Asset maps developed during the CHA will be provided to the action teams as starting points for strategic issue dialogue.
Farmers’ Markets 2016
Oakland County, Michigan

Legend
- EBT Not Accepted
- EBT Accepted
- Municipal District Boundary
- Highway

Miles
SNAP Authorized Retailers 2015
Oakland County, Michigan

Legend

- SNAP Authorized Retailers
- Municipal District Boundary
- Highway

0 4 8 12 Miles
WIC Authorized Vendors 2015
Oakland County, Michigan
Parks and Recreation 2015
Oakland County, Michigan
Trails 2015
Oakland County, Michigan

Legend
- Municipal District Boundary
- Trail
- Water Trail
- Highway

0 3 6 9 Miles
Hospitals with Emergency Department 2015
Oakland County, Michigan
Libraries and Downtown Areas with Free WIFI Access 2016
Oakland County, Michigan
COMMUNITY HEALTH STATUS ASSESSMENT

COMMUNITY HEALTH STATUS ASSESSMENT COMMITTEE MEMBERS

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Affirmations
Lydia Hanson

Alliance of Coalitions for Healthy Communities
Julie Brenner

Baldwin Center
D.J. Duckett

Beaumont Health System
Belinda Barron

Beaumont Health System
Maureen Husek

Beaumont Health System
Erin Wisely - Intern

Common Ground
Emily Norton

Easter Seals
Stephanie Wolf-Hull

Meridian/Community Programs, Inc.
Erica Clute

Michigan Department of Health & Human Services
Jill R. Anderson

Michigan Department of Health & Human Services
Kelly Cutean

Michigan Department of Health & Human Services
Vicki Cooley

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Nicole Lawson

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Anne Niquette - Intern

Oakland County Health Division
Public Health Nursing
Shane Bies

Oakland County Health Division
Health Education
Shannon Brownlee

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METHODOLOGY

Each assessment in MAPP answered different questions about the health of a community. Conducting the Community Health Status Assessment involved identifying quantitative data for Oakland County and answering the following overarching questions:

- What health conditions exist in the community?
- How healthy is the community?
- What does the health status of the community look like?

Prepare for the CHSA:

Preparation for the CHSA was completed predominately by the ECHO Core Group comprised of Oakland County Health Division staff with input from an expert consultant in the field of health data analysis. Preparation involved reviewing and modifying processes other jurisdictions across the nation utilized for completing their CHSA. The Core Group utilized this information to develop a CHSA process to meet local community needs.

Organization representatives attended an initial meeting for the CHSA committee to learn about the committee’s purpose and discuss any questions about the CHSA. Those interested completed a survey onsite to describe their experience with health data and information. The information gathered at this meeting was utilized to develop an implementation plan for the six-step process the committee would use (see below).

1. Establish a committee and plan the process
2. Collect data for the core indicators on the CHSA indicator list
3. Select additional data indicator(s) to explore issues important to the community
4. Organize and analyze the data, present information in understandable charts and graphs, and compile findings and disseminate in the community
5. Establish a system to monitor indicators over time
6. Identify challenges and opportunities related to health status for consideration in the next phase
Collect, Organize and Analyze Data

For the CHSA data review and indicator selection, MAPP’s eleven broad-based core (see Appendix A) and extended indicator categories (see Appendix B) were used. The data categories measure health or related contributing factors that potentially affect community health status. Utilizing the MAPP core indicators was important because they cross-reference with other initiatives. These indicators include the 25 recommended indicators in the Institute of Medicine’s report, “Improving Health in the Community” and the majority of indicators from the Centers for Disease Control and Prevention (CDC) Community Health Status Indicators web application.

The CHSA committee infrastructure evolved into three data groups, making the task to investigate indicators more manageable. CHSA committee members self-selected into one of the three data groups. Each data group had core and extended indicator lists assigned to them as described below. Each group brainstormed data sources and utilized those sources and the ECHO Dashboard to begin identifying and compiling data.

**Data Group 1: Who are we?**

1. Demographic
2. Socioeconomic characteristics
3. Health resource availability

**Data Group 2: What are the strengths and risks in our community that contribute to health?**

4. Quality of life
5. Behavioral risk factors
6. Environmental health indicators

**Data Group 3: What is our health status?**

7. Social and mental health
8. Maternal and child health
9. Death, illness and injury
10. Infectious disease
11. Sentinel events
A series of interactive presentations from local and regional presenters was provided to support the data-related tasks addressed by the committee. The presentation topics provided are listed below:

- **Community Health Indicator Presentation**
  CHSA and CTSA committees jointly received this presentation from Gary Petroni, Director of the Center for Population Health, Southeastern Michigan Health Association. Committee members had varying degrees of experience and exposure to data and conceptualization of how data are related. This presentation was intended as a starting point for both committees to begin the assessment process. The presentation provided secondary data and information from health needs assessments recently completed targeting substance abuse-related data. Data were reviewed on demographics, behavioral risks, traffic crashes, hospitalization data, and mortality. Discussion was guided by the concepts and questions that included:
  - Demographics are destiny
  - All health is local
  - Wealth equals health
  - Place matters

- **Data Sources and Using Quantitative Data for the CHSA**
  This presentation, provided by an OCHD Epidemiologist, served to begin discussion about sources of data the CHSA committee could use and to delineate the difference between primary and secondary data sources. Additionally, the committee received an interactive presentation of the ECHO Dashboard, which is an online resource where Oakland County data is organized and available for dissemination and monitoring.

- **Benchmarking: What is it?**
  This presentation, provided by an OCHD Epidemiologist, occurred after the committee had researched and compiled data for the core and extended indicators from the MAPP model. The focus was to expose the committee to the definition of benchmarks, how to benchmark and benchmark sources.

- **Health Disparity and Health Equity, Things to Consider**
  This presentation, provided by Shannon Brownlee, Public Health Educator III, OCHD, introduced the concepts of health disparity and equity, the social determinants of health and addressing these issues through prevention efforts.

Committee meetings included a component for the data groups to identify data sources for their indicators, assign indicators to group members to research, and discuss gaps and challenges encountered. Written group guidelines were provided as well as written “homework” assignments. Over time, it became evident additional assistance was needed to identify and compile indicators. As a result, three interns supported the work of the CHSA, one provided by a hospital partner to data group 1 and two from OCHD, the convening organization of ECHO.
In between meetings, committee members completed tasks related to the presentation topic to practice using the concepts and data sources presented. As the committee progressed, the members’ tasks involved identifying and compiling data for sharing at the next meeting. The committee, through general consensus, agreed on the format to compile the data and agreed to an excel spreadsheet for each data category.

Each data category table evolved over time to include benchmarks, multiple years of data when available, data sources and indicator definitions. Category tables were then separated by indicators with and without data. Benchmarks were identified for the indicators with data. Only indicators with benchmarks were considered by the CHSA committee for the analysis process.

The CHSA committee utilized numerous state and national data sources to research, compile, and analyze indicators for the data category lists. The most commonly used sources are listed below:

- Community Commons [http://www.communitycommons.org/](http://www.communitycommons.org/)
- Michigan Department of Health and Human Services – Community Health Information [http://www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)
- Michigan Department of Licensing and Regulatory Affairs [http://michigan.gov/lara](http://michigan.gov/lara)
- Oakland County Health Division, Communicable Disease Unit [http://www.oakgov.com/health](http://www.oakgov.com/health)

Over 379 core and extended indicators were researched during the CHSA process by the data groups. Over 75 indicators from all the data category lists did not have any data the groups could locate. When available, an alternate, but related indicator was used as a replacement. For instance, the adolescent pregnancy rate on the core data list defined adolescent as 15 – 17 years old, but the data available was for teens 15 – 19 years old.

Overall, 144 indicators were utilized to describe community health status in Oakland County. Within this group, benchmarks were identified for over 75 indicators. The committee data groups discussed the importance of missing information and identified recommendations to address the gap, including conducting data collection in the future and recommending action to the Steering Committee (see results section).
Benchmarking was completed with the following prioritization for utilizing available benchmarks:

- Healthy People 2020 (HP2020) Objectives for the nation, target measures
- State of Michigan indicators
- United States indicators
- Oakland County Health Division, ten-year average of communicable disease data

If HP2020 targets were not available, the State of Michigan indicators were used as a benchmark. The United States was used as a benchmark for nine indicators. As a group, the committee reviewed all eleven data category spreadsheets and completed the comparison of indicators to benchmarks using the following definitions:

- Better than the benchmark by at least 2 points
- About the same as the benchmark +/- 1 point
- Worse than the benchmark by at least 2 points

This was followed by sorting comparison results into the following three groups:

- Better than the Benchmark
- About the Same
- Worse than the Benchmark

Results of benchmarking were distributed to committee members to identify strategic themes comprised of related indicators. Themes were finalized through a multi-step process listed below:

- **Group discussion:** A discussion defining what is a theme (a collection of related indicators) and examples of themes from the Forces of Change and Community Themes and Strengths Assessments and MAPP resources were shared with the committee.

- **Diagram strategic-related indicators and identify strategic themes:** Working independently, committee members diagrammed related indicators and created a potential strategic theme using a handout provided (see example on next page). Committee members were also asked to select 8 – 10 indicators that they believed were important to maintain and/or improve health to assist them in organizing the indicators into theme groupings.
Example Indicator/Theme Diagram

- **Review and edit indicator/theme relationships:** Suggested themes and related indicators were compiled from committee member’s independent efforts. In pairs, committee members reviewed this information to determine if the indicators and themes made sense and, if not, made suggested deletions, additions, or edits.

- **Finalize themes and associated indicators:** As a group, the committee discussed all the suggested changes made to the themes and indicators and made a final list for voting. Through consensus, fourteen themes were narrowed to seven by combining and deleting themes and associated indicators.

**RESULTS: BENCHMARK COMPARISONS**

The CHSA committee narrowed 379 indicators down to a list of 75 indicators with benchmarks. The benchmarking comparison process resulted in the indicators being grouped as listed below (see Appendix C for the listing of indicators and the benchmark groupings):

- 36 indicators were **better than the benchmark** by at least two points
- 19 indicators were **about the same as the benchmark** by +/-1 point
- 19 indicators were **worse than the benchmark** by at least two points
A multi-step process involving individuals, committee members working as pairs, and group efforts narrowed a list of 14 themes and 58 indicators to a list of 7 themes and 45 indicators. The committee voted on this to select the final themes and indicators.

Recommendation: The themes and indicators selected by the committee are shown below and were recommended to the ECHO Steering Committee for consideration in the Identifying Strategic Issues phase.

### RESULTS: SIX-THEME INDICATOR ANALYSES

Top Six Voted Theme Indicator Relationships: CHSA

**Built Environment**
- Grocery Store Rate
- Rec & Fitness Facility Access
- Food Deserts
- Food Access
- Fast Food Restaurants
- Liquor Store Rate

**Teen/Adult Health**
- Healthy Eating
- Suicide Prevention
- Physical Activity
- Seat Belt Use
- Sexual Behavior
- Drug/Alcohol/Tobacco Use

**Healthy Eating**
- Fruit & Veggie Consumption
- Fast Food Restaurants
- Obesity
- Salmonella
- Food Deserts

**Healthy Living**
- Drug Use
- Tobacco Use
- Alcohol Use
- Seat Belt Use
- Fruit & Veggie Consumption
- Physical Activity
- Obesity

**Vaccine-Preventable Disease**
- Pneumonia
- MMR
- Pertussis
- Imms- Adult
- Imms- Kids
- Hep A
- Hep B

**Maternal & Child Health**
- No Prenatal Care
- Healthy Food Access
- Neo/Post Neo Mortality
- Low Birth Rate
- Entrance to Prenatal Care
- Low Birth Weight
- % Gained During Pregnancy
- Infant Mortality
- Teen Birth
To understand the current measure of each indicator within the six recommended themes, results are depicted in the graphs and tables that follow. The six themes are:

- Built Environment
- Teen/Adult Health
- Healthy Living
- Vaccine-Preventable Disease
- Healthy Eating
- Maternal and Child Health

**RESULTS: BUILT ENVIRONMENT**

Being healthy depends on many factors such as having access to healthy food, clean air and water, and opportunities for regular physical activity. When these are easily accessible in the communities where we live, work and play, achieving good health is more attainable.

The indicators analyzed for the built environment theme are a starting point. Research to locate additional information describing the built environment as it impacts physical activity, travel within a community and other infrastructures will occur. Indicators and information documenting parks, trails, sidewalks, and safety issues will provide a more comprehensive perspective of the built environment.

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**Built Environment, 2010 - 2014**

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*Food desert - a low-income census tract where a substantial number of people have low access to supermarkets or grocery stores.*

**Data Source:** USDA Food Access Research Atlas, 2010; CDC Division of Nutrition, Physical Activity, and Obesity, 2011; U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate; CDC, National Environmental Public Health Tracking Network, 2011.
The built environment data demonstrates that Oakland County does not perform well related to food access. A greater percentage of the population in Oakland County lives in a food desert than Michigan and the United States. Approximately 23% of the population lives in areas where there are no healthy food retailers, which is also lower than Michigan, and higher than the United States. Use of public transportation in Oakland County is lower than that of Michigan and the United States. Lack of contiguous public transportation from one community to another contributes to this result. Oakland County performs better than Michigan and the United States when looking at park access, with 42% of the population living within a half mile of a park.

The CHSA committee viewed access to healthy food and beverages as a critical component of the built environment, as well as access to recreation and fitness opportunities. Oakland County has more fast food restaurants and liquor stores than Michigan and the US per 100,000 residents. When reviewing the rate of grocery stores and SNAP-authorized food stores, Oakland County is similar to Michigan and the United States. For WIC-authorized food stores, Oakland County is similar to the U.S. and lower than Michigan. Having access to recreation and fitness opportunities is important for physical activity. Oakland County has slightly greater access than Michigan and the United States.
RESULTS: HEALTHY LIVING

Eating well, being physically active, and not smoking are three of the best things to do to stay healthy and prevent chronic diseases.

Everyone has a role to play in supporting healthier living. Individuals, families, communities, governments and other organizations can work together to create environments and conditions that support healthy living. Some examples include creating smoke-free public spaces, making nutritious foods easily accessible or developing communities and buildings that promote physical activity.

Healthy Living, 2011 - 2014

Over 20 million Americans live in food deserts – urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. This lack of access contributes to a poor diet and can lead to higher levels of obesity and other diet-related illness such as type 2 diabetes and heart disease. Many of these communities that lack healthy food retailers are also over-saturated with fast food restaurants, liquor stores, and other sources of inexpensive, processed food with little to no nutritional value.

**RESULTS: HEALTHY LIVING (CONTINUED)**

Oakland County has a higher percentage of people with low food access (30.9%) than the state of Michigan (23.1%). Compared to the State, Oakland County fares better for adults reporting fruit and vegetable consumption (20.6% vs 16.6% respectively). Oakland County (36%) exceeds the HP2020 benchmark (33.9%) and Michigan (32.6%) for adults at a healthy weight and with less obese adults, at 26.7% vs. 31.1% vs. 30.5% respectively.

*Food desert - a low-income census tract where a substantial number of people have low access to supermarkets or grocery stores.*

RESULTS: TEEN HEALTH INDICATORS

Promoting health and wellness in adolescents helps them become healthy productive adults. Certain behaviors and conditions can put teens at risk for health-related problems in adulthood. Emerging information and data is beginning to focus on factors that are protective for children and youth and will be important to incorporate into future community health status assessment endeavors.

The following graphs are from the Michigan Profile for Healthy Youth (MiPHY) survey facilitated by the Michigan Department of Education. Because only eight Oakland County school districts participated in the survey, this information is not recommended to generalize to the overall teen population in Oakland County. However, the information is valuable to monitor how teen health changes over time and compares to the Healthy People 2020 objective targets for the nation.

As shown on the previous chart, fewer teens in Oakland County are obese than the HP2020 benchmark of 14.5%, according to those participating in the MiPHY survey from middle schools in 8 districts and high schools in 9 districts. Ten percent of middle school students and 11.4% of high school students participating in the survey were obese. More students in middle and high school report engaging in regular physical activity as compared to the HP2020 benchmark of 31.6%.


In Oakland County, more high school students compared to middle school students participating in the MiPHY survey were sexually active, drank alcohol or used drugs before last sexual intercourse and used a condom during sexual intercourse. More middle school students wore a seat belt when in a car driven by someone else than high school students.
More high school students compared to middle school students in Oakland County reported feeling sad or hopeless and slightly more had attempted suicide one or more times in the past. A similar percentage of students in both high school and middle school reported seriously considering suicide.

RESULTS: TEEN HEALTH INDICATORS (CONTINUED)

Teen Substance Use, 2013 - 2014

More high school students reported smoking cigarettes and marijuana, drinking alcohol, and taking prescription drugs without a doctor’s prescription than middle school students in Oakland County who completed the survey. Oakland County high school students exceeded the Healthy People 2020 benchmarks in all areas of teen substance abuse except “smoked a cigarette recently.”

RESULTS: ADULT HEALTH

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease. Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health.

The health needs of adults are very different from teens and children. Needs vary throughout life and are greatly influenced by whether you are in a stage of growth and development or maintenance. Children and teens require more energy and nutrients to build new muscles, bones and skin, while adults’ needs are influenced by many factors, including healthy eating and physical activity level.

Oakland County adults 18 years or older reported higher fruit and vegetable consumption (20.6%) than adults statewide in Michigan (16.6%). In comparison, Oakland County adults were slightly better (20.6%) than Michigan (23.8%) and the HP2020 benchmark (32.6%) for no leisure time physical activity. Oakland County (20.2%) has a smaller percent of the population that smokes than Michigan (22.0%), but is still over the HP 2020 benchmark (12.0%). Oakland County fares slightly better than Michigan for binge and heavy drinking. For seatbelt use, Oakland County (90.1%) is similar to the HP2020 benchmark (92.0%).
RESULTS: VACCINE-PREVENTABLE DISEASE

Immunizations have had an enormous impact on improving health in the United States. Most parents today have never seen first-hand the devastating consequences that vaccine-preventable diseases have on a family or community. While these diseases are not common in the U.S., they persist around the world. It is important that we continue to protect our children and adults with vaccines because outbreaks of vaccine-preventable diseases can and do occasionally occur in this country.

Vaccination is one of the best ways parents can protect infants, children, and teens from 16 potentially harmful diseases. Vaccine-preventable diseases can be very serious, may require hospitalization, or even be deadly – especially in infants and young children.

From 2009 – 2013, Oakland County experienced no cases of measles and rubella and a low occurrence of mumps and Hepatitis A. Pertussis cases were higher from 2009 – 2013 compared to a 10-year average crude rate in Oakland County 2004 – 2013. Hepatitis B cases were lower from 2009 – 2013 compared to a 10-year average crude rate in Oakland County 2004 – 2013.
Among adults aged 65 and over in Oakland County, 57.9% were immunized in the past 12 months for influenza, which is slightly lower than the HP2020 benchmark of 70%. In comparison the proportion of adults aged 65 and over immunized in the past 12 months for pneumococcal pneumonia (67.5%) was much lower than the HP2020 benchmark of 90%.

RESULTS: MATERNAL AND CHILD HEALTH

A healthy and safe motherhood begins before conception with good nutrition and a healthy lifestyle. It continues with appropriate prenatal care and preventing problems before they arise. Pregnancy and childbirth have a significant impact on the physical, mental, emotional, and socioeconomic health of women and their families. Pregnancy-related health outcomes are influenced by a woman’s health and other factors like race, ethnicity, age, and income.

The ideal result is a full-term pregnancy without unnecessary interventions, the delivery of a healthy baby, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the mother, baby, and family.
RESULTS: MATERNAL AND CHILD HEALTH (CONTINUED)

Maternal and Child Health, 2014

![Maternal and Child Health, 2014](chart.png)

Data Source: Michigan Department of Health and Human Services, Vital Records & Health Statistics, 2014 3-Year Estimate;\textsuperscript{25} Michigan Department of Health Human Services, Vital Records & Health Statistics, 2014;\textsuperscript{24} Healthy People 2020.\textsuperscript{21}

Michigan and Oakland County have a slightly higher infant mortality rate than the HP2020 benchmark of 6 deaths per 1,000 live births. Oakland County (21.4) has a much lower teen pregnancy rate than Michigan (34.8). Oakland County has a slightly lower live birth rate at 10.9 per 1,000 population compared to Michigan at 11.6 per 1,000 population.
Oakland County is somewhat higher than the state for weight gain during a singleton pregnancy at 50.5% compared to 46.3%. Oakland County has a larger percentage (85.2%) of live births with moms who began prenatal care in their first trimester of pregnancy compared to Michigan (74.3%) and the HP2020 benchmark (77.9%). Oakland County has a lower percentage of women with inadequate prenatal care than Michigan at 6.7% and 9.5%. Michigan (22.9%) and Oakland County (25.5%) have no access to food retailers who sell healthy foods.
RESULTS: HEALTH EQUITY

Health equity is when every person has the opportunity to achieve their highest level of health and no person is disadvantaged from attaining this because of their income or other socially determined circumstance. Health inequities are unfair health differences closely linked with social, economic, or environmental disadvantages that adversely affect groups of people.

Examining measures of social and economic inequities is a first step in understanding health disparity and equity in a community.

Slightly over 10% of Oakland County residents were living below the federal poverty level from 2010 - 2014. When examining poverty among racial populations, Asian and White populations experienced significantly less levels of poverty than all other races.

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.

Slightly over 10% of Oakland County residents were living below the federal poverty level from 2010 - 2014. When examining poverty among racial populations, Asian and White populations experienced significantly less levels of poverty than all other races.
When examining households in Oakland County, 10.3% were receiving SNAP benefits from 2010 – 2014. White (6.7%) and Black (3.1%) populations receive the largest proportion of these benefits.

When reviewing unemployment rates, Multiple Races, American Indian/Alaskan Native, and Black populations experienced the highest unemployment from 2010-2014, ranging from 11.9% to 15.5%.
RESULTS: HEALTH EQUITY (CONTINUED)

From 2010 – 2014, slightly more than 9% of Oakland County’s population were uninsured. When examining uninsured among racial populations, American Indian/Alaskan Native population at 24.6% significantly exceeded the Oakland County uninsured total of 9.3%.

RESULTS: HEALTH DISPARITY

Health disparities are often referred to as differences in health conditions and health status between groups. Most health disparities affect groups because of socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or a combination of these factors.

Slightly over 6.3% of Oakland County pregnant women received inadequate prenatal care according to Kessner Index, which measures percent of live births by level of prenatal care received by the mother. According to the Kessner Index inadequate prenatal care was more likely for Black groups, Arab Ancestry, American Indian/Alaskan Native, and Hispanic/Latino.
Health Disparity by Gender, 2010 - 2014 (Age-Adjusted Rate per 100,000)

<table>
<thead>
<tr>
<th></th>
<th>OAKLAND COUNTY</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality - Cancer</td>
<td>158.5</td>
<td>186.9</td>
<td>139.3</td>
</tr>
<tr>
<td>Ischemic Heart Disease</td>
<td>119.3</td>
<td>156.4</td>
<td>91.2</td>
</tr>
<tr>
<td>Mortality - Heart Disease</td>
<td>180.4</td>
<td>222.1</td>
<td>148.4</td>
</tr>
<tr>
<td>Mortality - Homicide</td>
<td>3.6</td>
<td>5.7</td>
<td>1.7</td>
</tr>
<tr>
<td>Mortality - Chronic Lower Respiratory Disease</td>
<td>36.8</td>
<td>38.5</td>
<td>35.8</td>
</tr>
<tr>
<td>Mortality - Motor Vehicle Crash</td>
<td>6.5</td>
<td>9.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Mortality - Stroke</td>
<td>37.2</td>
<td>37.0</td>
<td>37.2</td>
</tr>
<tr>
<td>Mortality - Suicide</td>
<td>12.1</td>
<td>18.9</td>
<td>5.9</td>
</tr>
<tr>
<td>Mortality - Unintentional Injury</td>
<td>26.0</td>
<td>33.4</td>
<td>19.7</td>
</tr>
</tbody>
</table>

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014 five-year average.30

The above table illustrates disparities between men and women for both disease and mortality, with men experiencing a predominately larger burden of disease and health-related mortality than women. When examining Ischemic Heart Disease, men experienced this disease at a much greater rate than women. Similarly, men accounted for significantly more deaths due to cancer, heart disease, homicide, motor vehicle crashes, suicide, and unintentional injury than women.

The graphs below illustrate the distribution of death and disease by race and ethnicity in Oakland County. Overall, the Asian population is the healthiest compared to other races and ethnic groups for all types of mortality and disease shown in the graphs that follow.

Ischemic Heart Disease Mortality, 2010 - 2014 (Age-Adjusted Rate per 100,000)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. CDC WONDER, 2010-2014 five-year average.30

The largest burden of heart disease is experienced by Black and White populations at 155.6 per 100,000 and 116.9 per 100,000. This compares to 50.8 per 100,000 among the Asian/Pacific Islander population.
The Black population experienced the largest rate of death due to heart disease at 1.3 times higher than the Oakland County rate, 3.0 times higher than the Asian/Pacific Islander population, 1.6 times higher than the Hispanic/Latino population, and 1.3 times higher than the White population.

**Data Source:** Centers for Disease Control and Prevention, National Vital Statistics System. CDC WONDER, 2010-2014 five-year average.

When reviewing HIV prevalence among populations, the Hispanic/Latino rate is 1.3 times higher than the total Oakland County rate. The Black population experienced the greatest burden of disease at almost three times higher (473.1) than the Oakland County rate of 159.0 per 100,000 and the White rate was the lowest at 109.1 per 100,000.

**Data Source:** Health Indicators Warehouse, National HIV Surveillance System, 2010.
When examining cancer deaths, the Asian/Pacific Islander rate was significantly lower than the total Oakland County rate. The Hispanic/Latino rate was 1.2 times lower than the Oakland County rate while the Black population had the highest rate at almost 1.2 times higher than the County rate. The White population rate of 158.3 per 100,000 was about the same rate as the total Oakland County rate of 158.4 per 100,000.

The White population experienced the greatest burden of lung disease deaths (38.6) compared to all other population groups. The Black rate was 1.3 times less than the White rate, but was the second highest rate overall.
RESULTS: HEALTH DISPARITY (CONTINUED)

Homicide Mortality, 2010 - 2014 (Age-Adjusted Rate per 100,000)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014 five-year average.

At almost four times the county rate, the Black population experienced a death rate due to homicide at 14.2, which is over eight times the death rate of the White population.

Stroke Mortality, 2010 - 2014 (Age-Adjusted Rate per 100,000)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014 five-year average.

The Black population experienced the greatest burden of death due to stroke compared to other racial/ethnic groups. This rate is 1.4 times greater than that of the White population, and slightly more than 1.7 times greater than the Asian rate.

Suicide Mortality, 2010 - 2014 (Age-Adjusted Rate per 100,000)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014 five-year average.

The White population experienced a slightly higher death rate due to suicide than the overall Oakland County rate. The Black population had a rate 1.5 times lower than the overall Oakland County rate.
RESULTS: CHALLENGES, OPPORTUNITIES, AND RECOMMENDATIONS

Step six in the CHSA process involved identifying challenges and opportunities related to health status, which were recommended for consideration in the next phase - Identifying Strategic Issues.

**Recommendation:** For the ECHO Steering Committee to review and consider the challenges, opportunities, and suggestions listed in the table below. The CHSA committee also made suggestions for consideration beyond the Identifying Strategic Issues phase.

<table>
<thead>
<tr>
<th>GAP</th>
<th>CHALLENGES</th>
<th>OPPORTUNITIES</th>
<th>RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life</td>
<td>• Only data for 4 of 29 indicators in this category list</td>
<td>• Update and expand indicators</td>
<td>• Review and delete outdated indicators</td>
</tr>
<tr>
<td></td>
<td>• Many indicators outdated and no longer tracked</td>
<td>• Research different indicators.</td>
<td>• Update with new indicators</td>
</tr>
<tr>
<td></td>
<td>• Defining at a county vs. city, village, township level</td>
<td>• Look at health equity/disparities and other communities using MAPP</td>
<td>• Research and create new methods to measure data</td>
</tr>
<tr>
<td></td>
<td>• Accessing Economic Development and Community Affairs County Data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civic Engagement</td>
<td>• Lack of data</td>
<td>• Survey found through NACCHO MAPP Health Equity resource</td>
<td>• Research and create new methods to measure data</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Adapt survey in MAPP Health Equity Resource and implement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Look to resources in NACCHO CHSA MAPP Health Equity/Disparity resource</td>
</tr>
<tr>
<td>Indicators with No Data</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Revisit indicator definitions and update as needed</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Prioritize indicators</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Include prioritized indicators in the next community survey</td>
</tr>
</tbody>
</table>
### RESULTS: CHALLENGES, OPPORTUNITIES, AND RECOMMENDATIONS (CONTINUED)

<table>
<thead>
<tr>
<th>GAP</th>
<th>CHALLENGES</th>
<th>OPPORTUNITIES</th>
<th>RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators without Benchmarks</td>
<td>• Cannot find the same definition</td>
<td>• Trends – for indicators without benchmarks, complete trending and categorize by:</td>
<td>• Change/modify indicators</td>
</tr>
<tr>
<td></td>
<td>• No benchmark means no comparison</td>
<td>o Trending in a healthy direction</td>
<td>• Look at peer counties nationwide</td>
</tr>
<tr>
<td></td>
<td>• Peer counties might be too small to compare</td>
<td>o Trending in an unhealthy direction</td>
<td>• Look at other counties’ health assessments in NACCHO MAPP CHSA resource list</td>
</tr>
<tr>
<td>Teen Health Data</td>
<td>• Small sample size for MiPHY so cannot generalize to County</td>
<td>• Categorize trends by:</td>
<td>• Monitor teen health</td>
</tr>
<tr>
<td></td>
<td>• YRBS state level and county youth could be different than state level data</td>
<td>o Trending in a healthy direction</td>
<td>• Explore oversampling of Oakland County for logistics and cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Trending in an unhealthy direction</td>
<td>• Encourage schools to participate in MiPHY survey</td>
</tr>
<tr>
<td>Health Disparity</td>
<td>• Data readily available by gender and race</td>
<td>• Utilize the existing data when prioritizing themes and completing the Community Health Improvement Plan to address all themes</td>
<td>• Discuss health disparity/equity earlier on in the process</td>
</tr>
<tr>
<td></td>
<td>• Other analyses require technical expertise and locating other indicators</td>
<td></td>
<td>• Consider information presented in results section during selecting strategic issues phase</td>
</tr>
<tr>
<td>Health Equity</td>
<td>• Data compilation initiated for easily accessed indicators</td>
<td>• Explore other recommended indicators and mapping from the MAPP health equity/disparity document</td>
<td>• Discuss health disparity/equity earlier in the process</td>
</tr>
<tr>
<td></td>
<td>• Other analyses require technical expertise and locating other indicators</td>
<td></td>
<td>• Consider information presented in results section during selecting strategic issues phase</td>
</tr>
<tr>
<td>Place Matters</td>
<td>• Committee self-defined this theme and need to cross reference with reputable sources</td>
<td>• Opportunity to explore social justice issues</td>
<td>• Look at other counties’ health assessments in NACCHO MAPP CHSA resource list</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use data found for health impact assessment</td>
<td>• Research through other reputable sources</td>
</tr>
</tbody>
</table>
COMMUNITY HEALTH STATUS ASSESSMENT

RESULTS: SUMMARY RECOMMENDATIONS FROM THE CHSA COMMITTEE

Recommendation #1: Six themes and over 40 indicators are recommended by the CHSA committee for consideration in the Identifying Strategic Issues phase:

1. Built Environment
2. Healthy Living
3. Healthy Eating
4. Teen/Adult Health
5. Vaccine-Preventable Disease
6. Maternal and Child Health

Recommendation #2: The CHSA committee recommends that the Steering Committee review and consider the challenges, opportunities, and suggestions listed in the previous table above during the remaining MAPP phases. These issues are listed below:

- **Quality of life** – update data gaps and create new data collection methods
- **Civic engagement** – research and create new data collection methods
- **Indicators without data** – research to address gaps in data and include prioritized indicators in next community survey
- **Indicators without benchmarks** – research to address gaps in data
- **Teen health data** – address data gap, explore oversampling for Oakland County, and encourage schools to participate in the MiPHY survey
- **Health disparity and equity** – discuss earlier in the process and consider information presented in results section during selecting strategic issues phase
- **Place matters** – research more information about this issue
The CHSA data review and indicator selection, MAPP’s eleven broad-based core and extended data categories (see Appendix B) were used. The data categories measure health or related contributing factors that potentially affect community health status.

**Category One: Demographic Characteristics**

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

- Overall demographic information
- Demographic profile: age and sex
- Demographic profile: race/ethnic distribution

**Category Two: Socioeconomic Characteristics**

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

**Socioeconomic Measure County/State**

- Employment/unemployed
- Percent below poverty level
- Median household income
- Ratio of students graduating who entered 9th grade 3 years prior
- Persons aged 25 and older with less than a high school education
- Persons without health insurance
- Single parent families
- Special populations
  1. Migrant persons
  2. Homeless persons
  3. Non-English speaking
Category Three: Health Resource Availability

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

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

Category Four: Quality of Life

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

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

Category Five: Behavioral Risk Factors

Definition of Category: Risk factors in this category include behaviors which are believed to cause, or be contributing factors of injuries, disease, and death during youth and adolescence and significant morbidity and mortality in
APPENDIX A: CORE INDICATOR CATEGORIES (CONTINUED)


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

- Substance Use and Abuse
  1. Tobacco use
  2. Illegal drug use
  3. Binge drinking

- Lifestyle
  1. Nutrition
  2. Obesity
  3. Exercise
  4. Sedentary lifestyle

- Protective Factors (safety)
  1. Seat belt use
  2. Child safety seat use
  3. Bicycle helmet use
  4. Condom use

- Screening
  1. Pap Smear
  2. Mammography

Category Six: Environmental Health Indicators

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

- Air quality: number and type of U.S. Environmental Protection Agency air quality standards not met
- Water quality: proportion of assessed rivers, lakes, and estuaries that support beneficial uses (e.g., fishing and swimming approved)
COMMUNITY HEALTH STATUS ASSESSMENT

- Indoor clean air: Percent of public facilities designated tobacco-free
- Workplace hazards: percent of OSHA violations
- Food safety: foodborne disease: rate per total population
- Lead exposure: percent of children under 5 years of age who are tested and have blood levels exceeding 10mcg/dL
- Waterborne disease: rate per total population
- Fluoridated water: percent total population with fluoridated water supplies
- Rabies in animals: number of cases

**Category Seven: Social and Mental Health**

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

- During the past 30 days, average number of days for which adults report that their mental health was not good
- Number and rate of confirmed cases of child abuse and neglect
- Homicide rate - age adjusted: total, white, non-white
- Suicide rate - age adjusted: total, white, non-white; teen suicide
- Domestic violence: rate per total population
- Psychiatric admissions: rate per total population
- Alcohol-related motor vehicle injuries/mortality: rate per total population
- Drug-related mortality rate

**Category Eight: Maternal and Child Health**

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

- Infant mortality (death within 1st year): total, white, non-white rate per 1000 live births
- Entrance into prenatal care in 1st trimester: percent total, white, non-white per live births
- Births to adolescents (ages 10-17) as a proportion of total live births
- Adolescent pregnancy rate (ages 15-17)
- Very low birthweight (less than 1,500 grams): percent total live births, white, non-white
APPENDIX A: CORE INDICATOR CATEGORIES (CONTINUED)

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

**Category Nine: Death, Illness, and Injury**

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

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

**Category Ten: Communicable Disease**

Definition of Category: Measures within this category include diseases which are usually transmitted through person-to-person contact or shared use of contaminated instruments/materials. Many of these diseases can be prevented through a high level of vaccine coverage of vulnerable populations or through the use of protective measures such as condoms for the prevention of sexually-transmitted diseases.
• Proportion of 2-year old children who have received all age-appropriate vaccines, as recommended by the Advisory Committee on Immunization Practices
• Proportion of adults aged 65 and older who have ever been immunized for pneumococcal pneumonia
• Proportion of adults aged 65 and older who have been immunized in the past 12 months for influenza
• Vaccine preventable: percent of appropriately immunized children/population
• Syphilis (primary and secondary) cases: reported incidence by age, race, gender
• Gonorrhea cases: rate total population
• Chlamydia: reported incidence
• Tuberculosis: AAM, reported incidence by age, race, and gender and number of cases
• AIDS: AAM, reported incidence by age, race, gender
• Bacterial meningitis cases: reported incidence
• Hepatitis A cases: reported incidence
• Hepatitis B cases: reported incidence
• Hepatitis C cases: reported incidence

Category Eleven: Sentinel Events

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

• Vaccine-preventable disease
  1. Measles: number and rate/total population
  2. Mumps: number and rate/total population
  3. Rubella: number and rate/total population
  4. Pertussis: number and rate/total population
  5. Tetanus: number and rate/total population

• Other
  1. Percent late stage diagnosis cancer – cervical
  2. Percent late stage diagnosis cancer – breast
  3. Number of deaths or age-adjusted death rate for work-related injuries
  4. Unexpected syndromes due to unusual toxins or infectious agents, possibly related to a bioterrorist event (i.e., smallpox, anthrax)
APPENDIX B: EXTENDED INDICATORS LISTS

Category One: Demographic Characteristics

None

Category Two: Socioeconomic Characteristics

- Per capita income
- WIC eligibles: percent of total population
- Medicaid eligibles: percent of total population
- High school graduation rate
- Percent of population with a college or higher level of education
- Food stamp recipients
- Percent of total population
- Number of subsidized housing units per total number of households

Category Three: Health Resource Availability

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

Category Four: Quality of Life

- Proportion of residents planning to stay in the community / neighborhood for next five years
- Proportion of youth involved in organized after-school recreational / educational activities
- Number of child care facilities / preschool-age population
COMMUNITY HEALTH STATUS ASSESSMENT

- Number of small/medium licensed businesses/population
- Number of small locally owned businesses/population
- Proportion of minority-owned businesses
- Number of neighborhood/community-building get-togethers/year
- Number of support resources identified by residents
- Outreach to the physically, mentally, or psychologically challenged
- Number of cultural events per year
- Number of ethnic events per year
- Number of inter-ethnic community groups and associations
- Participation in developing a shared community vision
- Number of grass roots groups active at neighborhood level
- Number of advocacy groups active at community level
- Civic participation hours/week (volunteer, faith-related, cultural, political)
- Percent registered to vote

Category Five: Behavioral Risk Factors

None

Category Six: Environmental Health Indicators

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

Category Seven: Social and Mental Health

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

Category Eight: Maternal and Child Health

- Live birth rate
- Fertility rates
- 3rd trimester prenatal care: percent of total, white, non-white per live births
- No prenatal care: percent of total, white, non-white live births
- Prenatal care: no care, adequate care
- Repeat births to teens
- Family planning numbers as percent of target population
- Low birthweight: percent of total, white, non-white live births
- Perinatal conditions: AAM
- Mortality due to birth defects: total, white, non-white rate population
- EPSDT as percent of eligibles
- WIC recipients as percent of eligibles
- Teen and young adult tobacco smoking rates
- C-section rate
Category Nine: Death, Illness, and Injury

- Morbidity (Incidence of newly diagnosed cases)
  1. Breast cancer (total, white, non-white)
  2. Cervical cancer (total, white, non-white)
  3. Colorectal cancer
  4. Lung and bronchus cancer
  5. Prostate cancer
  6. Melanoma
  7. Oral cancer
  8. Dental caries in school-aged children

- Hospitalizations (number and rate/total pop.) for the following:
  1. Asthma
  2. Cellulitis
  3. Congestive heart failure
  4. Diabetes
  5. Gangrene
  6. Influenza
  7. Malignant hypertension
  8. Perforated/bleeding ulcers
  9. Pneumonia
  10. Pyelonephritis
  11. Ruptured appendix

Category Ten: Communicable Disease

- Nosocomial infections
- Group B streptococcus

Category Eleven: Sentinel Events

- Congenital syphilis
- Childhood TB
- Drug-resistant TB
- Residential fire deaths (number and rate)
- Drug overdose deaths (number and rate)
- Gun-related youth deaths
- Maternal deaths
APPENDIX C: BENCHMARK COMPARISON RESULTS

Worse Than Benchmark

- Seatbelt Use (Adults) - HP2020
- Tobacco Use (Adults) - HP2020
- Suicide - HP2020
- % Weight Gained While Pregnant - Excessive - MI
- Syphilis (Male) - HP2020
- Hepatitis A - OCHD
- Hepatitis C (Acute) - OCHD
- Cardiovascular Disease - HP2020
- Immunizations Kids - HP2020
- Immunizations Adults Pneumonia - HP2020
- Pertussis - OCHD
- Pontiac - Total Infant Mortality Rate - MI
- Southfield - Black Infant Mortality Rate - OCHD
- Use of Transportation - US
- Population Living in Food Deserts - MI & US
- Low or No Healthy Food Access - MI & US
- Fast Food Restaurant Rate - MI & US
- Liquor Store Rates - US

About The Same as Benchmark

- Mammogram - MI
- Homicide - HP2020
- Infant Mortality - HP2020
- Births in Teens - MI
- Neonatal Mortality - HP2020
- Post-neonatal Mortality - HP2020
- No Prenatal Care - MI
- Low Birth Weight - HP2020
- Tuberculosis - OCHD
- AIDS - OCHD
- Bacterial Meningitis - OCHD
- Rubella - OCHD
- Hepatitis B (Acute) - HP2020
- Measles - OCHD
- Chronic Obstructive Lung Disease (Mortality) - HP2020
- Chronic Liver Disease (Mortality) - HP2020
- Stroke - HP2020
- Grocery Store Rates - MI & US
- Infant Mortality: OC Total White - MI

Better Than Benchmark

- % Smoke - MI
- General Health Status - MI
- Binge Drinking (Adults) - HP2020
- Physically Inactive (Adults) - HP2020
- Obesity (Adults) - HP2020
- Fruit & Vegetable Consumption (Adults) - HP2020
- Recreation & Fitness Facility Access - MI & US
- Pap Test History - MI
- Child Abuse - MI
- Child Mortality - MI
- Adolescent Pregnancy Rate (15 - 19 yr) - HP2020
- Entrance into Prenatal Care (First Trimester) - HP2020
- Very Low Birth Weight - HP2020
- Pregnant Women Healthy Weight - HP2020
- All Causes of Death AAM - MI
- All Cancers AAM - HP2020
- Unintentional Injuries - HP2020
- YPLL - HP2020
- Colorectal Cancer (Mortality) - HP2020
- Chronic Liver Disease (Mortality) - HP2020
- Diabetes-Related Mortality - HP2020
- Gonorrhea (10-year average) - OCHD
Better Than Benchmark (Continued)

Hepatitis B (Chronic) - OCHD
Hepatitis C (Chronic) - HP2020
Mumps - OCHD
Enteric (10-year average) - HP2020
Salmonella - HP2020
Incidence of Animal / Vector-Borne Disease (10-year average) - HP2020

Lack of Social or Emotional Support - MI & US
Infant Mortality: OC Total Black - MI
Pontiac - Black Infant Mortality Rate - MI

Hospitalizations:
Heart Disease - MI
Newborns & Neonates - MI
Females with Deliveries - MI
Injury & Poisoning - MI
Septicemia - MI

APPENDIX D: COMMUNITY HEALTH STATUS ASSESSMENT INDICATOR, OAKLAND COUNTY GRAPHS AND CHARTS

POPULATION BY GENDER AND AGE GROUP, OAKLAND COUNTY AND MICHIGAN, 2010

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>1.1</td>
<td>1.2</td>
</tr>
<tr>
<td>1-14</td>
<td>17.9</td>
<td>18.1</td>
</tr>
<tr>
<td>15-24</td>
<td>12.0</td>
<td>14.3</td>
</tr>
<tr>
<td>25-44</td>
<td>26.1</td>
<td>24.7</td>
</tr>
<tr>
<td>45-64</td>
<td>29.7</td>
<td>27.9</td>
</tr>
<tr>
<td>65-74</td>
<td>7.0</td>
<td>7.3</td>
</tr>
<tr>
<td>75+</td>
<td>6.2</td>
<td>6.4</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010 one-year estimate.39
### APPENDIX D: COMMUNITY HEALTH STATUS ASSESSMENT INDICATOR, OAKLAND COUNTY GRAPHS AND CHARTS (CONTINUED)

#### POPULATION BY GENDER AND AGE GROUP, OAKLAND COUNTY AND MICHIGAN, 2010 - 2014

<table>
<thead>
<tr>
<th>Total Population</th>
<th>1,220,798</th>
<th>9,889,024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender:</td>
<td>Percent Population</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>51.5</td>
<td>50.9</td>
</tr>
<tr>
<td>Male</td>
<td>48.5</td>
<td>49.1</td>
</tr>
<tr>
<td>Age (in years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;5</td>
<td>5.6</td>
<td>5.9</td>
</tr>
<tr>
<td>5-14</td>
<td>12.9</td>
<td>12.9</td>
</tr>
<tr>
<td>15-24</td>
<td>12.2</td>
<td>14.3</td>
</tr>
<tr>
<td>25-44</td>
<td>25.6</td>
<td>24.3</td>
</tr>
<tr>
<td>45-64</td>
<td>29.6</td>
<td>28.1</td>
</tr>
<tr>
<td>65-74</td>
<td>7.9</td>
<td>8.0</td>
</tr>
<tr>
<td>75+</td>
<td>6.3</td>
<td>6.5</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.¹

#### POPULATION BY RACE/ETHNICITY, OAKLAND COUNTY AND MICHIGAN, 2010

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>3.5</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>13.5</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>75.1</td>
</tr>
<tr>
<td>AI/AN</td>
<td>0.2</td>
</tr>
<tr>
<td>Asian</td>
<td>5.6</td>
</tr>
<tr>
<td>NH/OPI</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>0.1</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010 one-year estimate.²

Note: AI/AN = American Indian/Alaska Native   NH/OPI = Native Hawaiian/Other Pacific Islander
## POPULATION BY RACE/ETHNICITY, OAKLAND COUNTY AND MICHIGAN, 2010 - 2014

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>3.6</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>13.7</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>74.0</td>
</tr>
<tr>
<td>AI/AN</td>
<td>0.2</td>
</tr>
<tr>
<td>Asian</td>
<td>6.0</td>
</tr>
<tr>
<td>NH/OPI</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>0.2</td>
</tr>
<tr>
<td>Two or more races</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.

Note: AI/AN = American Indian/Alaska Native  NH/OPI = Native Hawaiian/Other Pacific Islander

## SOCIOECONOMIC MEASURES, 2014

<table>
<thead>
<tr>
<th></th>
<th>OAKLAND COUNTY</th>
<th>MICHIGAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of population below the poverty level</td>
<td>10.4</td>
<td>16.2</td>
</tr>
<tr>
<td>Percent unemployment among those 16 yrs and older</td>
<td>6.3</td>
<td>8.3</td>
</tr>
<tr>
<td>Percent of families facing with no workers in past 12 months</td>
<td>13.2</td>
<td>18.1</td>
</tr>
<tr>
<td>Number of households receiving food stamps</td>
<td>46,104</td>
<td>619,562</td>
</tr>
<tr>
<td>Number of persons in the WIC program</td>
<td>14,486</td>
<td></td>
</tr>
<tr>
<td>Number of Medicaid recipients</td>
<td>151,449</td>
<td>2,016,477</td>
</tr>
<tr>
<td>Estimated number of homeless persons</td>
<td>3,172</td>
<td>77,557</td>
</tr>
</tbody>
</table>


## EDUCATION LEVEL, 2010 - 2014

<table>
<thead>
<tr>
<th>Education Level</th>
<th>OAKLAND COUNTY</th>
<th>MICHIGAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>7.0</td>
<td>10.7</td>
</tr>
<tr>
<td>High school (includes equivalency)</td>
<td>20.5</td>
<td>30.2</td>
</tr>
<tr>
<td>Some college or associates degree</td>
<td>28.9</td>
<td>32.7</td>
</tr>
<tr>
<td>Bachelors degree</td>
<td>25.2</td>
<td>16.1</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>18.5</td>
<td>10.3</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.
## HOUSEHOLD INCOME, 2010-2014

<table>
<thead>
<tr>
<th>Total Household Earnings</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000</td>
<td>5.3</td>
<td>8.0</td>
</tr>
<tr>
<td>$10,000 to $14,999</td>
<td>3.8</td>
<td>5.5</td>
</tr>
<tr>
<td>$15,000 to $24,999</td>
<td>8.5</td>
<td>11.7</td>
</tr>
<tr>
<td>$25,000 to $34,999</td>
<td>8.3</td>
<td>11.1</td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>11.9</td>
<td>14.5</td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>17.3</td>
<td>18.5</td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>13.1</td>
<td>11.9</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>31.7</td>
<td>18.8</td>
</tr>
</tbody>
</table>

Data source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.

## PERCENT BELOW POVERTY LEVEL, 2010-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent Population</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>10.2</td>
<td>16.8</td>
</tr>
<tr>
<td>2011</td>
<td>11.1</td>
<td>17.5</td>
</tr>
<tr>
<td>2012</td>
<td>10.5</td>
<td>17.4</td>
</tr>
<tr>
<td>2013</td>
<td>10.0</td>
<td>17.0</td>
</tr>
<tr>
<td>2014</td>
<td>9.9</td>
<td>16.2</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 one-year estimate.
## Community Health Status Assessment

### Oakland County Housing, 2010 - 2014

<table>
<thead>
<tr>
<th>Housing Tenure:</th>
<th>Percent Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner-Occupied</td>
<td>71.5</td>
</tr>
<tr>
<td>Renter-Occupied</td>
<td>28.5</td>
</tr>
</tbody>
</table>

**Selected Monthly Owner Costs as a Percentage of Household Income**

**With a Mortgage:**

<table>
<thead>
<tr>
<th>With a Mortgage:</th>
<th>Percent Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 20.0 percent</td>
<td>51.8</td>
</tr>
<tr>
<td>20.0 to 24.9 percent</td>
<td>15.4</td>
</tr>
<tr>
<td>25.0 to 29.9 percent</td>
<td>9.1</td>
</tr>
<tr>
<td>30.0 to 34.9 percent</td>
<td>6.1</td>
</tr>
<tr>
<td>35.0 percent or more</td>
<td>17.6</td>
</tr>
</tbody>
</table>

**Without a Mortgage:**

<table>
<thead>
<tr>
<th>Without a Mortgage:</th>
<th>Percent Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10.0 percent</td>
<td>40.5</td>
</tr>
<tr>
<td>10.0 to 14.9 percent</td>
<td>18.7</td>
</tr>
<tr>
<td>15.0 to 19.9 percent</td>
<td>11.0</td>
</tr>
<tr>
<td>20.0 to 24.9 percent</td>
<td>7.3</td>
</tr>
<tr>
<td>25.0 to 29.9 percent</td>
<td>5.0</td>
</tr>
<tr>
<td>30.0 to 34.9 percent</td>
<td>4.5</td>
</tr>
<tr>
<td>35.0 percent or more</td>
<td>13.0</td>
</tr>
</tbody>
</table>

**Data Source:** U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.

### Oakland County Housing (continued), 2010 - 2014

<table>
<thead>
<tr>
<th>Gross Rent as a Percentage of Household Income</th>
<th>Percent Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 15.0 percent</td>
<td>14.7</td>
</tr>
<tr>
<td>15.0 to 19.9 percent</td>
<td>15.6</td>
</tr>
<tr>
<td>20.0 to 24.9 percent</td>
<td>14.4</td>
</tr>
<tr>
<td>25.0 to 29.9 percent</td>
<td>12.0</td>
</tr>
<tr>
<td>30.0 to 34.9 percent</td>
<td>7.4</td>
</tr>
<tr>
<td>35.0 percent or more</td>
<td>36.0</td>
</tr>
</tbody>
</table>

**Data Source:** U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.
APPENDIX D: COMMUNITY HEALTH STATUS ASSESSMENT INDICATOR, OAKLAND COUNTY GRAPHS AND CHARTS (CONTINUED)

POPULATION WITH LIMITED ENGLISH PROFICIENCY, 2010 - 2014

<table>
<thead>
<tr>
<th></th>
<th>Oakland County</th>
<th>Michigan</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4.6</td>
<td>3.2</td>
<td>8.7</td>
</tr>
<tr>
<td><strong>Race/Ethnicity:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>19.7</td>
<td>20.0</td>
<td>33.1</td>
</tr>
<tr>
<td>Non-Hispanic/Latino</td>
<td>4.0</td>
<td>2.5</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five-year estimate.  
Note: Population with limited English proficiency represents the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than “very well.”

TOP TEN LEADING CAUSES OF DEATH IN OAKLAND COUNTY, 2010

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>All Races</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1. Heart Disease</td>
<td>183.5</td>
<td>220.2</td>
<td>154.5</td>
</tr>
<tr>
<td>2. Cancer</td>
<td>169.8</td>
<td>201.8</td>
<td>148.5</td>
</tr>
<tr>
<td>3. Chronic Lower Respiratory Diseases</td>
<td>39.5</td>
<td>39.3</td>
<td>39.4</td>
</tr>
<tr>
<td>4. Stroke</td>
<td>33.7</td>
<td>31.8</td>
<td>34</td>
</tr>
<tr>
<td>5. Unintentional Injuries</td>
<td>25.3</td>
<td>31.3</td>
<td>20.3</td>
</tr>
<tr>
<td>6. Alzheimer’s Disease</td>
<td>17.4</td>
<td>14</td>
<td>19.6</td>
</tr>
<tr>
<td>7. Diabetes Mellitus (Type 2)</td>
<td>21.4</td>
<td>25.5</td>
<td>18</td>
</tr>
<tr>
<td>8. Kidney Disease</td>
<td>15.4</td>
<td>19</td>
<td>13.2</td>
</tr>
<tr>
<td>9. Pneumonia/Influenza</td>
<td>11.8</td>
<td>15</td>
<td>9.4</td>
</tr>
<tr>
<td>10. Intentional Self-harm (Suicide)</td>
<td>10</td>
<td>15.3</td>
<td>5.1</td>
</tr>
</tbody>
</table>

Note: Rates per 100,000 population. Causes of death are listed in order. Asterisk (*) indicates the data do not meet standards of reliability or precision.
### TOP TEN LEADING CAUSES OF DEATH IN OAKLAND COUNTY, 2014

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>All Races</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1. Heart Disease</td>
<td>177.8</td>
<td>224.5</td>
<td>143.1</td>
</tr>
<tr>
<td>2. Cancer</td>
<td>157.5</td>
<td>189.4</td>
<td>136.1</td>
</tr>
<tr>
<td>3. Chronic Lower Respiratory Diseases</td>
<td>35.1</td>
<td>35.6</td>
<td>35.2</td>
</tr>
<tr>
<td>4. Stroke</td>
<td>35.7</td>
<td>36</td>
<td>34.8</td>
</tr>
<tr>
<td>5. Unintentional Injuries</td>
<td>25.6</td>
<td>33.4</td>
<td>19</td>
</tr>
<tr>
<td>6. Alzheimer’s Disease</td>
<td>24.8</td>
<td>22.6</td>
<td>26.3</td>
</tr>
<tr>
<td>7. Diabetes Mellitus (Type 2)</td>
<td>18.3</td>
<td>24</td>
<td>14.1</td>
</tr>
<tr>
<td>8. Kidney Disease</td>
<td>12.2</td>
<td>16.7</td>
<td>9.4</td>
</tr>
<tr>
<td>9. Pneumonia/Influenza</td>
<td>13.9</td>
<td>17.2</td>
<td>12.1</td>
</tr>
<tr>
<td>10. Intentional Self-harm (Suicide)</td>
<td>12.7</td>
<td>18.7</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Data Source: Michigan Department of Health and Human Service, Vital Records and Health Statistics, 2014. Note: Rates are per 100,000 population. Causes of death are listed in order. Asterisk (*) indicates that the data do not meet standards of reliability or precision.

### YEARS OF POTENTIAL LIFE LOST, 2013 - 2014

<table>
<thead>
<tr>
<th></th>
<th>OAKLAND COUNTY</th>
<th>MICHIGAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>6,004.8</td>
<td>7,551.1</td>
</tr>
<tr>
<td>2014</td>
<td>6,075.9</td>
<td>7,590.5</td>
</tr>
</tbody>
</table>

Data Source: Michigan Department of Health and Human Services, Vital Statistics, 2013-2014. Note: The years of potential life lost (YPLL) below age 75 is a measure of mortality designed to emphasize mortality which is prevalent among persons under age 75. The number of years of potential life lost is calculated as the number of years between the age at death and 75 years of age for persons dying before their 75th year.

### LEADING COMMUNICABLE DISEASES OVERALL, OAKLAND COUNTY AND MICHIGAN, 2014*

<table>
<thead>
<tr>
<th></th>
<th>Oakland County</th>
<th>Rate</th>
<th>Michigan</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>3,575.0</td>
<td>297.0</td>
<td>45,132.0</td>
<td>456.6</td>
</tr>
<tr>
<td>Hepatitis C, Chronic</td>
<td>645.0</td>
<td>53.0</td>
<td>8,091.0</td>
<td>81.9</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>605.0</td>
<td>50.0</td>
<td>9,680.0</td>
<td>97.9</td>
</tr>
<tr>
<td>Pertussis</td>
<td>161.0</td>
<td>13.0</td>
<td>1,384.0</td>
<td>14.0</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>152.0</td>
<td>12.0</td>
<td>1,145.0</td>
<td>11.6</td>
</tr>
<tr>
<td>Salmonellosis</td>
<td>144.0</td>
<td>11.0</td>
<td>1,041.0</td>
<td>10.5</td>
</tr>
<tr>
<td>Hepatitis B, Chronic</td>
<td>143.0</td>
<td>11.0</td>
<td>1,116.0</td>
<td>11.3</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>84.0</td>
<td>6.9</td>
<td>712.0</td>
<td>7.2</td>
</tr>
<tr>
<td>Aseptic Meningitis</td>
<td>72.0</td>
<td>5.9</td>
<td>674.0</td>
<td>6.8</td>
</tr>
<tr>
<td>Syphilis - Secondary</td>
<td>54.0</td>
<td>4.5</td>
<td>275.0</td>
<td>2.8</td>
</tr>
</tbody>
</table>

Data Sources: Michigan Department of Health and Human Services, Michigan Disease Surveillance System, 2014. Top ten ranking order is for Oakland County only; Michigan cases are provided for comparison and are not ranked. Rate = case rate per 100,000 population, calculated using 2010 census data.
APPENDIX D: COMMUNITY HEALTH STATUS ASSESSMENT INDICATOR, OAKLAND COUNTY GRAPHS AND CHARTS (CONTINUED)

## MATERNAL & CHILD HEALTH, 2010 & 2014

<table>
<thead>
<tr>
<th></th>
<th>HP 2020</th>
<th>Oakland</th>
<th>Michigan</th>
<th>Oakland</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rate per 1,000 Resident Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live births</td>
<td>N/A</td>
<td>56.70</td>
<td>59.90</td>
<td>57.60</td>
<td>60.60</td>
</tr>
<tr>
<td>Mother under 20 years old</td>
<td>N/A</td>
<td>5.0</td>
<td>9.5</td>
<td>2.8</td>
<td>6.1</td>
</tr>
<tr>
<td>Live births with prenatal care beginning in the first trimester</td>
<td>77.9</td>
<td>85.1</td>
<td>74.3</td>
<td>83.9</td>
<td>72.7</td>
</tr>
<tr>
<td>Inadequate prenatal care (Kessner Index)</td>
<td>N/A</td>
<td>6.3</td>
<td>8.3</td>
<td>5.2</td>
<td>8.9</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>8.1</td>
<td>8.0</td>
<td>8.4</td>
<td>8.4</td>
<td>8.4</td>
</tr>
<tr>
<td>Very low birth weight</td>
<td>1.4</td>
<td>1.7</td>
<td>1.7</td>
<td>1.7</td>
<td>1.5</td>
</tr>
<tr>
<td>C-Section delivery</td>
<td>23.9</td>
<td>34.7</td>
<td>32.5</td>
<td>34.3</td>
<td>32.7</td>
</tr>
<tr>
<td>Delivering a live birth who had a healthy weight prior to pregnancy</td>
<td>53.4</td>
<td>28.8</td>
<td>27.6</td>
<td>30.3</td>
<td>28.6</td>
</tr>
<tr>
<td>Weight gained while pregnant for singleton moms was excessive</td>
<td>N/A</td>
<td>46.5</td>
<td>46.6</td>
<td>49.8</td>
<td>46.4</td>
</tr>
<tr>
<td>Mothers who did not smoke while pregnant</td>
<td>85.4</td>
<td>89.3</td>
<td>80.4</td>
<td>90.0</td>
<td>81.4</td>
</tr>
<tr>
<td>Breastfeeding planned</td>
<td>N/A</td>
<td>38.5</td>
<td>37.2</td>
<td>29.1</td>
<td>36.8</td>
</tr>
<tr>
<td>Breastfeeding not planned</td>
<td>N/A</td>
<td>15.6</td>
<td>25.9</td>
<td>13.6</td>
<td>20.0</td>
</tr>
<tr>
<td>Breastfeeding initiated</td>
<td>N/A</td>
<td>44.6</td>
<td>34.6</td>
<td>56.9</td>
<td>42.4</td>
</tr>
</tbody>
</table>

*Data Sources: Healthy People 2020; Michigan Department of Health & Human Services, Vital Records & Health Statistics, 2014.*

## INFANT MORTALITY, 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>HP2020</th>
<th>Oakland County</th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rate per 1,000 live births</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality</td>
<td>6.0</td>
<td>6.3</td>
<td>6.9</td>
</tr>
<tr>
<td>Neonatal mortality</td>
<td>4.1</td>
<td>4.6</td>
<td>4.6</td>
</tr>
<tr>
<td>Post neonatal mortality</td>
<td>2.0</td>
<td>1.7</td>
<td>2.2</td>
</tr>
</tbody>
</table>

*Data Source: Healthy People 2020; Michigan Department of Health and Human Services, Vital Records and Health Statistics, 2010-2014.*
### ACCESS TO CARE, 2010-2014

<table>
<thead>
<tr>
<th>Oakland County</th>
<th>Year</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2011</td>
<td>2012</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>Percent population without insurance</td>
<td>10.9</td>
<td>10.0</td>
<td>9.8</td>
<td>9.1</td>
<td>7.1</td>
</tr>
<tr>
<td>Rate Per 100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed primary care physicians*</td>
<td>145.2</td>
<td>150.4</td>
<td>152.4</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Licensed dentists</td>
<td>103.1</td>
<td>N/A</td>
<td>94.2</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014; Area Health Resource Files, Access System, 2014-2015. Note: *Primary Care Physicians includes General Family Medicine, General Practice, General Internal Medicine and General Pediatrics. Sub-specialties within these specialties are excluded.

### ACCESS TO CARE CONTINUED, 2012-2014

<table>
<thead>
<tr>
<th>HP 2020</th>
<th>Oakland County</th>
<th>Michigan</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of adults who did not see a doctor due to cost</td>
<td>9.0</td>
<td>12.6</td>
<td>15.0</td>
</tr>
<tr>
<td>Percent without a regular doctor</td>
<td>N/A</td>
<td>14.3</td>
<td>16.3</td>
</tr>
</tbody>
</table>


### MENTAL HEALTH, 2012 - 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Oakland County</th>
<th>Michigan</th>
<th>Percent Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2014</td>
<td>11.4</td>
<td>12.6</td>
<td>12.8</td>
</tr>
<tr>
<td>2012-2014</td>
<td>18.3</td>
<td>19</td>
<td>7611</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>6.0</td>
</tr>
<tr>
<td>2012-2014</td>
<td>2.5</td>
</tr>
<tr>
<td>2012-2014</td>
<td>12.8</td>
</tr>
<tr>
<td>2013</td>
<td>7,611</td>
</tr>
</tbody>
</table>

### APPENDIX D: COMMUNITY HEALTH STATUS ASSESSMENT INDICATOR, OAKLAND COUNTY GRAPHS AND CHARTS (CONTINUED)

#### SCREENING, 2012-2014

<table>
<thead>
<tr>
<th></th>
<th>Michigan 2012-2014</th>
<th>Oakland County 2012-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent Female Population</td>
<td></td>
</tr>
<tr>
<td>Pap test</td>
<td>77.20</td>
<td>79.40</td>
</tr>
<tr>
<td>Mammogram</td>
<td>49.10</td>
<td>50.80</td>
</tr>
</tbody>
</table>

*Data Sources: Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014.*

#### CANCER INCIDENCE AND MORTALITY TRENDS, 2012-2016

<table>
<thead>
<tr>
<th></th>
<th>HP 2020</th>
<th>Michigan 2012-2014</th>
<th>Oakland County 2012-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age-Adjusted Rate per 100,000 Female Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast cancer incidence</td>
<td>N/A</td>
<td>124.6</td>
<td>126.3</td>
</tr>
<tr>
<td>Breast cancer deaths</td>
<td>20.7</td>
<td>22.1</td>
<td>22.1</td>
</tr>
</tbody>
</table>

*Data Sources: Healthy People 2020; Michigan Department of Health and Human Services, Vital Records & Health Statistics, 2012-2014.*
### COMMUNITY HEALTH STATUS ASSESSMENT

#### APPENDIX E: COMMUNITY HEALTH STATUS ASSESSMENT INDICATOR, OAKLAND COUNTY GRAPHS AND CHARTS

**BUILT ENVIRONMENT, 2010-2014**

<table>
<thead>
<tr>
<th></th>
<th>Oakland County</th>
<th>Michigan</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population living in food desert</td>
<td>30.9</td>
<td>23.1</td>
<td>23.6</td>
</tr>
<tr>
<td>Population with no healthy food access</td>
<td>22.9</td>
<td>25.5</td>
<td>18.6</td>
</tr>
<tr>
<td>Workers using public transportation (16 and over)</td>
<td>0.5</td>
<td>1.4</td>
<td>5.0</td>
</tr>
<tr>
<td>Individuals living within a half mile of a park</td>
<td>42.0</td>
<td>36.9</td>
<td>14.0</td>
</tr>
</tbody>
</table>

Percent Population


*Food desert - a low-income census tract where a substantial number of people have low access to supermarkets or grocery stores.*

**BUILT ENVIRONMENT CONTINUED, 2011-2014**

<table>
<thead>
<tr>
<th></th>
<th>Oakland County</th>
<th>Michigan</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of fast food restaurants</td>
<td>81.1</td>
<td>66.5</td>
<td>72.7</td>
</tr>
<tr>
<td>Number of grocery stores</td>
<td>20.3</td>
<td>19.8</td>
<td>21.2</td>
</tr>
<tr>
<td>Number of liquor stores</td>
<td>17.4</td>
<td>16.2</td>
<td>10.5</td>
</tr>
<tr>
<td>Recreation and fitness facility access</td>
<td>11.9</td>
<td>8.3</td>
<td>9.7</td>
</tr>
<tr>
<td>SNAP- Authorized food store access</td>
<td>82.1</td>
<td>99.4</td>
<td>78.4</td>
</tr>
<tr>
<td>WIC- Authorized food store access</td>
<td>16.4</td>
<td>21.7</td>
<td>15.6</td>
</tr>
</tbody>
</table>

Rate per 100,000

Data Source: U.S. Census Bureau, County Business Patterns, 2013;19 USDA SNAP Retailer Locator, 2014;20 USDA, Food Environment Atlas, 2011.15
## APPENDIX E: COMMUNITY HEALTH STATUS ASSESSMENT INDICATOR, OAKLAND COUNTY GRAPHS AND CHARTS (CONTINUED)

### HEALTHY LIVING, 2011-2014

<table>
<thead>
<tr>
<th></th>
<th>Oakland County</th>
<th>Michigan</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult fruit and vegetable consumption</td>
<td>16.6</td>
<td>20.6</td>
<td>NA</td>
</tr>
<tr>
<td>No leisure time physical activity</td>
<td>20.2</td>
<td>24.4</td>
<td>32.6</td>
</tr>
<tr>
<td>Adults currently smoking</td>
<td>17.8</td>
<td>22.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Adults who binge drink</td>
<td>18.3</td>
<td>22.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Adults (aged 18+) that report heavy drinking</td>
<td>5.6</td>
<td>6.4</td>
<td>NA</td>
</tr>
<tr>
<td>Seatbelt use</td>
<td>90.1</td>
<td>88.5</td>
<td>92.0</td>
</tr>
</tbody>
</table>

### HEALTHY EATING CONTINUED, 2011-2014

<table>
<thead>
<tr>
<th></th>
<th>Oakland County</th>
<th>Michigan</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population living in food desert</td>
<td>30.9</td>
<td>23.1</td>
<td>NA</td>
</tr>
<tr>
<td>Adult fruit and vegetable consumption</td>
<td>20.6</td>
<td>16.6</td>
<td>NA</td>
</tr>
<tr>
<td>Adults who are at a healthy weight</td>
<td>36.0</td>
<td>32.6</td>
<td>33.9</td>
</tr>
<tr>
<td>Obese adults</td>
<td>26.9</td>
<td>31.1</td>
<td>30.5</td>
</tr>
</tbody>
</table>


**Note**: NA - Data not available
## Community Health Status Assessment

### Healthy Living, 2011-2014

<table>
<thead>
<tr>
<th></th>
<th>MiPHY Oakland HS Value</th>
<th>MiPhy 9th Grade</th>
<th>MiPhy 11th Grade</th>
<th>Oakland MS Value</th>
<th>MiPhy 7th Grade</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teens who are obese</td>
<td>11.4</td>
<td>11.1</td>
<td>12.0</td>
<td>10.0</td>
<td>10.0</td>
<td>16.1</td>
</tr>
<tr>
<td>Teens who are overweight</td>
<td>14.0</td>
<td>14.2</td>
<td>13.8</td>
<td>12.6</td>
<td>12.5</td>
<td>NA</td>
</tr>
<tr>
<td>Teens who engage in regular physical activity</td>
<td>51.5</td>
<td>56.2</td>
<td>45.3</td>
<td>58.8</td>
<td>58.8</td>
<td>31.6</td>
</tr>
<tr>
<td>Percent of students who smoked cigarettes on 20 or more of the past 30 days (frequent)</td>
<td>2.4</td>
<td>1.1</td>
<td>4.1</td>
<td>0.3</td>
<td>0.3</td>
<td>NA</td>
</tr>
<tr>
<td>Tobacco - Teens who have smoked a cigarette recently (under Demographics - section AND Health Risk Factors: Tobacco section)</td>
<td>7.8</td>
<td>5.3</td>
<td>11.0</td>
<td>1.6</td>
<td>1.6</td>
<td>16.0</td>
</tr>
<tr>
<td>Binge Drinking - Teens who have ever drank alcohol in their lifetime (Health Risk Factors: Alcohol Section)</td>
<td>42.0</td>
<td>30.0</td>
<td>57.3</td>
<td>NA</td>
<td>NA</td>
<td>16.6</td>
</tr>
<tr>
<td>Binge Drinking - Teens who have had a drink of alcohol recently (Health Risk Factors: Alcohol Section)</td>
<td>22.1</td>
<td>14.4</td>
<td>31.9</td>
<td>4.0</td>
<td>4.0</td>
<td>22.7</td>
</tr>
<tr>
<td>Currently used marijuana (one or more times during the 30 days before the survey)</td>
<td>16.6</td>
<td>9.8</td>
<td>25.2</td>
<td>2.1</td>
<td>2.1</td>
<td>NA</td>
</tr>
<tr>
<td>Percent of students who took a prescription drug such as Ritalin, Adderall, or Xanax without a doctor's prescription during the past 30 days</td>
<td>5.0</td>
<td>4.0</td>
<td>6.3</td>
<td>1.6</td>
<td>1.6</td>
<td>NA</td>
</tr>
<tr>
<td>Percentage of students who took painkillers such as OxyCotin, Codeine, Vicodin, or Percocet without a doctor's prescription during the past 30 days</td>
<td>5.4</td>
<td>4.8</td>
<td>6.1</td>
<td>2.7</td>
<td>2.7</td>
<td>NA</td>
</tr>
<tr>
<td>Percentage of students who ever had sexual intercourse</td>
<td>24.6</td>
<td>13.7</td>
<td>38.5</td>
<td>4.7</td>
<td>4.7</td>
<td>NA</td>
</tr>
<tr>
<td>% who drank alcohol or used drugs before last sexual intercourse</td>
<td>30.1</td>
<td>31.0</td>
<td>29.7</td>
<td>15.3</td>
<td>15.3</td>
<td>NA</td>
</tr>
<tr>
<td>% who used a condom during last sexual intercourse</td>
<td>68.0</td>
<td>61.1</td>
<td>70.7</td>
<td>54.1</td>
<td>54.1</td>
<td>NA</td>
</tr>
<tr>
<td>% of students who never or rarely wore a seat belt when riding in a car driven by someone else</td>
<td>7.9</td>
<td>7.2</td>
<td>8.7</td>
<td>4.6</td>
<td>4.6</td>
<td>NA</td>
</tr>
<tr>
<td>% of students who felt sad or hopeless</td>
<td>30.7</td>
<td>29.1</td>
<td>32.8</td>
<td>23.2</td>
<td>23.2</td>
<td>NA</td>
</tr>
<tr>
<td>% of students who seriously considered attempting suicide</td>
<td>17.6</td>
<td>17.5</td>
<td>17.7</td>
<td>17.7</td>
<td>17.7</td>
<td>NA</td>
</tr>
<tr>
<td>% of students who actually attempted suicide on or more times</td>
<td>8.0</td>
<td>8.6</td>
<td>7.3</td>
<td>5.7</td>
<td>5.7</td>
<td>NA</td>
</tr>
</tbody>
</table>


**Note:** NA - Data not available
### ADULT HEALTH, 2011-2014

<table>
<thead>
<tr>
<th>Metric</th>
<th>Oakland County</th>
<th>Michigan</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult fruit and vegetable consumption</td>
<td>20.6</td>
<td>16.6</td>
<td>NA</td>
</tr>
<tr>
<td>No leisure time physical activity</td>
<td>20.2</td>
<td>24.4</td>
<td>32.6</td>
</tr>
<tr>
<td>Adults - current smoking</td>
<td>17.8</td>
<td>22.0</td>
<td>12.0</td>
</tr>
<tr>
<td>Binge drinking - Adults who binge drink</td>
<td>18.3</td>
<td>19.0</td>
<td>24.4</td>
</tr>
<tr>
<td>Adults (aged 18+) that report heavy drinking</td>
<td>5.6</td>
<td>6.4</td>
<td>NA</td>
</tr>
<tr>
<td>Seatbelt use</td>
<td>90.1</td>
<td>88.5</td>
<td>92.0</td>
</tr>
</tbody>
</table>

Percent Population


### VACCINE-PREVENTABLE DISEASE, 2009-2013

<table>
<thead>
<tr>
<th>Disease</th>
<th>Oakland County 5-year Average</th>
<th>Oakland County 10-Year Crude Rate</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>0.0</td>
<td>0.0</td>
<td>NA</td>
</tr>
<tr>
<td>Mumps</td>
<td>0.2</td>
<td>0.2</td>
<td>NA</td>
</tr>
<tr>
<td>Rubella</td>
<td>0.0</td>
<td>0.0</td>
<td>NA</td>
</tr>
<tr>
<td>Pertussis</td>
<td>9.6</td>
<td>5.4</td>
<td>NA</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>1.4</td>
<td>0.8</td>
<td>0.3</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>13.0</td>
<td>19.1</td>
<td>NA</td>
</tr>
</tbody>
</table>

Rate per 100,000

Data Source: Michigan Department of Health and Human Services, Michigan Disease Surveillance System, 2009-2013; Healthy People 2020. Note: NA - Data not available

### VACCINE PREVENTABLE DISEASE, 2012-2014

<table>
<thead>
<tr>
<th>Disease</th>
<th>Oakland</th>
<th>Michigan</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 65 years + reporting they had an Influenza Vaccine in past 12 months</td>
<td>57.9</td>
<td>56.6</td>
<td>70.0</td>
</tr>
<tr>
<td>Adults 65 years + reporting they had a Pneumococcal Pneumonia Vaccine in past 12 months</td>
<td>67.5</td>
<td>68.2</td>
<td>90.0</td>
</tr>
</tbody>
</table>

Percent Population

### MATERNAL & CHILD HEALTH, 2014

<table>
<thead>
<tr>
<th></th>
<th>Oakland County</th>
<th>Michigan</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality</td>
<td>6.6</td>
<td>6.9</td>
<td>6.0</td>
</tr>
<tr>
<td>Estimated teen pregnancy rate</td>
<td>21.4</td>
<td>34.8</td>
<td>NA</td>
</tr>
<tr>
<td>Neonatal mortality</td>
<td>4.9</td>
<td>4.7</td>
<td>4.1</td>
</tr>
<tr>
<td>Post neonatal mortality</td>
<td>1.7</td>
<td>2.2</td>
<td>2.0</td>
</tr>
<tr>
<td>Live birth rate</td>
<td>10.9</td>
<td>11.6</td>
<td>NA</td>
</tr>
</tbody>
</table>

Rate per 1,000

*Data Source: Michigan Department of Health & Human Services, Vital Records & Health Statistics, 2014; 25 Michigan Department of Health & Human Services, Vital Records & Health Statistics, 2014 3-year estimate; 26 Healthy People 2020; 21 Note: NA - Data not available*

### MATERNAL & CHILD HEALTH CONTINUED, 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>Oakland County</th>
<th>Michigan</th>
<th>HP 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight gained while pregnant for singleton moms was excessive</td>
<td>50.5</td>
<td>46.3</td>
<td>NA</td>
</tr>
<tr>
<td>Received prenatal care during first trimester</td>
<td>85.2</td>
<td>74.3</td>
<td>77.9</td>
</tr>
<tr>
<td>Inadequate prenatal care</td>
<td>6.7</td>
<td>9.5</td>
<td>NA</td>
</tr>
<tr>
<td>Population with no healthy food access</td>
<td>22.9</td>
<td>25.5</td>
<td>NA</td>
</tr>
<tr>
<td>Infants born with a low birth weight</td>
<td>8.2</td>
<td>8.5</td>
<td>8.1</td>
</tr>
</tbody>
</table>

Percent Population


### HEALTH EQUITY, 2010-2014

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>Oakland County Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population in Poverty</td>
<td>2010-2014</td>
<td>10.4</td>
<td>9.6</td>
<td>11.2</td>
</tr>
<tr>
<td>Households Receiving SNAP Benefits</td>
<td>2010-2014</td>
<td>10.3</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>2010-2014</td>
<td>4.2</td>
<td>8.6</td>
<td>8.2</td>
</tr>
<tr>
<td>Uninsured Population</td>
<td>2010-2014</td>
<td>9.3</td>
<td>10.3</td>
<td>8.3</td>
</tr>
</tbody>
</table>

Percent Population

*Data Source: US Census Bureau, American Community Survey, 2010-2014. 26, 27, 28, 29 Note: NA - Data not available*
## HEALTH EQUITY, 2010-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Oakland County Total</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>American Indian / Alaskan Native</th>
<th>Native Hawaiian / Pacific Islander</th>
<th>Some Other Race</th>
<th>Multiple Races</th>
<th>Hispanic / Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population in Poverty 2010-2014</td>
<td>10.4</td>
<td>8.9</td>
<td>18.8</td>
<td>5.6</td>
<td>15.2</td>
<td>0.0</td>
<td>17.9</td>
<td>19.6</td>
<td>24.1</td>
</tr>
<tr>
<td>Households Receiving SNAP Benefits 2010-2014</td>
<td>10.3</td>
<td>6.7</td>
<td>3.1</td>
<td>0.2</td>
<td>0.1</td>
<td>0.0</td>
<td>0.1</td>
<td>0.3</td>
<td>0.6</td>
</tr>
<tr>
<td>Unemployment 2010-2014</td>
<td>9.1</td>
<td>8.2</td>
<td>15.5</td>
<td>5.0</td>
<td>15.1</td>
<td>3.4</td>
<td>8.5</td>
<td>11.9</td>
<td>10.8</td>
</tr>
<tr>
<td>Uninsured Population 2010-2014</td>
<td>9.3</td>
<td>8.5</td>
<td>12.7</td>
<td>8.7</td>
<td>24.6</td>
<td>0.0</td>
<td>22.4</td>
<td>11.1</td>
<td>20.4</td>
</tr>
</tbody>
</table>

Percent Population

*Data Source: U.S. Census Bureau, American Community Survey, 2010-2014.*

## PRENATAL CARE, 2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Oakland County Total</th>
<th>White</th>
<th>Black</th>
<th>American Indian</th>
<th>Asian / Pacific Islander</th>
<th>All Other Race</th>
<th>Hispanic Ancestry</th>
<th>Arab Ancestry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live births with inadequate care 2014</td>
<td>6.3</td>
<td>5.3</td>
<td>11.0</td>
<td>8.2</td>
<td>5.5</td>
<td>7.0</td>
<td>6.6</td>
<td>8.2</td>
</tr>
</tbody>
</table>

Percent Population


Kessner Index 2010-2014: The Kessner Index is a classification of prenatal care based on the month of pregnancy in which prenatal care began, the number of prenatal visits and the length of pregnancy (i.e. for shorter pregnancies, fewer prenatal visits constitute adequate care.)

*Note: NA - Data not available*
## HEALTH DISPARITY, 2010-2014

<table>
<thead>
<tr>
<th>Mortality - Gender Only Comparisons</th>
<th>Oakland County Total</th>
<th>Male</th>
<th>Female</th>
<th>ICD 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality - Cancer</td>
<td>158.5</td>
<td>186.9</td>
<td>139.3</td>
<td>C00-C97</td>
</tr>
<tr>
<td>Ischemic Heart Disease</td>
<td>119.3</td>
<td>156.4</td>
<td>91.2</td>
<td>I20-I25</td>
</tr>
<tr>
<td>Mortality - Heart Disease</td>
<td>180.4</td>
<td>222.1</td>
<td>148.4</td>
<td>I00-I09, I11, I13, I20-I51</td>
</tr>
<tr>
<td>Mortality - Homicide</td>
<td>3.6</td>
<td>5.7</td>
<td>1.7</td>
<td>*U01-*U02, X85Y09, Y87.1</td>
</tr>
<tr>
<td>Mortality - Chronic Lower Respiratory Disease</td>
<td>36.8</td>
<td>38.5</td>
<td>35.8</td>
<td>J40-J47</td>
</tr>
<tr>
<td>Mortality - Motor Vehicle Crash</td>
<td>6.5</td>
<td>9.2</td>
<td>4.2</td>
<td>V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0-V89.2</td>
</tr>
<tr>
<td>Mortality - Stroke</td>
<td>37.2</td>
<td>37</td>
<td>37.2</td>
<td>I60-I69</td>
</tr>
<tr>
<td>Mortality - Suicide</td>
<td>12.1</td>
<td>18.9</td>
<td>5.9</td>
<td>*U3, X60-84, Y87.0</td>
</tr>
<tr>
<td>Mortality - Unintentional Injury</td>
<td>26</td>
<td>33.4</td>
<td>19.7</td>
<td>V01-X59, Y85-Y86</td>
</tr>
</tbody>
</table>

Age Adjusted Rate per 100,000

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014 five-year average. Note: International Classification of Diseases (ICD-10) codes were gathered from the Michigan Department of Health and Human Services for the underlying cause of death.
## HEALTH DISPARITY, 2010-2014

<table>
<thead>
<tr>
<th>Metric</th>
<th>Oakland County Total</th>
<th>White</th>
<th>Black</th>
<th>Asian or Pacific Islander</th>
<th>American Indian / Alaskan Native</th>
<th>Hispánic/Latino</th>
<th>ICD 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Prevalence, 2010</td>
<td>159</td>
<td>109.1</td>
<td>473.1</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>207.7</td>
</tr>
<tr>
<td>Cancer Mortality, 2010-2014</td>
<td>158.4</td>
<td>158.3</td>
<td>183.8</td>
<td>85.8</td>
<td>NA</td>
<td>128.3</td>
<td>C00-C97</td>
</tr>
<tr>
<td>Heart Disease Mortality, 2010-2014</td>
<td>180.3</td>
<td>177.1</td>
<td>226.9</td>
<td>75.1</td>
<td>NA</td>
<td>145.9</td>
<td>I00-I09, I11, I13, I20-I51</td>
</tr>
<tr>
<td>Ischemic Heart Disease Mortality, 2010-2014</td>
<td>119.3</td>
<td>116.9</td>
<td>155.6</td>
<td>50.8</td>
<td>NA</td>
<td>100.6</td>
<td>I20-I25</td>
</tr>
<tr>
<td>Homicide Mortality, 2010-2014</td>
<td>3.7</td>
<td>1.7</td>
<td>14.2</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>*U01-*U02, X85Y09, Y87.1</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease Mortality, 2010-2014</td>
<td>36.8</td>
<td>38.6</td>
<td>28.6</td>
<td>13.8</td>
<td>NA</td>
<td>20.4</td>
<td>J40-J47</td>
</tr>
<tr>
<td>Motor Vehicle Accident Mortality, 2010-2014</td>
<td>6.5</td>
<td>6.3</td>
<td>8.7</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0-V89.2</td>
</tr>
<tr>
<td>Stroke Mortality, 2010-2014</td>
<td>37.2</td>
<td>33.6</td>
<td>47.9</td>
<td>27.8</td>
<td>NA</td>
<td>NA</td>
<td>I60-I69</td>
</tr>
<tr>
<td>Suicide Mortality, 2010-2014</td>
<td>12.1</td>
<td>13.4</td>
<td>8.2</td>
<td>4.9</td>
<td>NA</td>
<td>NA</td>
<td>*U3, X60-84, Y87.0</td>
</tr>
<tr>
<td>Unintentional Injury Mortality, 2010-2014</td>
<td>26</td>
<td>26.3</td>
<td>26.8</td>
<td>15.9</td>
<td>NA</td>
<td>27.3</td>
<td>V01-X59, Y85-Y86</td>
</tr>
</tbody>
</table>

Age Adjusted Rate per 100,000


Note: NA - Data not available. Note: International Classification of Diseases (ICD-10) codes were gathered from the Michigan Department of Health and Human Services for the underlying cause of death.
COMMUNITY THEMES AND STRENGTHS ASSESSMENT COMMITTEE MEMBERS

Area Agency on Aging 1-B
Jim McGuire

AIDS Partnership Michigan
Angelique Tomsic

Alliance of Coalitions for Healthy Communities
Marc Jeffries

Baldwin Center
Elizabeth Longley

Centro Multicultural La Familia
Sonia Acosta

FernCare Free Clinic, Inc.
Ann Heler

Lancaster Village Coop and Community Center
Leona Patterson

McLaren Oakland Children’s Health Services
Rosemary Couser

Oakland Family Services
Rachel Crane

Oakland County Health Division
Outreach Services
Mary Strobe

Oakland County Health Division
Public Health Nursing
Elaine Houser

Oakland County Health Division
Planning and Evaluation
Carolyn Hribar

Oakland County Health Division
Administrative Services
Leigh-Anne Stafford

Oakland County Health Division
Community Health Promotion & Intervention Services
Lisa McKay-Chiasson

Oakland County Health Division
Manager / Health Officer
Kathy Forzley

Oakland County Health Division
Health Education
Shannon Brownlee

Oakland County Health Division
Health Education
Jeff Hickey

Oakland County Youth Assistance
Mary Schusterbauer

Oakland Livingston
Human Service Agency
Jason Blanks

Oakland Livingston
Human Service Agency
Lynn Crotty

Oakland Primary Health Services
Gaohli Moua

Oakland University
Jennifer Lucarelli

Oakland University
Allyson Forest

Oakland University
Rebecca Cheezum

Pontiac Southside Seventh Day Adventist Church
Betty Yancey
Each assessment in MAPP answers different questions about the health of a community. The Community Themes and Strengths Assessment (CTSA) identifies community thoughts, experiences, opinions and concerns. This assessment answers the following questions:

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

**The CTSA is a Five-Step Assessment:**

1. Create a committee
2. Choose method(s) for collecting data
3. Gather data
4. Review and summarize data
5. Share results with community

A CTSA committee was established with members from the ECHO Steering Committee and partner organizations. Additional members were added as individuals and organizations expressed interest in the MAPP process. The committee began meeting in May 2014 and continued to meet monthly until its final meeting in April 2015.

Recognizing the size and variability of Oakland County, the committee agreed to collect data from the entire county, yet focus significant efforts to collect data in six cities: Ferndale, Hazel Park, Madison Heights, Oak Park, Royal Oak Township, and Pontiac. The six focus cities were selected after viewing a presentation on demographics and health indicators for Oakland County at the first CTSA committee meeting. These cities have disparities in access to healthcare and other resources, unemployment rates, free and reduced-price meal eligibility rates, and high school drop-out rates.

**4-Question Board Data**

To begin engaging the community, the CTSA committee used the 4-question board method at community events throughout Oakland County. A large board was set up, and participants were invited to write a brief answer to the following questions:

- What does health mean to you?
- What do you need from your community to be healthy?
- What do you do to be healthy?
- What about your community are you most proud of?

Members of Oakland County Health Division’s Public Health Speakers Team took these boards to events and facilitated participants answering the questions. In addition, members of the ECHO Steering Committee took these questions back to their organizations and completed with staff and/or clients. The 4-question boards were taken out to 40 events or organizations throughout Oakland County by August of 2014. Most events had 10-20 respondents per board, although several larger events had 50-100 respondents.
**Focus Groups**

Two focus groups were conducted as a part of the CTSA. The focus groups were held at two agencies within Pontiac, Michigan — Baldwin Center and Centro Multicultural La Familia. These agencies were selected because they service vulnerable populations in the community. Members of the CTSA committee served as coordinators to organize and set up the focus groups, and also served as facilitators. In order to establish consistency in conducting the focus groups, a facilitator’s guide was developed (Appendix A).

The Baldwin Center focus group was held on August 13, 2014, with a total of 10 participants. The participants in the Baldwin Center focus group were attending the center’s soup kitchen and were primarily residents of a local homeless shelter. The Centro Multicultural La Familia focus group was held on August 26, 2014, with 16 participants. This focus group was held in Spanish and was facilitated by an agency employee. Participants in both focus groups received an incentive – ten dollar gift card to Subway or Family Dollar. Results can be found in Appendix B.

**Focus Group Questions:**

1. **Icebreaker Question:** If you were talking with a friend or family member who had never been here, how would you describe your community to him or her?
2. What do you believe are the 2–3 most important characteristics of a healthy community?
3. What are some of the strengths and assets of your community?
4. Where do you go for health care?
5. From where do you get most of your health information?
6. What are some of the things that you see as lacking in your community?
7. What do you believe are the 2–3 most important issues that must be addressed to improve the health and quality of life in your community?

**Community Survey**

The committee developed a Community Survey (Appendix C) using the major themes identified in the results from the 4-question boards and focus groups. The survey was made available to everyone 18 and over who live, work, or play within Oakland County, Michigan.

The Community Survey was made available both electronically and in paper form. Both English and Spanish versions of the survey were made available. The online survey was developed using Qualtrics, a survey collection tool, and was open to respondents for nine weeks. Paper surveys and the link to the on-line survey were distributed by CTSA member organizations and other community partner organizations. Respondents to the paper survey were given two options for returning the survey: 1) complete the survey and return it to the Oakland County Health Division (OCHD) in a self-addressed, stamped envelope or 2) complete the survey at a CTSA member organization for pick-up at a later date by OCHD staff.
The 4-Question Board data was analyzed by hand tabulation and displayed by creating Wordles. A Wordle is an application for generating “word clouds” from provided text. The clouds give greater prominence to words that appear more frequently in the source text.

The 4-Question Boards indicate that most community members think of health as both physical and mental health. The inclusion of words such as mental, spiritual, positive, emotionally, laughter, and happy as well as physical, body, and physically demonstrate the importance of both physical and mental health to community members. Eating right, exercise, sleep, and water were featured as ways that community members keep healthy. Education appears to be the most important thing people need from their community to be healthy. Finally, participants had a variety of things they were proud of about their communities: police, teachers, parks, libraries, and even the people themselves.
COMMUNITY THEMES & STRENGTHS ASSESSMENT

What do you do to be healthy?

exercise eat

What do you need from your community to be healthy?

education health support

resources gardens

people organizations

opportunities transportation

markets healthy

groups fresh

church

CHA • 2016 83
RESULTS: 4-QUESTION BOARD DATA (CONTINUED)

What about your community are you most proud of?

RESULTS: FOCUS GROUP

A qualitative analysis was conducted with assistance from Oakland University staff using the focus group results (Appendix B). Using this analysis, the committee was able to identify major themes resulting from the focus groups. These themes are:

- Health (eating, physical activity)
- Safety (built environment/crime)
- Community assets and resources
- Support networks
- Transportation
- Civic engagement/leadership

One of the most common themes running through the focus group results centered on safety, either because of crime, blight and unsafe buildings, and/or built environment causes. Focus group participants also emphasized built environment opportunities, especially related to recreation and food access, as well as civic engagement and community pride.
RESULTS: COMMUNITY SURVEY

There were a total of 5,866 survey respondents. Of those, 5,254 survey respondents completed 80% or more of the entire survey. There were 532 respondents from the six focus cities. Full survey results for Oakland County can be found in Appendix D. Full results for the six focus cities can be found in Appendix E.

RESULTS: RESPONDENT PROFILE

The majority of the respondents, including the six focus cities, identified as Caucasian. Oakland County respondents ranged in age from 20–84, with the majority ranging between 40 and 69. Respondents from the six focus cities ranged in age from 25–79, with the majority ranging between 50 and 69. In both subgroups of participants, the majority of respondents were female and also indicated they have lived in their community for over 10 years.

Race/Ethnicity of Survey Respondents

- **Caucasian**: 78.35% (92% in focus cities)
- **Hispanic**: 3.09% (1% in focus cities)
- **African American**: 18.56% (6% in focus cities)
- **Asian**: 0% (1% in focus cities)

[Bar chart showing racial and ethnic distribution of survey respondents, with categories for Focus Cities and All Responses.]
Survey respondents were from all communities across Oakland County. The top two communities of survey respondents, accounting for 25% of the respondents, were Rochester (16%) and Waterford (9%).
Overall, respondents have positive feelings about their community and rated their community characteristics favorably. Almost half of the respondents, 47.90%, agree or somewhat agree that there are enough job opportunities in or near their community. Eighty-eight percent of respondents agree or somewhat agree that their community is kept clean, and 88.27% agree or somewhat agree that their neighborhood is safe.

These results differ when looking solely at the six focus cities. Only 35.50% of these respondents agree or somewhat agree that there are enough job opportunities in or near their community, 62% agree or somewhat agree that their community is kept clean, and only 59% feel their neighborhood is safe.
RESULTS: HEALTH AND WELLNESS

In Oakland County, 56.45% of survey respondents agree that parks are clean and safe. However, only 27.48% of respondents in the six focus cities agree with this statement. Similarly, Oakland County respondents overwhelmingly agree that grocery stores have a good variety of fruits and vegetables (70.74%), whereas only 49.62% in the six focus cities agree.

RESULTS: ACCESS TO HEALTHCARE

Access to healthcare was identified as an issue across the board. Less than 50% of individuals either agreed or somewhat agreed that there are resources available to assist in getting health insurance, while the largest number of respondents did not know if there are resources. Access to mental health services was another point of concern for respondents. Approximately 40% of respondents in Oakland County and the six focus cities agree or somewhat agree that it is easy to access mental health services, and the highest response was “don’t know.”

There are Resources Available to Assist in Getting Health Insurance
It is Easy to Access Mental Health Services

RESULTS: ACCESS TO SUPPORT SERVICES

Survey respondents were asked about their awareness of programs to support:

- Those experiencing homelessness
- Veterans
- Those experiencing disabilities
- Youth and teens during non-school hours
- The LGBTQI community
- The senior community
- The non-English speaking population
- Pregnant women

When looking at both the overall county data and the six focus cities, respondents overwhelmingly indicate they did not know about support services for the above-listed items. The only exception occurring was related to the senior community — respondents agree that there are support services for the senior community available.
This section of the survey assessed feelings of community pride and connectedness with other community members. Forty-nine percent of respondents agree that residents in our community take pride in the neighborhood, whereas only 28.66% of residents in the six focus cities agree with this statement. Similar differences were noted in respondents’ agreement that there are opportunities for them to get involved in their community. Responses were 44.04% and 33.87% respectively.

**Residents in Our Community Take Pride in Their Neighborhood**

**There are Opportunities for Me to Get Involved in My Community**
RESULTS: COMMUNITY HEALTH CONCERNS

Survey respondents were given a list of health concerns and asked to select whether they viewed the issue as big or small within their community. Respondents were also able to indicate if they did not view a particular concern as an issue at all.

<table>
<thead>
<tr>
<th>Top Health Concerns in the Community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Oakland County</strong></td>
</tr>
<tr>
<td>1. Obesity</td>
</tr>
<tr>
<td>2. Alcohol and Drug Use</td>
</tr>
<tr>
<td>3. Chronic Disease</td>
</tr>
<tr>
<td>4. Bullying/Cyberbullying/Harassment</td>
</tr>
<tr>
<td>5. Mental Health</td>
</tr>
<tr>
<td>6. Tobacco Use</td>
</tr>
<tr>
<td>7. Nutrition</td>
</tr>
<tr>
<td><strong>Six Focus Cities</strong></td>
</tr>
<tr>
<td>1. Obesity</td>
</tr>
<tr>
<td>2. Alcohol and Drug Use</td>
</tr>
<tr>
<td>3. Tobacco Use</td>
</tr>
<tr>
<td>4. Physical Activity</td>
</tr>
<tr>
<td>5. Mental Health</td>
</tr>
<tr>
<td>6. Violence/Crime</td>
</tr>
<tr>
<td>7. Domestic Violence</td>
</tr>
</tbody>
</table>

Results from the ECHO Community Survey indicate that respondents unanimously view obesity and alcohol and drug use as the biggest health concerns facing Oakland County. Mental health also is one of the top five health concerns, regardless of location. While comparing the overall responses to the six focus cities, other concerns start to differ. Oakland County total respondents are more concerned about chronic disease, bullying/cyberbullying, and nutrition, while the six focus cities place more emphasis on tobacco use and physical activity. Finally, the six focus cities ranked violence/crime, domestic violence, and mental health as big issues more frequently than the overall Oakland County respondents did.
RESULTS: COMMUNITY HEALTH CONCERNS (CONTINUED)

Respondents were also asked to note additional health concerns they perceived as issues within their communities. Results for all respondents are listed below:

<table>
<thead>
<tr>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Affordable Health/Dental Care</td>
</tr>
<tr>
<td>Access to Healthy Food</td>
</tr>
<tr>
<td>Adolescent Support</td>
</tr>
<tr>
<td>Affordable Housing</td>
</tr>
<tr>
<td>Bike Paths/Lanes</td>
</tr>
<tr>
<td>City Employees (dissatisfied)</td>
</tr>
<tr>
<td>Civic Engagement</td>
</tr>
<tr>
<td>Disabilities Resources</td>
</tr>
<tr>
<td>Education/Health Ed</td>
</tr>
<tr>
<td>Home Security</td>
</tr>
<tr>
<td>Homelessness</td>
</tr>
<tr>
<td>Jobs</td>
</tr>
<tr>
<td>Parental Development</td>
</tr>
<tr>
<td>Pets</td>
</tr>
<tr>
<td>Police</td>
</tr>
<tr>
<td>Poverty</td>
</tr>
<tr>
<td>Rats</td>
</tr>
<tr>
<td>Resources for Illegal Aliens</td>
</tr>
<tr>
<td>Roads</td>
</tr>
<tr>
<td>Senior Resources</td>
</tr>
<tr>
<td>Sidewalks (better, cleaner, snow removal)</td>
</tr>
<tr>
<td>Transportation (increased access)</td>
</tr>
<tr>
<td>Unsafe Driving</td>
</tr>
<tr>
<td>Middle Class Support</td>
</tr>
</tbody>
</table>
RESULTS: TRANSPORTATION

Respondents were asked to note their barriers to accessing public transportation in their neighborhood. The responses are as follows:

Barriers to Public Transportation

- Other, please explain
- N/A I don’t need to use public transportation
- I use public transportation in my neighborhood
- I do not feel safe using public transportation
- Doesn’t run on time
- Unreliable/inconsistent schedule
- It doesn’t fit my schedule
- The buses do not go where I need to go
- There is no public transportation in my neighborhood
- The bus stop is too far to walk to
- It’s too expensive

Fifty percent of Oakland County respondents indicated that they do not need to use public transportation. However, 49% of residents responded that their biggest barrier to using public transportation is that there is no public transportation in their neighborhood. Similarly, the majority of the respondents from the six focus cities, 53%, indicated that they do not need public transportation. The number one barrier, reported by 33% of respondents, is that the buses do not go where the respondents need them to go.

Respondents were also asked to note any additional barriers to accessing public transportation that were not noted in the options. They are listed below:

RESPONSE

- Not enough information
- Would use if available
- Bus services not connected
- Improved bus stops
- Disabled transport
- Takes too long
- Sidewalk upkeep
- Stigma
**APPENDIX A: ECHO FOCUS GROUP GUIDE**

**Introduction**

Thank you for agreeing to participate in this group discussion. Through this group discussion, we are hoping to learn more about what you think makes your community healthy and how it could be healthier. This information will be very helpful in planning programs to improve the health of the residents of Oakland County.

This focus group is part of the Oakland County Health Division’s ECHO initiative. ECHO is about achieving a community where every person who lives, works, attends school, worships, or plays in Oakland County is a healthy person. In order to get to this goal, we need to hear from you and others in the community.

Again, we appreciate your participation in this group discussion. It’s your choice to join this talk, which means you do not have to answer every question if you do not want to. Also, all information will be kept confidential by the research team. We are also asking each of you to not repeat what is said by other participants in this group discussion.

Lastly, we are audio recording and taking notes on this discussion in order to be able to accurately recall what is said during the discussion. We ask that you speak one at a time, so we can hear what everyone has to say. Also, for those of you who are very outgoing and talk a lot, we ask that you give room for the quieter people in the room to speak.

Are there any questions at this time about this group discussion that I can answer? If not, let’s get started.

<table>
<thead>
<tr>
<th>Icebreaker Question: Can you describe your neighborhood? If talking to a friend who had never been here, how would you describe your community?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Notes:</strong></td>
</tr>
<tr>
<td><strong>Probes for Icebreaker Question:</strong></td>
</tr>
<tr>
<td>• What does it look like? (Get an idea of physical boundaries-definition of community)</td>
</tr>
<tr>
<td>• What is different about this community compared to other communities?</td>
</tr>
<tr>
<td>• What types of things are available in your community?</td>
</tr>
<tr>
<td>• What activities do you do in your community?</td>
</tr>
<tr>
<td>• Can you describe the members of your community?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 1: What do you believe are the 2-3 most important characteristics of a healthy community?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Notes:</strong></td>
</tr>
<tr>
<td><strong>Probes for Question 1:</strong></td>
</tr>
<tr>
<td>• Can you give me an example of that?</td>
</tr>
<tr>
<td>• If others have had a similar view, can you tell me more about that?</td>
</tr>
<tr>
<td>• What are the thoughts of others in the group?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 2: What are some of the strengths and assets of your community?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Notes:</strong></td>
</tr>
<tr>
<td><strong>Probes for Question 2:</strong></td>
</tr>
<tr>
<td>• What does your community have that helps the health of its residents?</td>
</tr>
<tr>
<td>• Can you give me an example of that?</td>
</tr>
<tr>
<td>• If others have had a similar view, can you tell me more about that?</td>
</tr>
<tr>
<td>• What are the thoughts of others in the group?</td>
</tr>
</tbody>
</table>
### Question 3: Where do you go for health care?

**Notes:**

**Probes for Question 3:**
- What barriers have you faced in obtaining health care?
- What has been helpful to you in obtaining health care?
- What have been the experiences of others in the group?

### Question 4: From where do you get most of your health information?

**Notes:**

**Probes for Question 4:**
- From whom do you get health information? (This may include individuals, clinic, media.)
- What types of information do you find helpful?
- Are you satisfied with the health information available to you?
- Where would you like to receive health information?

### Question 5: What are some of the things that you see as lacking in your community?

**Notes:**

**Probes for Question 5:**
- What would help the health of others in your community if it was available in your community?
- Can you give me an example of that?
- If others have had a similar view, can you tell me more about that?
- What are the thoughts of others in the group?

### Question 6: What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?

**Notes:**

**Probes for Question 6:**
- How have you brought others (adults or youth) into these policy advocacy activities?
- Tell me how, if at all, you worked with other people who participated in the training.
- Tell me how, if at all, you worked with others who did not participate in the training.
- Can you give me an example of that?
- If others have had a similar view, can you tell me more about that?
- What are the thoughts of others in the group?

### Question 7: What are the biggest concerns of your family or your friends’ families?

**Notes:**

**Probes for Question 7:**
- This might include personal needs, education, health, employment concerns.
- Can you give me an example of that?
- If others have had a similar view, can you tell me more about that?
- What are the thoughts of others in the group?

---

_We would like to thank you again for participating in this group discussion._
This document reflects the combined results from the focus groups that took place at the Baldwin Center and at Centro Multicultural La Familia.

How would you describe your neighborhood/community?
- Beautiful zone that does not feel dangerous, I can walk where I want; looks more beautiful at the border of the city
- Housing is affordable
- People are robbed
- Oakland Sheriff going up and down street all day, but people get robbed
- Limited resources place to go (no rec center, library, safe park)
- Cars drive too quickly – children do not walk or ride bikes
- Difference between one street and another
- Authorities cannot do anything if no one contributes their part
- In my community, streets do not get cleaned, so everybody gets together to clean it and keep it safe
- Police do not come or people do not report because of fear
- Discrimination
- Human trafficking
- Pontiac has a lot of potential, with help from churches and organizations
- Need for more businesses, jobs

What do you believe are the 2-3 most important characteristics of a healthy community?
- We have many resources – WIC, pregnancy help, OCHD, ESL, low cost health, CMLF, Centro, rec center for youth
- Safe sidewalks
- No empty buildings
- People walking
- Have green areas to play
- Businesses, such as banks, downtown
- Parents supervise children, or if they can’t, someone else does
- Community activists
- Leadership
- Security
- Information available to people, such as through billboards
- Farmers’ market and community gardens
- Need transportation to access services
- Want to organize cleaning campaign for the city, but don’t want to get in trouble for cleaning empty buildings
- Trash thrown from cars
What are some of the strengths and assets of your community?

- Library (Rochester, Pontiac)
- Centro
- Baldwin Center
- Hope
- Easter Seals
- Wisner Stadium for walking
- Certain transportation in Pontiac, more than other cities
- How CMLF helps Hispanics in education and mental health, work authorization
- There are services, but we don’t know how to use them or they are not advertised

Where do you go for health care?

- Use Medicaid; (for Baldwin: insurance is not the issue, most people have coverage)
- Clinic – OIHN
- Teen Health Center in Waterford
- St. Joseph Hospital
- Joslyn Smile Center
- Oakland Primary Health Care
- Doctors’ Hospital
- Bernstein Clinic
- McLaren
- Dr. Antunano, MD
- Dr. Cabrera, MD
- Not many homeless have primary physician

From where do you get most of your health information?

- Centro Multicultural La Familia
- Newspapers
- Newsletter at St. Vicente
- Brochures – applications or referrals
- Health clinics, when there is transportation
- Home visits from my Centro worker
- Schools
- Shelter
- Internet, though not everyone has access or knows how to use it
- Get information about health insurance from other people with that health insurance
- Do not feel like we get enough information; we have to go searching for it
- Want information from city leadership
- Want information regarding flu shot
What are some of the things that you see as lacking in your community?

- Low-cost dental services
- Nutrition programs
- Spanish resources
  - Information in Spanish
  - Services offered in Spanish (doctor, dentist)
  - TV channel and radio station
  - Services offered in Spanish (doctor, dentist)
- Policemen, firefighters
- Snow plowing in the winter
- Green and secure recreational areas, clean up vacant lots
- For people to be more responsible, volunteers (including Hispanic volunteers), neighborhood participation
- Police enforcement of the law, follow-up after arrest
- Recycling
- Centro needs more staff to serve people
- Safety
- Leadership
- Communication
- Jobs
- Places to go during the days, things to do in Pontiac
- More places like Hope

What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?

- Driver’s license, free ID
- YMCA, community center
- Exercise programs (low cost)
- Education
- Information/city laws in Spanish
- Churches (give more info of resources)
- Transportation
- Immigration reform
- Child care to be able to participate
- Be responsible, community responsibility, community activism
- Leadership
- Safety
- Block clubs
- Volunteers
- Healthier food

APPENDIX B: PRELIMINARY FOCUS GROUP RESULTS (CONTINUED)
What are the biggest concerns of your family or your friends’ families? (Baldwin did not get to this question)

- Driver’s license
- Security
- Quality of medical services
- Connections with employers
- What to do in case of sickness – resources, where to go?
- Translation in hospitals
- Mutually help each other
- Learn English so we can advocate for ourselves
- Education for myself and my children

APPENDIX C: ECHO COMMUNITY SURVEY

Energizing Connections for Healthier Oakland (ECHO) is a partnership focused on achieving a community where every person who lives, works, attends school, worships, or plays in Oakland County is a healthy person. With your help, we can achieve this goal! Please share your opinions on this short survey to help us better understand what you need in order to have a healthy community. Your responses will help prioritize important health issues for Oakland County. Your answers are completely anonymous. THANK YOU for your time.

Q1: General Community Characteristics

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable housing is available</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Community members can access the Internet</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Discrimination</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Social &amp; cultural diversity is valued by community members</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Our community is kept clean</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Our community offers enough arts and cultural events</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>There are enough job opportunities in or near my community</td>
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<tr>
<td>There are support networks for individuals/families during times of stress/need</td>
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<tr>
<td>There is enough public transportation (e.g., bus availability)</td>
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<tr>
<td>We have reliable 24-hour police, fire and EMS services</td>
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<td>○</td>
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<tr>
<td>Our neighborhoods are safe</td>
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APPENDIX C: ECHO COMMUNITY SURVEY (CONTINUED)

Q2: Health and Wellness

<table>
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<tr>
<th></th>
<th>Agree</th>
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<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is easy to walk and bike in our community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are enough parks and other places for recreational activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our parks are clean and safe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is easy to access grocery stores</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Our grocery stores have a good variety of fruits and vegetables</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Our grocery stores have affordable fresh fruits and vegetables</td>
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</table>

Q3: Access to Medical Care

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is easy to see a primary care doctor</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>It is easy to get a health screening (e.g., cholesterol, diabetes, blood pressure)</td>
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</tr>
<tr>
<td>It is easy to access specialized care (e.g., for diabetes, heart disease, cancer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is easy to access and understand health information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is easy to access mental health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are resources available to assist in getting health insurance</td>
<td></td>
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</table>

Q4: Access to Support Care – There are programs, services and support available for:

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Those experiencing homelessness</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth and teens during non-school hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The senior community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The LGBTQI community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The non-English speaking population</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Those experiencing disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant women</td>
<td></td>
<td></td>
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</table>
### COMMUNITY THEMES & STRENGTHS ASSESSMENT

#### Q5: Civic Engagement

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents in our community take pride in their neighborhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents take part in community initiatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residents in our community are connected to one another</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are opportunities for me to get involved in my community</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

#### Q6: Which of the following are health concerns in our community

<table>
<thead>
<tr>
<th>Health Concern</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and drug abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying/cyberbullying/harassment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic disease (such as heart disease, diabetes, cancer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clean and healthy environment (air and water)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunizations/vaccines/shots</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious disease (such as the flu, pneumonia)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injuries (falls, car crash)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health (depression, anxiety, stress)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrition (healthy food and eating habits, food allergies)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual health (STDs, family planning, condoms)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco use (cigarette smoking, snuff, chewing tobacco)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violence/crime</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>
APPENDIX C: ECHO COMMUNITY SURVEY (CONTINUED)

Q7: Do any of the following make it difficult for you to use the public transportation in your neighborhood? (Choose all that apply)

○ It’s too expensive
○ The bus stop is too far to walk to
○ There is no public transportation in my neighborhood
○ The buses do not go where I need to go
○ It doesn’t fit with my schedule
○ Unreliable/inconsistent schedule
○ Does not run on time
○ I do not feel safe using public transportation
○ None of the above. I use public transportation in my neighborhood
○ N/A I do not need to use public transportation
○ Other, please explain _________________

Q8: Age ______

Q9: Gender

○ Male
○ Female
○ Other _______________________

Q10: How long have you been a member of the community?

○ Under 2 years
○ 2 - 5 years
○ 6 - 10 years
○ More than 10 years

Q11: Race/Ethnicity ______________________________
## APPENDIX D: OAKLAND COUNTY SURVEY RESULTS

<table>
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<tr>
<th>#</th>
<th>Answer</th>
<th>Response</th>
<th>Percent</th>
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<td>1</td>
<td>Auburn Hills - 48326</td>
<td>121</td>
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<td>2</td>
<td>Auburn Hills - 48321</td>
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<tr>
<td>3</td>
<td>Berkley - 48072</td>
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<td>4</td>
<td>Birmingham - 48009</td>
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<td>12</td>
<td>Clarkston - 48348</td>
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<td>Commerce - 48382</td>
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<td>Farmington - 48334</td>
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<td>20</td>
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## APPENDIX D: OAKLAND COUNTY SURVEY RESULTS (CONTINUED)

### OAKLAND COUNTY RESPONSES

#### 1. ZIP CODE

<table>
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<tr>
<th>#</th>
<th>Answer</th>
<th>Response</th>
<th>Percent</th>
</tr>
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<td>New Hudson - 48165</td>
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## COMMUNITY THEMES & STRENGTHS ASSESSMENT

### OAKLAND COUNTY RESPONSES

#### 1. ZIP CODE

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<th>Percent</th>
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<td>44</td>
<td>Novi - 48377</td>
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<td>Oak Park - 48237</td>
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### APPENDIX D: OAKLAND COUNTY SURVEY RESULTS (CONTINUED)

#### OAKLAND COUNTY RESPONSES

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>Response</th>
<th>Percent</th>
</tr>
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<td>Troy - 48083</td>
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<td>73</td>
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<td>74</td>
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<td>1</td>
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<td>77</td>
<td>Walled Lake - 48391</td>
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<td>78</td>
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<td>79</td>
<td>Waterford - 48328</td>
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<td>80</td>
<td>Waterford - 48329</td>
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</table>
## Community Themes & Strengths Assessment

### Oakland County Responses

### 1. Zip Code

<table>
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<th>Answer</th>
<th>Response</th>
<th>Percent</th>
</tr>
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<td>West Bloomfield - 48322</td>
<td>114</td>
<td>2</td>
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<td>82</td>
<td>West Bloomfield - 48325</td>
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<td>0</td>
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<td>83</td>
<td>West Bloomfield - 48323</td>
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<td>West Bloomfield - 48324</td>
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<td>85</td>
<td>White Lake - 48383</td>
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<td>1</td>
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<td>86</td>
<td>White Lake - 48386</td>
<td>108</td>
<td>2</td>
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<td>87</td>
<td>Wixom - 48393</td>
<td>51</td>
<td>1</td>
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<td>88</td>
<td>Novi - 48167</td>
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</tr>
<tr>
<td>89</td>
<td>Northville - 48167</td>
<td>11</td>
<td>0</td>
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<tr>
<td>90</td>
<td>Lathrup Village - 48076</td>
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<td></td>
<td><strong>Total</strong></td>
<td><strong>5,768</strong></td>
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### Appendix D: Oakland County Survey Results (Continued)

#### Oakland County Responses

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Social and cultural diversity is valued by community members</td>
<td>26.50%</td>
<td>38.43%</td>
<td>19.51%</td>
<td>12.90%</td>
<td>2.66%</td>
<td>5,680</td>
<td>2.27</td>
</tr>
<tr>
<td>2</td>
<td>Our community offers enough arts and cultural events</td>
<td>36.55%</td>
<td>35.61%</td>
<td>7.17%</td>
<td>15.45%</td>
<td>5.22%</td>
<td>5,707</td>
<td>2.17</td>
</tr>
<tr>
<td>3</td>
<td>There are support networks for individuals and families during times of stress and need</td>
<td>22.07%</td>
<td>29.93%</td>
<td>32.38%</td>
<td>10.50%</td>
<td>5.13%</td>
<td>5,717</td>
<td>2.47</td>
</tr>
<tr>
<td>4</td>
<td>Affordable housing is available</td>
<td>37.48%</td>
<td>33.75%</td>
<td>13.43%</td>
<td>11.32%</td>
<td>4.02%</td>
<td>5,718</td>
<td>2.11</td>
</tr>
<tr>
<td>5</td>
<td>There are enough job opportunities in or near my community</td>
<td>18.33%</td>
<td>29.57%</td>
<td>24.66%</td>
<td>19.74%</td>
<td>7.69%</td>
<td>5,718</td>
<td>2.69</td>
</tr>
<tr>
<td>6</td>
<td>Community members can access the Internet</td>
<td>58.54%</td>
<td>22.89%</td>
<td>10.34%</td>
<td>5.49%</td>
<td>2.74%</td>
<td>5,687</td>
<td>1.71</td>
</tr>
<tr>
<td>7</td>
<td>There is enough public transportation (e.g., buses available)</td>
<td>8.40%</td>
<td>10.95%</td>
<td>19.03%</td>
<td>23.65%</td>
<td>37.96%</td>
<td>5,716</td>
<td>3.72</td>
</tr>
<tr>
<td>8</td>
<td>Our community is kept clean</td>
<td>47.85%</td>
<td>40.16%</td>
<td>1.49%</td>
<td>7.99%</td>
<td>2.51%</td>
<td>5,707</td>
<td>1.77</td>
</tr>
<tr>
<td>9</td>
<td>Discrimination is a problem</td>
<td>7.63%</td>
<td>20.36%</td>
<td>26.63%</td>
<td>19.98%</td>
<td>25.41%</td>
<td>5,652</td>
<td>3.35</td>
</tr>
<tr>
<td>10</td>
<td>We have reliable 24-hour police, fire and EMS services</td>
<td>66.47%</td>
<td>23.10%</td>
<td>5.75%</td>
<td>3.28%</td>
<td>1.40%</td>
<td>5,702</td>
<td>1.50</td>
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<tr>
<td>11</td>
<td>Our neighborhoods are safe</td>
<td>44.39%</td>
<td>42.88%</td>
<td>3.16%</td>
<td>7.16%</td>
<td>2.41%</td>
<td>5,688</td>
<td>1.80</td>
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### Community Themes & Strengths Assessment

#### Oakland County Responses

##### 3. Health and Wellness

<table>
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<tr>
<th>#</th>
<th>Question</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>It is easy to walk and bike in our community</td>
<td>41.02%</td>
<td>31.82%</td>
<td>1.67%</td>
<td>15.93%</td>
<td>9.56%</td>
<td>5,732</td>
<td>2.21</td>
</tr>
<tr>
<td>2</td>
<td>There are enough parks and other places for recreational activities</td>
<td>55.96%</td>
<td>29.00%</td>
<td>2.29%</td>
<td>8.74%</td>
<td>4.00%</td>
<td>5,720</td>
<td>1.76</td>
</tr>
<tr>
<td>3</td>
<td>Our parks are clean and safe</td>
<td>56.45%</td>
<td>31.03%</td>
<td>6.27%</td>
<td>4.18%</td>
<td>2.07%</td>
<td>5,713</td>
<td>1.64</td>
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<tr>
<td>4</td>
<td>It is easy to access grocery stores</td>
<td>64.09%</td>
<td>25.66%</td>
<td>0.88%</td>
<td>6.80%</td>
<td>2.57%</td>
<td>5,709</td>
<td>1.58</td>
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<tr>
<td>5</td>
<td>Our grocery stores have a good variety of fruits and vegetables</td>
<td>70.74%</td>
<td>22.22%</td>
<td>1.21%</td>
<td>3.98%</td>
<td>1.85%</td>
<td>5,725</td>
<td>1.44</td>
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<tr>
<td>6</td>
<td>Our grocery stores have affordable fresh fruits and vegetables</td>
<td>54.81%</td>
<td>32.17%</td>
<td>2.05%</td>
<td>8.50%</td>
<td>2.48%</td>
<td>5,720</td>
<td>1.72</td>
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## APPENDIX D: OAKLAND COUNTY SURVEY RESULTS (CONTINUED)

### OAKLAND COUNTY RESPONSES

#### 4. ACCESS TO MEDICAL CARE

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<th>Question</th>
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<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>It is easy to see a primary care doctor</td>
<td>56.43%</td>
<td>30.16%</td>
<td>4.93%</td>
<td>6.73%</td>
<td>1.74%</td>
<td>5,451</td>
<td>1.67</td>
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<td>2</td>
<td>It is easy to get a health screening (e.g., cholesterol, diabetes, blood pressure)</td>
<td>54.56%</td>
<td>28.05%</td>
<td>10.75%</td>
<td>5.02%</td>
<td>1.62%</td>
<td>5,440</td>
<td>1.71</td>
</tr>
<tr>
<td>3</td>
<td>It is easy to access specialized care (e.g., for diabetes, heart disease, cancer)</td>
<td>47.17%</td>
<td>26.34%</td>
<td>18.33%</td>
<td>6.24%</td>
<td>1.91%</td>
<td>5,433</td>
<td>1.89</td>
</tr>
<tr>
<td>4</td>
<td>It is easy to access and understand health information</td>
<td>45.74%</td>
<td>33.38%</td>
<td>9.18%</td>
<td>9.20%</td>
<td>2.49%</td>
<td>5,422</td>
<td>1.89</td>
</tr>
<tr>
<td>5</td>
<td>It is easy to access mental health services</td>
<td>21.54%</td>
<td>18.34%</td>
<td>40.06%</td>
<td>11.89%</td>
<td>8.17%</td>
<td>5,432</td>
<td>2.67</td>
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<tr>
<td>6</td>
<td>There are resources available to assist in getting health insurance</td>
<td>19.65%</td>
<td>19.79%</td>
<td>49.14%</td>
<td>7.34%</td>
<td>4.08%</td>
<td>5,436</td>
<td>2.56</td>
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</table>
### Community Themes & Strengths Assessment

#### Oakland County Responses

5. Access to Support Services: There are programs, services and support available for:

<table>
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<tr>
<th>#</th>
<th>Question</th>
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<th>Somewhat Agree</th>
<th>Don't Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Those experiencing homelessness</td>
<td>10.57%</td>
<td>18.89%</td>
<td>54.33%</td>
<td>10.49%</td>
<td>5.73%</td>
<td>5,432</td>
<td>2.82</td>
</tr>
<tr>
<td>2</td>
<td>Youth and teens during non-school hours</td>
<td>14.67%</td>
<td>24.76%</td>
<td>38.99%</td>
<td>15.19%</td>
<td>6.40%</td>
<td>5,425</td>
<td>2.74</td>
</tr>
<tr>
<td>3</td>
<td>The senior community</td>
<td>38.32%</td>
<td>32.59%</td>
<td>21.30%</td>
<td>5.49%</td>
<td>2.30%</td>
<td>5,431</td>
<td>2.01</td>
</tr>
<tr>
<td>4</td>
<td>Veterans</td>
<td>11.33%</td>
<td>19.22%</td>
<td>58.11%</td>
<td>7.74%</td>
<td>3.60%</td>
<td>5,386</td>
<td>2.73</td>
</tr>
<tr>
<td>5</td>
<td>The LGBTQI community</td>
<td>6.29%</td>
<td>8.49%</td>
<td>73.19%</td>
<td>7.53%</td>
<td>4.51%</td>
<td>5,393</td>
<td>2.95</td>
</tr>
<tr>
<td>6</td>
<td>The non-English speaking population</td>
<td>11.09%</td>
<td>15.47%</td>
<td>63.62%</td>
<td>6.85%</td>
<td>2.97%</td>
<td>5,429</td>
<td>2.75</td>
</tr>
<tr>
<td>7</td>
<td>Those experiencing disabilities</td>
<td>12.04%</td>
<td>23.72%</td>
<td>50.98%</td>
<td>9.59%</td>
<td>3.68%</td>
<td>5,434</td>
<td>2.69</td>
</tr>
<tr>
<td>8</td>
<td>Pregnant women</td>
<td>20.58%</td>
<td>22.97%</td>
<td>51.45%</td>
<td>3.45%</td>
<td>1.55%</td>
<td>5,419</td>
<td>2.42</td>
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</tbody>
</table>

Those experiencing homelessness

Youth and teens during non-school hours

The senior community

Veterans

The LGBTQI community

The non-English speaking population

Those experiencing disabilities

Pregnant women
## APPENDIX D: OAKLAND COUNTY SURVEY RESULTS (CONTINUED)

### OAKLAND COUNTY RESPONSES

#### 6. CIVIC ENGAGEMENT

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
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<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Residents in our community take pride in their neighborhood</td>
<td>49.13%</td>
<td>40.36%</td>
<td>3.49%</td>
<td>5.51%</td>
<td>1.52%</td>
<td>5,449</td>
<td>1.70</td>
</tr>
<tr>
<td>2</td>
<td>Residents take part in community initiatives</td>
<td>28.79%</td>
<td>41.00%</td>
<td>17.58%</td>
<td>10.48%</td>
<td>2.15%</td>
<td>5,439</td>
<td>2.16</td>
</tr>
<tr>
<td>3</td>
<td>Residents in our community are connected to one another</td>
<td>20.84%</td>
<td>41.52%</td>
<td>12.07%</td>
<td>20.55%</td>
<td>5.02%</td>
<td>5,436</td>
<td>2.47</td>
</tr>
<tr>
<td>4</td>
<td>There are opportunities for me to get involved in my community</td>
<td>44.04%</td>
<td>36.03%</td>
<td>11.10%</td>
<td>6.67%</td>
<td>2.15%</td>
<td>5,440</td>
<td>1.87</td>
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</table>
## Community Themes & Strengths Assessment

### Oakland County Responses

#### 7. Which of the following are health concerns in our community?

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Not an Issue</th>
<th>A Small Issue</th>
<th>A Big Issue</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Injuries (falls, car crash)</td>
<td>32.23%</td>
<td>55.91%</td>
<td>11.86%</td>
<td>5,008</td>
<td>1.80</td>
</tr>
<tr>
<td>2</td>
<td>Alcohol and drug abuse</td>
<td>10.96%</td>
<td>46.59%</td>
<td>42.45%</td>
<td>5,072</td>
<td>2.31</td>
</tr>
<tr>
<td>3</td>
<td>Chronic disease (such as heart disease, diabetes, cancer)</td>
<td>13.33%</td>
<td>47.25%</td>
<td>39.42%</td>
<td>5,003</td>
<td>2.26</td>
</tr>
<tr>
<td>4</td>
<td>Clean and healthy environment (air and water)</td>
<td>41.34%</td>
<td>37.89%</td>
<td>20.78%</td>
<td>5,073</td>
<td>1.79</td>
</tr>
<tr>
<td>5</td>
<td>Immunizations/vaccines/shots</td>
<td>38.30%</td>
<td>42.12%</td>
<td>19.59%</td>
<td>5,024</td>
<td>1.81</td>
</tr>
<tr>
<td>6</td>
<td>Infectious disease (such as the flu, pneumonia)</td>
<td>31.29%</td>
<td>51.76%</td>
<td>16.95%</td>
<td>5,037</td>
<td>1.86</td>
</tr>
<tr>
<td>7</td>
<td>Violence/crime</td>
<td>22.82%</td>
<td>57.38%</td>
<td>19.81%</td>
<td>5,023</td>
<td>1.97</td>
</tr>
<tr>
<td>8</td>
<td>Mental health (depression, anxiety, stress)</td>
<td>14.63%</td>
<td>49.93%</td>
<td>35.44%</td>
<td>4,997</td>
<td>2.21</td>
</tr>
<tr>
<td>9</td>
<td>Nutrition (healthy food and eating habits, food allergies)</td>
<td>24.76%</td>
<td>48.44%</td>
<td>26.80%</td>
<td>5,029</td>
<td>2.02</td>
</tr>
<tr>
<td>10</td>
<td>Obesity</td>
<td>9.65%</td>
<td>41.22%</td>
<td>49.13%</td>
<td>5,034</td>
<td>2.39</td>
</tr>
<tr>
<td>11</td>
<td>Physical activity</td>
<td>20.33%</td>
<td>44.27%</td>
<td>35.40%</td>
<td>4,997</td>
<td>2.15</td>
</tr>
<tr>
<td>12</td>
<td>Sexual health (STDs, family planning, condoms)</td>
<td>25.90%</td>
<td>56.32%</td>
<td>17.78%</td>
<td>4,950</td>
<td>1.92</td>
</tr>
<tr>
<td>13</td>
<td>Tobacco use (cigarette smoking, snuff, chewing tobacco)</td>
<td>18.18%</td>
<td>50.19%</td>
<td>31.63%</td>
<td>5,021</td>
<td>2.13</td>
</tr>
<tr>
<td>14</td>
<td>Other</td>
<td>51.81%</td>
<td>17.95%</td>
<td>25.73%</td>
<td>846</td>
<td>1.73</td>
</tr>
<tr>
<td>15</td>
<td>Bullying/cyber bullying/harassment</td>
<td>11.97%</td>
<td>51.68%</td>
<td>36.35%</td>
<td>5,004</td>
<td>2.24</td>
</tr>
<tr>
<td>16</td>
<td>Domestic violence</td>
<td>18.71%</td>
<td>55.74%</td>
<td>25.55%</td>
<td>4,987</td>
<td>2.07</td>
</tr>
</tbody>
</table>
### OAKLAND COUNTY RESPONSES

#### 8. DO ANY OF THE FOLLOWING MAKE IT DIFFICULT FOR YOU TO USE THE PUBLIC TRANSPORTATION IN YOUR NEIGHBORHOOD? (CHOOSE ALL THAT APPLY)

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>It’s too expensive</td>
<td>152</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>The bus stop is too far to walk to</td>
<td>782</td>
<td>15</td>
</tr>
<tr>
<td>3</td>
<td>There is no public transportation in my neighborhood</td>
<td>2,478</td>
<td>49</td>
</tr>
<tr>
<td>4</td>
<td>The buses do not go where I need to go</td>
<td>1,014</td>
<td>20</td>
</tr>
<tr>
<td>5</td>
<td>I do not feel safe using public transportation</td>
<td>465</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>None of the above. I use public transportation in my neighborhood</td>
<td>53</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>N/A I don’t need to use public transportation</td>
<td>2,511</td>
<td>50</td>
</tr>
<tr>
<td>8</td>
<td>Other, please explain</td>
<td>185</td>
<td>4</td>
</tr>
<tr>
<td>9</td>
<td>It doesn’t fit with my schedule</td>
<td>566</td>
<td>11</td>
</tr>
<tr>
<td>10</td>
<td>Unreliable/inconsistent schedule</td>
<td>553</td>
<td>11</td>
</tr>
<tr>
<td>11</td>
<td>Doesn’t run on time</td>
<td>328</td>
<td>6</td>
</tr>
<tr>
<td>#</td>
<td>Answer</td>
<td>Response</td>
<td>Percent</td>
</tr>
<tr>
<td>----</td>
<td>------------------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>1</td>
<td>Under 2 years</td>
<td>171</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2 - 5 years</td>
<td>376</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>6 - 10 years</td>
<td>465</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>More than 10 years</td>
<td>4,126</td>
<td>80</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>5,138</td>
<td>100</td>
</tr>
</tbody>
</table>
### APPENDIX E: SIX FOCUS CITIES – SURVEY RESULTS

<table>
<thead>
<tr>
<th>Answer</th>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferndale - 48220</td>
<td>85</td>
<td>16</td>
</tr>
<tr>
<td>Hazel Park - 48030</td>
<td>40</td>
<td>8</td>
</tr>
<tr>
<td>Madison Heights - 48071</td>
<td>65</td>
<td>12</td>
</tr>
<tr>
<td>Oak Park - 48237</td>
<td>82</td>
<td>15</td>
</tr>
<tr>
<td>Pontiac - 48340</td>
<td>90</td>
<td>17</td>
</tr>
<tr>
<td>Pontiac - 48341</td>
<td>76</td>
<td>14</td>
</tr>
<tr>
<td>Pontiac - 48342</td>
<td>90</td>
<td>17</td>
</tr>
<tr>
<td>Pontiac - 48343</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>532</td>
<td>100</td>
</tr>
</tbody>
</table>

*Note: There were no respondents from Royal Oak Township*
### COMMUNITY THEMES & STRENGTHS ASSESSMENT

#### SIX FOCUS CITIES RESPONSES

##### 2. GENERAL COMMUNITY CHARACTERISTICS

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Social and cultural diversity is valued by community members</td>
<td>25.59%</td>
<td>34.96%</td>
<td>18.95%</td>
<td>15.82%</td>
<td>4.69%</td>
<td>512</td>
<td>2.39</td>
</tr>
<tr>
<td>2</td>
<td>Our community offers enough arts and cultural events</td>
<td>20.42%</td>
<td>29.20%</td>
<td>11.83%</td>
<td>20.04%</td>
<td>18.51%</td>
<td>524</td>
<td>2.87</td>
</tr>
<tr>
<td>3</td>
<td>There are support networks for individuals and families during times of stress and need</td>
<td>17.61%</td>
<td>29.73%</td>
<td>28.41%</td>
<td>12.50%</td>
<td>11.74%</td>
<td>528</td>
<td>2.71</td>
</tr>
<tr>
<td>4</td>
<td>Affordable housing is available</td>
<td>35.55%</td>
<td>30.61%</td>
<td>13.50%</td>
<td>11.98%</td>
<td>8.37%</td>
<td>526</td>
<td>2.27</td>
</tr>
<tr>
<td>5</td>
<td>There are enough job opportunities in or near my community</td>
<td>10.65%</td>
<td>24.90%</td>
<td>20.72%</td>
<td>23.57%</td>
<td>20.15%</td>
<td>526</td>
<td>3.18</td>
</tr>
<tr>
<td>6</td>
<td>Community members can access the Internet</td>
<td>43.02%</td>
<td>26.20%</td>
<td>14.34%</td>
<td>9.94%</td>
<td>6.50%</td>
<td>523</td>
<td>2.11</td>
</tr>
<tr>
<td>7</td>
<td>There is enough public transportation (e.g., buses available)</td>
<td>16.51%</td>
<td>20.49%</td>
<td>20.11%</td>
<td>15.75%</td>
<td>27.13%</td>
<td>527</td>
<td>3.17</td>
</tr>
<tr>
<td>8</td>
<td>Our community is kept clean</td>
<td>26.91%</td>
<td>35.31%</td>
<td>3.82%</td>
<td>19.85%</td>
<td>14.12%</td>
<td>524</td>
<td>2.59</td>
</tr>
<tr>
<td>9</td>
<td>Discrimination is a problem</td>
<td>16.34%</td>
<td>24.21%</td>
<td>24.61%</td>
<td>16.54%</td>
<td>18.31%</td>
<td>508</td>
<td>2.96</td>
</tr>
<tr>
<td>10</td>
<td>We have reliable 24-hour police, fire and EMS services</td>
<td>54.75%</td>
<td>24.71%</td>
<td>7.60%</td>
<td>7.41%</td>
<td>5.51%</td>
<td>526</td>
<td>1.84</td>
</tr>
<tr>
<td>11</td>
<td>Our neighborhoods are safe</td>
<td>19.73%</td>
<td>39.27%</td>
<td>6.32%</td>
<td>22.22%</td>
<td>12.45%</td>
<td>522</td>
<td>2.68</td>
</tr>
</tbody>
</table>
### SIX FOCUS CITIES RESPONSES
#### 3. HEALTH AND WELLNESS

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>It is easy to walk and bike in our community</td>
<td>36.62%</td>
<td>30.93%</td>
<td>4.55%</td>
<td>15.18%</td>
<td>12.71%</td>
<td>527</td>
<td>2.36</td>
</tr>
<tr>
<td>2</td>
<td>There are enough parks and other places for recreational activities</td>
<td>33.52%</td>
<td>29.92%</td>
<td>5.49%</td>
<td>15.72%</td>
<td>15.34%</td>
<td>528</td>
<td>2.49</td>
</tr>
<tr>
<td>3</td>
<td>Our parks are clean and safe</td>
<td>27.48%</td>
<td>33.78%</td>
<td>9.73%</td>
<td>15.27%</td>
<td>13.74%</td>
<td>524</td>
<td>2.54</td>
</tr>
<tr>
<td>4</td>
<td>It is easy to access grocery stores</td>
<td>47.24%</td>
<td>28.95%</td>
<td>2.10%</td>
<td>11.62%</td>
<td>10.10%</td>
<td>525</td>
<td>2.08</td>
</tr>
<tr>
<td>5</td>
<td>Our grocery stores have a good variety of fruits and vegetables</td>
<td>49.62%</td>
<td>29.36%</td>
<td>3.79%</td>
<td>10.04%</td>
<td>7.20%</td>
<td>528</td>
<td>1.96</td>
</tr>
<tr>
<td>6</td>
<td>Our grocery stores have affordable fresh fruits and vegetables</td>
<td>39.51%</td>
<td>33.46%</td>
<td>3.78%</td>
<td>13.80%</td>
<td>9.45%</td>
<td>529</td>
<td>2.20</td>
</tr>
</tbody>
</table>
## COMMUNITY THEMES & STRENGTHS ASSESSMENT

### SIX FOCUS CITIES RESPONSES

### 4. ACCESS TO HEALTHCARE

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>It is easy to see a primary care doctor</td>
<td>39.96%</td>
<td>33.20%</td>
<td>10.14%</td>
<td>12.13%</td>
<td>4.57%</td>
<td>503</td>
<td>2.08</td>
</tr>
<tr>
<td>2</td>
<td>It is easy to get a health screening (e.g., cholesterol, diabetes, blood pressure)</td>
<td>40.24%</td>
<td>32.27%</td>
<td>14.54%</td>
<td>7.97%</td>
<td>4.98%</td>
<td>502</td>
<td>2.05</td>
</tr>
<tr>
<td>3</td>
<td>It is easy to access specialized care (e.g., for diabetes, heart disease, cancer)</td>
<td>31.14%</td>
<td>27.54%</td>
<td>24.35%</td>
<td>10.98%</td>
<td>5.99%</td>
<td>501</td>
<td>2.33</td>
</tr>
<tr>
<td>4</td>
<td>It is easy to access and understand health information</td>
<td>34.00%</td>
<td>34.41%</td>
<td>12.68%</td>
<td>12.88%</td>
<td>6.04%</td>
<td>497</td>
<td>2.23</td>
</tr>
<tr>
<td>5</td>
<td>It is easy to access mental health services</td>
<td>17.71%</td>
<td>22.54%</td>
<td>33.60%</td>
<td>12.27%</td>
<td>13.88%</td>
<td>497</td>
<td>2.82</td>
</tr>
<tr>
<td>6</td>
<td>There are resources available to assist in getting health insurance</td>
<td>22.55%</td>
<td>24.55%</td>
<td>35.93%</td>
<td>9.98%</td>
<td>6.99%</td>
<td>501</td>
<td>2.54</td>
</tr>
</tbody>
</table>
### SIX FOCUS CITIES RESPONSES

#### 5. ACCESS TO SUPPORT SERVICES. THERE ARE PROGRAMS, SERVICES AND SUPPORT AVAILABLE FOR:

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Agree</th>
<th>Somewhat Agree</th>
<th>Don’t Know</th>
<th>Somewhat Disagree</th>
<th>Disagree</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Those experiencing homelessness</td>
<td>14.46%</td>
<td>23.69%</td>
<td>39.36%</td>
<td>12.45%</td>
<td>10.04%</td>
<td>498</td>
<td>2.80</td>
</tr>
<tr>
<td>2</td>
<td>Youth and teens during non-school hours</td>
<td>8.87%</td>
<td>19.56%</td>
<td>40.52%</td>
<td>15.12%</td>
<td>15.93%</td>
<td>496</td>
<td>3.10</td>
</tr>
<tr>
<td>3</td>
<td>The senior community</td>
<td>22.60%</td>
<td>27.60%</td>
<td>32.40%</td>
<td>10.40%</td>
<td>7.00%</td>
<td>500</td>
<td>2.52</td>
</tr>
<tr>
<td>4</td>
<td>Veterans</td>
<td>8.10%</td>
<td>19.03%</td>
<td>53.44%</td>
<td>10.12%</td>
<td>9.31%</td>
<td>494</td>
<td>2.94</td>
</tr>
<tr>
<td>5</td>
<td>The LGBTQI community</td>
<td>15.89%</td>
<td>12.02%</td>
<td>57.84%</td>
<td>6.92%</td>
<td>7.33%</td>
<td>491</td>
<td>2.78</td>
</tr>
<tr>
<td>6</td>
<td>The non-English speaking population</td>
<td>14.00%</td>
<td>18.80%</td>
<td>55.00%</td>
<td>6.40%</td>
<td>5.80%</td>
<td>500</td>
<td>2.71</td>
</tr>
<tr>
<td>7</td>
<td>Those experiencing disabilities</td>
<td>10.40%</td>
<td>23.40%</td>
<td>48.20%</td>
<td>10.00%</td>
<td>8.00%</td>
<td>500</td>
<td>2.82</td>
</tr>
<tr>
<td>8</td>
<td>Pregnant women</td>
<td>20.96%</td>
<td>24.95%</td>
<td>45.51%</td>
<td>4.39%</td>
<td>4.19%</td>
<td>501</td>
<td>2.46</td>
</tr>
</tbody>
</table>
### SIX FOCUS CITIES RESPONSES
#### 6. CIVIC ENGAGEMENT

| #  | Question                                                                 | Agree  | Somewhat Agree | Don’t Know | Somewhat Disagree | Disagree | Total Responses | Mean  
|----|--------------------------------------------------------------------------|--------|----------------|------------|-------------------|----------|----------------|-------
| 1  | Residents in our community take pride in their neighborhood             | 28.66% | 42.48%         | 7.21%      | 14.83%            | 6.81%    | 499            | 2.29  
| 2  | Residents take part in community initiatives                           | 18.40% | 33.80%         | 22.40%     | 17.60%            | 7.80%    | 500            | 2.63  
| 3  | Residents in our community are connected to one another               | 17.07% | 31.53%         | 16.87%     | 22.09%            | 12.45%   | 498            | 2.81  
| 4  | There are opportunities for me to get involved in my community        | 33.87% | 30.46%         | 15.83%     | 12.22%            | 7.62%    | 499            | 2.29  

Residents in our community take pride in their neighborhood
Residents take part in community initiatives
Residents in our community are connected to one another
There are opportunities for me to get involved in my community
### SIX FOCUS CITIES RESPONSES

#### 7. WHICH OF THE FOLLOWING ARE HEALTH CONCERNS IN OUR COMMUNITY?

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Not an Issue</th>
<th>A Small Issue</th>
<th>A Big Issue</th>
<th>Total Responses</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Injuries (falls, car crash)</td>
<td>32.54%</td>
<td>48.92%</td>
<td>18.53%</td>
<td>464</td>
<td>1.86</td>
</tr>
<tr>
<td>2</td>
<td>Alcohol and drug abuse</td>
<td>11.60%</td>
<td>33.33%</td>
<td>55.06%</td>
<td>474</td>
<td>2.43</td>
</tr>
<tr>
<td>3</td>
<td>Chronic disease (such as heart disease, diabetes, cancer)</td>
<td>15.05%</td>
<td>38.28%</td>
<td>46.67%</td>
<td>465</td>
<td>2.32</td>
</tr>
<tr>
<td>4</td>
<td>Clean and healthy environment (air and water)</td>
<td>30.80%</td>
<td>37.13%</td>
<td>32.07%</td>
<td>474</td>
<td>2.01</td>
</tr>
<tr>
<td>5</td>
<td>Immunizations/vaccines/shots</td>
<td>33.69%</td>
<td>42.22%</td>
<td>24.09%</td>
<td>469</td>
<td>1.90</td>
</tr>
<tr>
<td>6</td>
<td>Infectious disease (such as the flu, pneumonia)</td>
<td>33.33%</td>
<td>43.44%</td>
<td>23.23%</td>
<td>465</td>
<td>1.90</td>
</tr>
<tr>
<td>7</td>
<td>Violence/crime</td>
<td>12.15%</td>
<td>40.30%</td>
<td>47.55%</td>
<td>469</td>
<td>2.35</td>
</tr>
<tr>
<td>8</td>
<td>Mental health (depression, anxiety, stress)</td>
<td>14.71%</td>
<td>37.31%</td>
<td>47.97%</td>
<td>466</td>
<td>2.33</td>
</tr>
<tr>
<td>9</td>
<td>Nutrition (healthy food and eating habits, food allergies)</td>
<td>22.01%</td>
<td>38.89%</td>
<td>39.10%</td>
<td>469</td>
<td>2.17</td>
</tr>
<tr>
<td>10</td>
<td>Obesity</td>
<td>10.26%</td>
<td>28.85%</td>
<td>60.90%</td>
<td>468</td>
<td>2.51</td>
</tr>
<tr>
<td>11</td>
<td>Physical activity</td>
<td>14.22%</td>
<td>37.07%</td>
<td>48.71%</td>
<td>464</td>
<td>2.34</td>
</tr>
<tr>
<td>12</td>
<td>Sexual health (STDs, family planning, condoms)</td>
<td>20.43%</td>
<td>43.70%</td>
<td>35.87%</td>
<td>460</td>
<td>2.15</td>
</tr>
<tr>
<td>13</td>
<td>Tobacco use (cigarette smoking, snuff, chewing tobacco)</td>
<td>14.96%</td>
<td>32.91%</td>
<td>52.14%</td>
<td>468</td>
<td>2.37</td>
</tr>
<tr>
<td>14</td>
<td>Other</td>
<td>35.29%</td>
<td>22.06%</td>
<td>38.97%</td>
<td>131</td>
<td>2.04</td>
</tr>
<tr>
<td>15</td>
<td>Bullying/cyberbullying/harassment</td>
<td>16.31%</td>
<td>46.57%</td>
<td>37.12%</td>
<td>466</td>
<td>2.21</td>
</tr>
<tr>
<td>16</td>
<td>Domestic violence</td>
<td>15.99%</td>
<td>41.79%</td>
<td>42.22%</td>
<td>469</td>
<td>2.26</td>
</tr>
<tr>
<td>#</td>
<td>Answer</td>
<td>Response</td>
<td>Percent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------------------------</td>
<td>----------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>It’s too expensive</td>
<td>41</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The bus stop is too far to walk to</td>
<td>112</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>There is no public transportation in my neighborhood</td>
<td>66</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The buses do not go where I need to go</td>
<td>150</td>
<td>33</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I do not feel safe using public transportation</td>
<td>106</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>None of the above. I use public transportation in my neighborhood</td>
<td>26</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>N/A I don’t need to use public transportation</td>
<td>242</td>
<td>53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other, please explain</td>
<td>24</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>It doesn’t fit with my schedule</td>
<td>96</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Unreliable/inconsistent schedule</td>
<td>99</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Doesn’t run on time</td>
<td>87</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SIX FOCUS CITIES RESPONSES
### 9. How long have you been a member of the community?

<table>
<thead>
<tr>
<th>#</th>
<th>Answer</th>
<th>Response</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Under 2 years</td>
<td>32</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>2 - 5 years</td>
<td>48</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>6 - 10 years</td>
<td>44</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>More than 10 years</td>
<td>349</td>
<td>74</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>473</td>
<td>100</td>
</tr>
</tbody>
</table>
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT COMMITTEE MEMBERS

Air MD
Sandra Carolan

Area Agency on Aging 1-B
Andrea Mulheisen

Area Agency on Aging 1-B
Ryan Conmeadow

Beaumont Health System
Maureen Elliott

Beaumont Health System
Maureen Husek

Centro Multicultural La Familia
Sonia Acosta

Community Housing Network
Jessie Korte

Coventry Cares of Michigan
Carol Edwards

Crittenton Hospital
Angela Delpup

Easter Seals
Wendy Standifer

Easter Seals
Melissa Moody

Easter Seals
Brent Wirth

Easter Seals
Stephanie Wolf Hull

Enroll America
Mona Dequis

FernCare Free Clinic, Inc.
Ann Heler

Haven
Ernestine McRae

McLaren Health Care
Chandan Gupte

McLaren Oakland Children’s Health Services
Rosemary Couser

Meridian/Community Programs, Inc.
Erica Clute

Michigan Department of Community Health
Kiera Wickliffe Berger

Oakland County Childcare Council
Sue Allen

Oakland County Community Mental Health Authority
Kathleen Kovach

Oakland County Community Mental Health Authority
Kristen Milefchik

Oakland County Community Mental Health Authority
Patti Reitz

Oakland County Economic Development and Community Affairs
Whitney Calio

Oakland County Economic Development and Community Affairs
Kristen Wittfang

Oakland County Health Division
Administrative Services
Leigh-Anne Stafford

Oakland County Health Division
Clinic Nursing
Lisa Hahn

Oakland County Health Division
Community Health Promotion & Intervention Services
Jennifer Kirby
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT COMMITTEE MEMBERS

Oakland County Health Division
Community Health Promotion & Intervention Services
Lisa McKay-Chiasson

Oakland County Health Division
Communicable Disease
Nicole Parker

Oakland County Health Division
Community Nursing
Lynn McDaniels

Oakland County Health Division
Emergency Preparedness
Heather Blair

Oakland County Health Division
Emergency Preparedness
Lindsay Gestro

Oakland County Health Division
Environmental Health
Richard Peresky

Oakland County Health Division
Environmental Health
Michelle Estelle

Oakland County Health Division
Health Education
Shannon Brownlee

Oakland County Health Division
Health Education
Signa Metivier

Oakland County Health Division
Health Education
Jeff Hickey

Oakland County Health Division
Immunization Action Plan
Michelle Maloff

Oakland County Health Division
Manager / Health Officer
Kathy Forzley

Oakland County Health Division
Outreach Services
Mary Strobe

Oakland County Health Division
Planning & Evaluation
Carrie Hribar

Oakland County Health Division
Public Health Laboratory Services
Barb Weberman

Oakland County Health Division
Senior Advisory Committee
Elaine Houser

Oakland County Human Resources
Dawn Hunt

Oakland County Medical Control Authority
Bonnie Kincaid

Oakland County Senior Advisory Council
Cam McClure

Oakland Family Services
Justin Rinke

Oakland Family Services
Rachel Crane

Oakland Integrated Healthcare Network
Debbie Brinson

Oakland Livingston Human Service Agency
Jason Blanks

Oakland Primary Health Services
Teen Health Center
Ashley Reinhardt

Oakland Schools
Joan Lessen-Firestone

Oakland University
Patricia Wren

Southeastern Michigan Health Association
Gary Petroni
Each assessment in MAPP answers different questions about the health of a community. The Local Public Health System Assessment (LPHSA) measures how well different partners work together to deliver essential services. This assessment answers the following questions:

- What system weaknesses must be improved?
- What system strengths can be used?
- What short-term or long-term system performance opportunities are there?

OCHD hosted five three-hour work sessions in November and December 2014 to complete the National Public Health Performance Standards (NPHPS) instrument, covering two essential services each session/meeting. Participants were invited from the ECHO Steering Committee and all the ECHO assessment teams. Additional participants were recruited for each work session to ensure there was an appropriate cross section of public health system partners for each service. The inclusion of more than 30 agencies within the public health system provided a unique opportunity to identify the full scope of service delivery, including strengths and weaknesses in Oakland County.

A neutral facilitator was used to guide participants through the NPHPS instrument. In order to expedite completion of the instrument and aid discussion at the work sessions, participants completed surveys (see Appendix A) prior to these meetings. The surveys helped identify the community partner’s awareness of public health services delivered in the county. The results (see Appendix B) were provided at the beginning of each work session for full group discussion prior to decision-making. Participants used large colored voting cards to determine the level of service delivery, and results of the voting categories were counted and recorded. A wrap-up meeting was held in January 2015 to share voting results with participants and finalize any recommendations.
The National Public Health Performance Standards (NPHPS) is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, participants can consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPS assessments are intended to help users answer questions such as “What are the components, activities, competencies, and capacities of our public health system?” and “How well are the ten Essential Public Health Services being provided in our system?” The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long-term investments for improving the public health system.

The information obtained from assessments may then be used to improve and better coordinate public health activities. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation’s public health as a whole.

10 ESSENTIAL PUBLIC HEALTH SERVICES

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments. Thirty Model Standards serve as quality indicators under the ten essential public health services.

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

10 ESSENTIAL PUBLIC HEALTH SERVICES

- Monitor Health
- Diagnose & Investigate
- Inform, Educate, Empower
- Mobilize Community Partnerships
- Develop Policies
- Research
- System Management
- Ensure Competent Workforce
- Provide Link to Care
- Enforce Laws
- Care
After completing NPHPS, Oakland County received an average score of 77 out of 100, which means that the public health system is performing optimally according to NPHPS criteria. (For a full list of performance measure scores, see Appendix C.)
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

RESULTS: ESSENTIAL SERVICES AND PERFORMANCE MEASURES WITH OPTIMAL PERFORMANCE

NPHPS also identifies areas of strength and those where there could be improvement. The Essential Public Health Services that are being delivered at the optimal level (a score of 75 or above) in Oakland County are:

- Essential Service 6: Enforce laws and regulations that protect health and ensure safety – 100
- Essential Service 2: Diagnose and investigate health problems and health hazards in the community – 97.2
- Essential Service 3: Inform, educate, and empower people about health issues – 88.9
- Essential Service 5: Develop policies and plans that support individual and community health efforts – 85.4

The four Essential Public Health Services that are being delivered optimally suggest that Oakland County excels at enforcing laws that protect the public’s health, performing disease surveillance and investigating disease outbreaks, educating and communicating about health improvement, and developing policies or plans that support health. Committee members discussed the importance of monitoring these services in the future to ensure they are maintained at the current optimum levels.
The Essential Public Health Services that still have room for improvement are (lowest to highest score):

- Essential Service 8: Assure competent public and personal health care workforce – 59.3
- Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services – 64.6
- Essential Service 1: Monitor health status to identify community health problems – 66.7
- Essential Service 4: Mobilize community partnerships and action to identify and solve health problems – 66.7
- Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable – 68.8
- Essential Service 10: Research for new insights and innovative solutions to health problems – 72.2
Opportunities for improvement in all areas include increased coordination across system partners. There is a great need among all system partners to improve workforce needs assessment and training. A workforce development needs assessment and professional development training could be coordinated and shared by multiple agencies in Oakland County. Participants also stressed the importance of culturally competent training and education about the social determinants of health. Evaluation of services could also be improved across system partners and participants suggested that a small set of program evaluation questions could be used across agencies and programs.

While completing the first round of the ECHO process, there are opportunities to improve activities around monitoring health status and mobilizing partnerships. Sharing data and improving the interoperability of partner data systems was a recurrent theme during the local public health system assessment. The ECHO Data Dashboard was identified as a way to improve data sharing and reporting. Participants also discussed the need to improve ways to engage community members as well as faith-based organizations in health improvement activities.

There are also areas to improve in regards to linking people to personal health services and assuring the provision of personal health services. Areas identified for improvement were care coordination among partner agencies, better understanding the root reasons for barrier to accessing care, building on the peer support movement, improving communication with people in need about services, and the lack of public transportation to get to care. Improvement opportunities around research and fostering innovation include accessing barriers to research, such as confidentiality concerns and lack of dedicated staff to conduct research, improving mechanisms to share research, collaborating with healthcare organizations to do research and using evaluation results to drive research and innovation.
You are receiving this survey because you are an important part of the local public health system. Oakland County Health Division is conducting an assessment of the local public health system and the services provided. Please share your thoughts about the following standards – if you are not certain, feel free to leave sections blank. This information will help inform our in-person discussion. Thank you for your time and insight!

**Essential Public Health Service 1: Monitor Health of the Community**

**Model Standard 1.1:** Population-Based Community Health Assessment – Completes a detailed community health assessment (CHA) to allow an overall look at the community’s health. Some examples of activities that you may be aware of in your community (select all that apply):

- [ ] Conduct community health assessment
- [ ] Conduct community health needs assessment for non-profit hospital
- [ ] Conduct community other needs assessment
- [ ] Create community health profile
- [ ] Compare data to state or other communities
- [ ] Compare data to Healthy People 2020 or other benchmarks

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Model Standard 1.2: Current Technology to Manage and Communicate Population Health Data – Provides public with a clear picture of the current health of the community. Some examples of data management and communication activities that you may be aware of in your community (select all that apply):

- Use technology or software to store, analyze, or display health data
- Share health data with the community electronically
- Integrate health data from different sources
- Use Geographic Information Systems (GIS) to look at health data

Tell us more about activities within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?
Model Standard 1.3: Maintaining Population Health Registries – Collects data on health-related events for use in population health registries, which allow more understanding of major health concerns. Some examples of health-related data collection activities that you may be aware of in your community (select all that apply):

- [ ] Maintain health registries
- [ ] Collect/report sexually transmitted infections
- [ ] Submit required data on health indicators, such as immunization rates or birth defects
- [ ] Use population health data from registries to create or change programs
- [ ] Collect/report communicable diseases
- [ ] Use population health data from registries to develop policy

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Essential Public Health Service 2: Diagnose & Investigate Health Problems & Health Hazards

Model Standard 2.1: Identifying and Monitoring Health Threats – Conducts surveillance to watch for outbreaks of disease, disasters, emergencies, and other emerging threats to public health. Some examples of activities that you may be aware of in your community (select all that apply):

- [ ] Has software for data analysis to identify health threats
- [ ] Has access to GIS for data analysis to identify health threats
- [ ] Has data analysis expertise on staff to monitor health threats
- [ ] Participate in surveillance system for health threats
- [ ] Connect surveillance system with national or state systems
- [ ] Submit reportable disease information
- [ ] Follow HIPAA guidelines for health information

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Model Standard 2.2: Investigating and Responding to Public Health Threats – Stays ready to handle possible threats to public health. Some examples of activities that you may be aware of in your community (select all that apply):

- Has a written emergency response plan
- Has protocols in place to follow during an emergency or threat
- Participate in emergency response drills and exercises
- Evaluate and analyze results from emergency response exercises
- Use data to improve emergency plans and response
- Collaborate with community partners around emergency response
- Has processes in place for containment of communicable disease
- Mobilize volunteers during an emergency
- Has Emergency Coordinator on staff
- Has staff with technical expertise to respond to emergencies

Tell us more about activities within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?
**Model Standard 2.3:** Laboratory Support for Investigating Health Threats – Has the ability to produce timely and accurate laboratory results for public health concerns. Some examples of activities that you may be aware of in your community (select all that apply):

- [ ] Has access to a laboratory for diagnostic and surveillance needs
- [ ] Use lab to analyze clinical and environmental specimens
- [ ] Laboratory is properly licensed and credentialed
- [ ] Has protocols in place for handling laboratory specimens
- [ ] Lab services are available 24/7

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


APPENDIX A: ECHO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT
WORKGROUP SURVEY – PART 1 (CONTINUED)

Essential Public Health Service 3: Inform, Educate, and Empower People about Health Issues

Model Standard 3.1: Health Education and Promotion – Designs and puts in place health promotion and education activities to create environments that support health. Some examples of activities that you may be aware of in your community (select all that apply):

- Design health promotion campaigns
- Collaborate with outside partners for health promotion activities
- Theory to develop programs
- Implement multidisciplinary health programs
- Education and promotion activities
- Serve as health education resource
- Convene community coalitions
- Facilitate/create needs assessments
- Advocate for public health policy
- Write grants and/or leverage resources for public health programs

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Model Standard 3.2: Health Communication – Uses health communication strategies to contribute to healthy living and healthy communities. Some examples of activities that you may be aware of in your community (select all that apply):

- [ ] Develop health communication plan
- [ ] Designate Public Information Officer (PIO)
- [ ] Create targeted health messages for different audiences, including high-risk audiences
- [ ] Train spokesperson(s) to provide health information
- [ ] Develop relationships with media to share health information and promote health
- [ ] Create press releases
- [ ] Track media coverage
- [ ] Has procedure in place to respond to public inquiries about health information
- [ ] Use social media for health promotion

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


APPENDIX A: ECHO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT WORKGROUP SURVEY – PART 1 (CONTINUED)

Model Standard 3.3: Risk Communication – Uses health risk communication strategies to allow people to make optimal decisions about their health and well-being in emergency visits. Some examples of activities that you may be aware of in your community (select all that apply):

- Has technology in place to quickly disseminate risk information
- Develop emergency communications plan
- Develop plan that complies with the National Incident Management System (NIMS)
- Maintain directory of emergency contacts
- Disseminate risk information to communities and the public

Tell us more about activities within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?


Essential Public Health Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

Model Standard 4.1: Constituency Development – Actively identify and involve community partners with opportunities to contribute to the health of communities. Some examples of activities that you may be aware of in your community (select all that apply):

- [ ] Have list-serves or other methods for communicating with communities
- [ ] Provide ways to communicate about public health issues
- [ ] Maintain a directory of public health partners
- [ ] Involve constituents in health improvement activities
- [ ] Facilitates community collaborations

Tell us more about activities within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?
Model Standard 4.2: Community Partnerships – Encourages individuals and groups to work together so that community health may be improved. Some examples of activities that you may be aware of in your community (select all that apply):

- Partner with other organizations on health-related activities
- Host community coalition or committee
- Participate in health-related coalition or committee
- Regularly exchange information with partners or groups
- Host community health improvement committee
- Evaluate the work of a coalition or committee
- Monitor progress toward community health improvement goals

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Essential Public Health Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts

**Model Standard 5.1:** Governmental Presence at the Local Level – Works with the community to ensure that a strong local health department exists and is helping to provide essential services. Some examples of activities that you may be aware of in your community (select all that apply):

- Work with local public health department to provide services
- State statutes and regulations exist to protect public health
- Prepare for National Public Health Department Accreditation
- Work with state health department
- Advocate for financial and other resources to protect and promote public health
- Have access to legal counsel regarding public health issues
- Ensure necessary personnel to deliver public health services

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Model Standard 5.2: Public Health Policy Development – Developes policies that will prevent, protect, or promote the public’s health. Some examples of activities that you may be aware of in your community (select all that apply):

- Alert policymakers to health impacts of legislation
- Contribute to development of public health policies
- Conduct Health Impact Assessment (HIA)
- Participate in activities that influence or inform the policy process
- Review public health policies
- Identify ways to reduce health inequities
- Work with cross-sector partners to develop policies that promote health
- Prepare informational materials about public health policy
- Obtain input from community members impacted by public policies
- Participate in advisory boards examining public health policy
- Conduct cost benefit analysis or other public policy analysis

Tell us more about activities within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?


**Model Standard 5.3:** Community Health Improvement Process and Strategic Planning – Seeks to improve community health by looking at it from many sides, such as environmental health, healthcare services, business, economics, housing, health equity, and more. Some examples of activities that you may be aware of in your community (select all that apply):

- Follow an established tool to conduct a community health assessment (CHA)
- Revisit CHA on regular basis
- Prioritize community health issues
- Provide accountability for community health improvement activities
- Align strategic plan with Community Health Improvement Plan (CHIP)
- Develop a community health improvement plan
- Link CHIP to state level improvement plan
- Ensure broad partner participation in CHA/CHIP
- Report community health improvement activities

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Model Standard 5.4: Planning for Public Health Emergencies – Adopts an emergency preparedness and response plan that describes what each organization in the system should be ready to do in an emergency. Some examples of activities that you may be aware of in your community (select all that apply):

- Has an All-Hazards Emergency Preparedness and Response Plan
- Follow national standards for preparedness planning
- Test emergency plan through simulations or drills
- Has a work group in place to support preparedness planning
- Regularly revise emergency plan
- Align emergency plan with partner organization plans
- Has clear protocols and standard operating procedures for emergency response
- Has procedures for receipt and deployment of assets from the Strategic National Stockpile

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


You are receiving this survey because you are an important part of the local public health system. Oakland County Health Division is conducting an assessment of the local public health system and the services provided. Please share your thoughts about the following standards – if you are not certain, feel free to leave sections blank. This information will help inform our in-person discussion. Thank you for your time and insight!

Essential Public Health Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Model Standard 6.1: Reviewing and Evaluating Laws, Regulations, and Ordinances – Reviews existing laws, regulations, and ordinances related to public health, including laws that prevent health problems and promote and protect public health. Some examples of activities that you may be aware of in your community (select all that apply):

- Have access to legal counsel to review laws and regulations
- Review laws to determine if they need updating
- Research the health effects of laws
- Identify health issues that could be addressed through public health laws or regulations
- Stay up-to-date with laws and regulations at the local, state, and federal level that affect the public’s health

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Model Standard 6.2: Involvement in Improving Laws, Regulations, and Ordinances – Works to change existing law, regulations, or ordinances or create new ones when they have determined that changes or additions would better prevent health problems or protect or promote public health. Some examples of activities that you may be aware of in your community (select all that apply):

- Participate in changing or creating public health laws
- Communicate with legislators and/or policymakers regarding laws that affect public health
- Participate in public hearings regarding legislation
- Identify health issues not adequately addressed through legislation
- Provide technical guidance or support to groups drafting legislation

Tell us more about activities within our community:

Are you aware of any missed opportunities or areas that need improvement?
Model Standard 6.3: Enforcing Laws, Regulations, and Ordinances - Sees that public health laws, regulations, and ordinances are followed. Some examples of activities that you may be aware of in your community (select all that apply):

- [ ] Enforce food sanitary codes
- [ ] Enforce clean air standards
- [ ] Issue an emergency order to control an epidemic
- [ ] Enforce Health Insurance Portability and Accountability Act (HIPAA)
- [ ] Order to abate a nuisance
- [ ] Enforce tobacco sale regulations
- [ ] Disseminate information on public health laws

Examples within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?
Essential Public Health Service 7: Link People to Needed Personal Health Services and Assure the Provision of Healthcare When Otherwise Unavailable

Model Standard 7.1: Identifying Personal Health Service Needs of Populations - Identifies the personal health service needs of the community and identifies the barriers to receiving these services. Some examples of activities that you may be aware of in your community (select all that apply):

- Identify groups of people who have trouble accessing services
- Identify barriers to getting care
- Assess healthcare needs of special populations
- Identify populations that speak languages other than English
- Assess geographic areas that lack healthcare services
- Inquire if people have health insurance coverage

Tell us more about activities within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?
Model Standard 7.2: Ensuring People Are Linked to Personal Health Services - Works with partners to meet the diverse needs of all populations. Some examples of activities that you may be aware of in your community (select all that apply):

- Educate people about the Healthy Michigan Plan or the healthcare marketplace
- Enroll people in the Healthy Michigan Plan or the healthcare marketplace
- Provide low or no cost healthcare services
- Connect people to transportation for services
- Provide healthcare services in communities with higher need
- Connect people to low-cost dental services
- Connect vulnerable populations to health care
- Provide services in multiple languages
- Provide multiple services in one location
- Coordinate services with partner organizations

Tell us more about activities within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?


APPENDIX A: ECHO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT WORKGROUP SURVEY – PART 2 (CONTINUED)

Essential Public Health Service 8: Assure a Competent Public Health and Personal Healthcare Workforce

Model Standard 8.1: Workforce Assessment, Planning, and Development - Assesses the local public health workforce, looking at what knowledge, skills, and abilities the workforce needs and the number and kind of jobs the system should have to adequately protect and promote health. Some examples of activities that you may be aware of in your community (select all that apply):

- Conduct a public health or health care workforce assessment
- Use assessment results to fill gaps in workforce
- Share results from workforce assessment

Tell us more about activities within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?

-
**Model Standard 8.2:** Public Health Workforce Standards - Maintains standards to see that workforce members are qualified to do their jobs, with the certificates, licenses, and education that are required by local, state, or federal guidance. Some examples of activities that you may be aware of in your community (select all that apply):

- [ ] Provide training programs for new staff
- [ ] Conduct performance evaluations
- [ ] Have established position descriptions
- [ ] Utilize public health competencies when developing positions and descriptions
- [ ] Ensure staff has proper licenses or certificates

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Model Standard 8.3: Life-Long Learning through Continuing Education, Training, and Mentoring - Ensure that both formal and informal opportunities in education and training are available to the workforce. Some examples of activities that you may be aware of in your community (select all that apply):

- Provide tuition reimbursement for staff
- Develop collaborations for training opportunities
- Encourage staff to participate in training opportunities
- Allow staff to attend regional, state, or national conferences

Tell us more about activities within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?
Model Standard 8.4: Public Health Leadership Development - Encourages the development of leaders that represent the diversity of the community and respect community values. Some examples of activities that you may be aware of in your community (select all that apply):

- [ ] Provide informal and formal leadership development opportunities
- [ ] Leaders collaborate to develop a shared vision for the community
- [ ] Provide coaching and mentoring opportunities
- [ ] Identify ways to develop diverse leaders

Tell us more about activities within our community:

Agencies that perform this function:

Are you aware of any missed opportunities or areas that need improvement?
APPENDIX A: ECHO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT
WORKGROUP SURVEY – PART 2 (CONTINUED)

Essential Public Health Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

Model Standard 9.1: Evaluating Population-Based Health Services - Evaluates population-based health services for quality and effectiveness, sets goals for work, and identifies best practices. Some examples of activities that you may be aware of in your community (select all that apply):

- Set goals and objectives for health programming
- Engage in quality improvement activities
- Evaluate public health programs
- Monitor health outcomes
- Assess client and customer satisfaction
- Use evaluation results to improve services
- Identify gaps in services

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


**Model Standard 9.2**: Evaluating Personal Health Services - Regularly evaluates the accessibility, quality, and effectiveness of personal health services. Some examples of activities that you may be aware of in your community (select all that apply):

- [ ] Use electronic health records to improve care
- [ ] Measure client satisfaction
- [ ] Participate in quality improvement activities
- [ ] Evaluate satisfaction with systems for payment of services
- [ ] Use evaluation results to improve personal health services

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Model Standard 9.3: Evaluating the Local Public Health System - Evaluates itself to see how well it is working as a whole, with representatives from all groups gathering to perform a systems evaluation. Some examples of activities that you may be aware of in your community (select all that apply):

- [ ] Identify organizations that are part of the local public health system
- [ ] Evaluate if public health activities meet the needs of the community
- [ ] Participate in public health system assessment
- [ ] Analyze how well partners are working together in the public health system

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Essential Public Health Service 10: Research for New Insights and Innovative Solutions to Health Problems

Model Standard 10.1: Fostering Innovation - Try new and creative ways to improve public health practice. Some examples of activities that you may be aware of in your community (select all that apply):

- Keep up to date on information about best practices in public health
- Allow staff time and resources to test new ideas
- Provide feedback to organizations that participate in research
- Encourage community participation in research
- Document and share success stories and lessons learned
- Present at national and state conferences

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


Model Standard 10.2: Linking with Institutions of Higher Learning and/or Research - Establishes relationships with colleges, universities, and other research organizations. Some examples of activities that you may be aware of in your community (select all that apply):

- Have a relationship with higher learning institutions and/or research organizations
- Partner with organizations to conduct research
- Encourage collaboration between academic and practice communities
- Collaborate to develop field training and continuing education

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


**Model Standard 10.3:** Capacity to Initiate or Participate in Research - Takes part in research to improve the performance of the LPHS. Some examples of activities that you may be aware of in your community (select all that apply):

- □ Collaborate with researchers to conduct health-related studies
- □ Share findings with colleagues and the community
- □ Evaluate affect of research on public health practice
- □ Support research with necessary infrastructure

Tell us more about activities within our community:


Agencies that perform this function:


Are you aware of any missed opportunities or areas that need improvement?


APPENDIX B: LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT
VOTING CATEGORIES

Participants will be asked to vote by using their voting cards. Scoring options are as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal Activity</td>
<td>Greater than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(76% - 100%)</td>
<td></td>
</tr>
<tr>
<td>Significant Activity</td>
<td>Greater than 50% but no more than 75% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(51% - 75%)</td>
<td></td>
</tr>
<tr>
<td>Moderate Activity</td>
<td>Greater than 25% but no more than 50% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(26% - 50%)</td>
<td></td>
</tr>
<tr>
<td>Minimal Activity</td>
<td>Greater than zero but no more than 25% of the activity described within the question is met.</td>
</tr>
<tr>
<td>(1% - 25%)</td>
<td></td>
</tr>
<tr>
<td>No Activity</td>
<td>0% or absolutely no activity</td>
</tr>
<tr>
<td>(0%)</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX C: ECHO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT
TOTAL PERFORMANCE MEASURE SCORES

Performance Measure Scores

Optimal Activity
(76% - 100%)
Significant Activity
(51% - 75%)
Moderate Activity
(26% - 50%)
Minimal Activity
(1% - 25%)
No Activity
(0%)

At what level does the LPHS....
1.1.1 Conduct regular CHAs?

1.1.2 Update the CHA with current information continuously?

1.1.3 Promote the use of the CHA among community members and partners?

1.2.1 Use the best available technology and methods to display data on the public’s health?

1.2.2 Analyze health data, including geographic information, to see where health problems exist?

1.2.3 Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?

1.3.1 Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?

1.3.2 Use information from population health registries in CHAs or other analyses?

2.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?

2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?

2.1.3 Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?

2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?
APPENDIX C: ECHO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT
TOTAL PERFORMANCE MEASURE SCORES (CONTINUED)

Performance Measure Scores

<table>
<thead>
<tr>
<th>Optimal Activity (76% - 100%)</th>
<th>Significant Activity (51% - 75%)</th>
<th>Moderate Activity (26% - 50%)</th>
<th>Minimal Activity (1% - 25%)</th>
<th>No Activity (0%)</th>
</tr>
</thead>
</table>

At what level does the LPHS....

2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?

2.2.3 Designate a jurisdictional Emergency Response Coordinator?

2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?

2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, and/or nuclear public health emergencies?

2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc)?

2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?

2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?

2.3.3 Use only licensed or credentialed laboratories?

2.3.4 Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results?

3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?

Performance Measure Scores

<table>
<thead>
<tr>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>24</td>
</tr>
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<td>31</td>
</tr>
<tr>
<td>31</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>16</td>
</tr>
</tbody>
</table>
At what level does the LPHS....

3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?  

19 | 12

3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?

2 | 26 | 3

3.2.1 Develop health communication plans for media and public relations and for sharing information among LPHS organizations?

19 | 10 | 1

3.2.2 Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience?

22 | 7 | 2

3.2.3 Identify and train spokespersons on public health issues?

15 | 16 | 1

3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?

20 | 11

3.3.2 Make sure resources are available for a rapid emergency communication response?

18 | 12

3.3.3 Provide risk communication training for employees and volunteers?

6 | 21 | 4

4.1.1 Maintain a complete and current directory of community organizations?

1 | 9 | 12 | 5

4.1.2 Follow established process for identifying key constituents related to overall public health interests and particular health concerns?

4 | 21 | 3

4.1.3 Encourage constituents to participate in activities to improve community health?

10 | 13 | 4

4.1.4 Create forums for communication of public health issues?

5 | 21 | 2
APPENDIX C: ECHO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT
TOTAL PERFORMANCE MEASURE SCORES (CONTINUED)

Performance Measure Scores

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Optimal Activity</th>
<th>Significant Activity</th>
<th>Moderate Activity</th>
<th>Minimal Activity</th>
<th>No Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(76% - 100%)</td>
<td>(51% - 75%)</td>
<td>(26% - 50%)</td>
<td>(1% - 25%)</td>
<td>(0%)</td>
</tr>
</tbody>
</table>

At what level does the LPHS…

4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?

4.2.2 Establish a broad-based community health improvement committee?

4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?

5.1.1 Support the work of the local health department (or governmental local public health entity) to make sure the 10 Essential Public Health Services are provided?

5.1.2 See that the local health department is accredited through the PHAB’s voluntary, national public health department accreditation program?

5.1.3 Ensure that the local health department has enough resources to do its part in providing essential public health services?

5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?

5.2.2 Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and / or proposed policies?

5.2.3 Review existing policies at least every three to five years?

5.3.1 Establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members?

5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?
**LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT**

#### Performance Measure Scores

<table>
<thead>
<tr>
<th>Optimal Activity (76% - 100%)</th>
<th>Significant Activity (51% - 75%)</th>
<th>Moderate Activity (26% - 50%)</th>
<th>Minimal Activity (1% - 25%)</th>
<th>No Activity (0%)</th>
</tr>
</thead>
</table>

**At what level does the LPHS...**

5.3.3 Connect organizational strategic plans with the CHIP?  
9

5.4.1 Support a workgroup to develop and maintain emergency preparedness and response plans?  
20

5.4.2 Develop an emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?  
20

5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?  
22

6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?  
20

6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?  
21

6.1.3 Review existing public health laws, regulations, and ordinances at least once every three to five years?  
20

6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?  
21

6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?  
17

6.2.2 Participate in changing existing laws, regulations, and ordinances, and / or creating new laws, regulations, and ordinances to protect and promote public health?  
20

6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?  
16

6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?  
20
APPENDIX C: ECHO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT
TOTAL PERFORMANCE MEASURE SCORES (CONTINUED)

Performance Measure Scores

<table>
<thead>
<tr>
<th>Optimal Activity (76% - 100%)</th>
<th>Significant Activity (51% - 75%)</th>
<th>Moderate Activity (26% - 50%)</th>
<th>Minimal Activity (1% - 25%)</th>
<th>No Activity (0%)</th>
</tr>
</thead>
</table>

At what level does the LPHS....

6.3.2 Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?

6.3.3 Ensure that all enforcement activities related to public health codes are done within the law?

6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?

6.3.5 Evaluate how well local organizations comply with public health laws?

7.1.1 Identify groups of people in the community who have trouble accessing or connecting to personal health services?

7.1.2 Identify all personal health service needs and unmet needs throughout the community?

7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?

7.1.4 Understand the reasons that people do not get the care they need?

7.2.1 Connect or link people to organizations that can provide the personal health services they may need

7.2.2 Help people access personal health services in a way that takes into account the unique needs of different populations?

7.2.3 Help people sign up for public benefits that are available to them (e.g. Medicaid or medical and prescription assistance programs)?

7.2.4 Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?
Local Public Health System Assessment

At what level does the LPHS....

8.1.1 Complete a workforce assessment, a process to track the numbers and types of LPHS jobs - both public and private sector - and the associated knowledge, skills, and abilities required of the jobs?

8.1.2 Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce?

8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?

8.2.1 Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?

8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services?

8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?

8.3.1 Identify education and training needs and encourage the public health workforce to participate in available education and training?

8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?

8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?

8.3.4 Create and support collaborations between organizations within the LPHS for training and education?
APPENDIX C: ECHO LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT
TOTAL PERFORMANCE MEASURE SCORES (CONTINUED)

Performance Measure Scores

<table>
<thead>
<tr>
<th>Optimal Activity (76% - 100%)</th>
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<th>Minimal Activity (1% - 25%)</th>
<th>No Activity (0%)</th>
</tr>
</thead>
</table>

At what level does the LPHS….

8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?

8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?

8.4.2 Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together?

8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?

8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community?

9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?

9.1.2 Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?

9.1.3 Identify gaps in the provision of population-based health services?

9.1.4 Use evaluation findings to improve plans, processes, and services?

9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?

9.2.2 Compare the quality of personal health services to established guidelines?
Local Public Health System Assessment

At what level does the LPHS….

9.2.3 Measure user satisfaction with personal health services?

9.2.4 Use technology, like the Internet or electronic health records, to improve quality of care?

9.2.5 Use evaluation findings to improve services and program delivery?

9.3.1 Identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services?

9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services?

9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?

9.3.4 Use results from the evaluation process to improve the LPHS?

10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?

10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that conduct research?

10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?

10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?
10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?

10.2.2 Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?

10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?

10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?

10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?

10.3.3 Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc.?

10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice?
FORCES OF CHANGE ASSESSMENT COMMITTEE MEMBERS

Alliance of Coalitions for Healthy Communities
Marc Jeffries

Area Agency on Aging 1-B
Tina Abbate Marzolf

Beaumont Health System
Belinda Barron

Beaumont Health System
Maureen Elliott

Botsford Hospital
Margo Gorchow

Clinton River Watershed Council
Anne Vaara

Crittenton Hospital
Angela Delpup

Easter Seals
Brent Wirth

Henry Ford Hospital West Bloomfield
Michael Feld, MD

Hope Hospitality and Warming Center
Elizabeth Kelly

McLaren Health Care
Chandan Gupte

Michigan Department of Health & Human Services
Vicki Cooley

Oakland County Board of Commissioners
Shelley Taub

Oakland County Board of Commissioners
Helaine Zack

Oakland County Child Care Council
Susan Allen

Oakland County
Community Mental Health Authority
Kathleen Kovach

Oakland County Economic Development
and Community Affairs
David Schreiber

Oakland County Health Division
Kathy Forzley

Oakland County Health Division
Tony Drautz

Oakland County Homeland Security
Ted Quisenberry

Oakland County Medical Control Authority
Bonnie Kincaid

Oakland County Parks and Recreation
Jon Noyes

Oakland County Parks and Recreation
Sue Wells

Oakland County Veterans’ Services
Garth Wootten

Oakland County Youth Assistance
Mary Schusterbauer

Oakland Family Services
Jaimie Clayton

Oakland Livingston Human Service Agency
Lynn Crotty

Oakland Schools
Christina Harvey

Oakland Schools
Joan Lessen-Firestone

Oakland University
Patricia Wren

Southeastern Michigan Health Association
Gary Petroni

St. John Providence Health System
Jerry Blair
Our broader environment is constantly changing and affecting communities and local public health systems. State and federal legislation, rapid technological advances, changes in the organization of health care services, and shifts in economic and employment forces are all examples of Forces of Change. They are important because they affect — either directly or indirectly — the health and quality of life in the community and the effectiveness of the local public health system.

**Trends** are patterns over time, such as migration in and out of a community or growing disillusionment with government.

**Factors** are discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.

**Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

**DESCRIPTION OF FORCES**

Each assessment in MAPP answers different questions about the health of a community. The Forces of Change Assessment (FOCA) identifies all the forces and associated opportunities and threats that can affect a community, either now or in the future. This assessment answers the following questions:

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

OCHD developed a survey to rank issues (social, economic, technological, environmental, health and healthcare, and political) according to their importance to the health of our community (see Appendix A). This survey was sent to the ECHO Steering Committee in early February 2015.

The survey results were used to create lists of issues according to their importance (Very Important, Somewhat Important, Not important). These lists were arranged in three interlocking circles for visual displays at the future assessment meeting (see Appendix B).
On February 18, 2015, the ECHO Steering Committee participated in an in-person meeting to complete the Forces of Change Assessment. A neutral facilitator from the Center for Population Health, a region-wide resource that offers its specialized expertise, sophisticated technological ability and a unique understanding of organizational structure to communities and agencies, was brought in for the assessment. The facilitator guided the Steering Committee through the following process:

1. The fundamentals of the FOCA was reviewed with the committee.
2. The issues ranked in the survey were displayed for committee members to view.
3. The large group discussed the issues and the ranking of issues as illustrated in the interlocking circle diagram.
4. Once the list of “Very Important Issues” was agreed upon, the committee members were provided five penny stickers to vote for the highest priority issues.
5. The top seven priorities were determined, and the group identified threats and opportunities for each priority.

RESULTS: FORCES OF CHANGE

The ECHO Steering Committee identified the top eight forces that they believe will most impact health in Oakland County (see Table 1). Several forces encompass environmental elements of the community (infrastructure quality, access to food, and affordable housing), while education was highlighted through the inclusion of both early childhood education and schools and education systems. The social determinants of health were also a running theme through almost all of the forces. Finally, the large number of community partnerships in Oakland County was recognized as an important force. Following their selection of the top eight forces impacting health in Oakland County, the Committee identified threats and opportunities for each force, which will be important considerations during the creation of the Community Health Improvement Plan.
## RESULTS: THREATS AND OPPORTUNITIES

Table 1: Top 8 Forces of Change

<table>
<thead>
<tr>
<th>FORCES (Trends, Events, Factors)</th>
<th>THREATS POSED</th>
<th>OPPORTUNITIES CREATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services</td>
<td>• Lack of knowledge • Misinformation • Unified consequences • Silo funding; costs • Transportation • Hours • Workforce development • Unequal distribution of capacity • Mental health stigma • Culture • Payment • Appropriate access</td>
<td>• Credentialing shift • Integrated care technologies • Community Paramedicine • Healthier eating • Increase preventive services • Employee wellness • Meta discussion health care (ACA) • Community partnerships • Governing boundaries less significant • Increased funding • Care coordination • Engagement • Personal responsibility</td>
</tr>
<tr>
<td>Community Partnerships</td>
<td>• Competition for money • Coordinating for common goal • Shifting target - markets • Staff resources • Lack of knowledge • Ego affects cooperation • Require time, resources, and expertise • Relationships • Leadership buy-in • Burnout • Lack of creativity</td>
<td>• Relationships • Leadership • Funding • Greater good • Resource-rich county • Shared vision • Target • Oakland County public schools perform well • Ability to receive &amp; move money • Sustainability • Build on success</td>
</tr>
<tr>
<td>Infrastructure Quality</td>
<td>• Funding • Lack of master plan knowledge • Lack of inter-community coordination</td>
<td>• Community master plans • Community partnerships • Woodward Avenue Master Plan</td>
</tr>
</tbody>
</table>
# Forces of Change Assessment

<table>
<thead>
<tr>
<th>Forces</th>
<th>Threats Posed</th>
<th>Opportunities Created</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Education</td>
<td>• Access  &lt;br&gt; • Affordability  &lt;br&gt; • Quality  &lt;br&gt; • Low knowledge about child development  &lt;br&gt; • 9-12 or 9-3 programming, not full work days  &lt;br&gt; • Difficulty with funding and subsidies  &lt;br&gt; • Funding issues affect quality and retaining teachers with good credentials</td>
<td>• State quality initiatives  &lt;br&gt; • Race to the top  &lt;br&gt; • Head Start &amp; Great Start Readiness Program  &lt;br&gt; • Federal / State Focus- ROI on 0-3 years programming  &lt;br&gt; • Great Start Collaborative</td>
</tr>
<tr>
<td>Employment Opportunities</td>
<td>• Lack of education &amp; training  &lt;br&gt; • Type of jobs  &lt;br&gt; • Living wage  &lt;br&gt; • Changing MEDC priorities  &lt;br&gt; • Stagnation  &lt;br&gt; • Stigma (disability, criminal background)</td>
<td>• Tech training  &lt;br&gt; • Apprenticeships  &lt;br&gt; • MEDC  &lt;br&gt; • Evidence-based/supported employment</td>
</tr>
<tr>
<td>Access to Healthy Foods</td>
<td>• Knowledge about nutrition  &lt;br&gt; • Food deserts  &lt;br&gt; • Affordability  &lt;br&gt; • Time for change  &lt;br&gt; • Stigma with using benefits  &lt;br&gt; • Lack of transportation to buy food  &lt;br&gt; • Education (preparation of healthy food)  &lt;br&gt; • Cost  &lt;br&gt; • Convenience foods</td>
<td>• Farmers’ markets  &lt;br&gt; • Community gardens  &lt;br&gt; • Summer feeding program  &lt;br&gt; • Employee wellness  &lt;br&gt; • Food shares</td>
</tr>
<tr>
<td>Schools and Education System</td>
<td>• Major system change = stress  &lt;br&gt; • Health learning left out  &lt;br&gt; • Funding  &lt;br&gt; • State federal conflict  &lt;br&gt; • Loss of teaching &amp; prep time</td>
<td>• Research around physical activity and improved academic performance  &lt;br&gt; • Federal regulations on school meals and wellness policies  &lt;br&gt; • Technology available in schools</td>
</tr>
<tr>
<td>Affordable Housing</td>
<td>• Lack of affordable housing  &lt;br&gt; • Funding  &lt;br&gt; • Federal rate/regulations  &lt;br&gt; • Blight</td>
<td>• Habitat for Humanity  &lt;br&gt; • Community Housing Network  &lt;br&gt; • Economic revitalization  &lt;br&gt; • Housing now recognized as healthcare issue  &lt;br&gt; • Evidence-based practices - homeless</td>
</tr>
</tbody>
</table>
APPENDIX A: FORCES OF CHANGE SURVEY

Forces of Change is one of the assessments included in Energizing Connections for Healthier Oakland (ECHO). This assessment is aimed at identifying forces – trends, factors, or events – that influence health or quality of life in Oakland County. ECHO is looking for your perspective about what the most important forces are facing our community.

In all of the following sections, please rank how important you believe the subject matters are to the health of our community. If you have comments on any of your choices, please write them in the available space at the end of the survey.

<table>
<thead>
<tr>
<th>SOCIAL ISSUES</th>
<th>VERY IMPORTANT</th>
<th>SOMEWHAT IMPORTANT</th>
<th>NOT IMPORTANT</th>
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<tbody>
<tr>
<td>After School Programs</td>
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<tr>
<td>Aging Population</td>
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<tr>
<td>Bullying and Cyberbullying</td>
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<tr>
<td>Churches and Faith Communities</td>
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<tr>
<td>Community Partnerships</td>
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<tr>
<td>Diversity</td>
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<tr>
<td>Domestic Violence</td>
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<tr>
<td>Early Childhood Education</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Lack of Civic Engagement</td>
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<tr>
<td>Mental Health Stigma</td>
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<tr>
<td>Non-native English Speaking Population</td>
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<tr>
<td>Schools and Education System Performance</td>
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<tr>
<td>Substance Abuse</td>
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<tr>
<td>Suicide and Self-Harm</td>
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<tr>
<td>Trust in Government</td>
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<td></td>
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<tr>
<td>Undocumented Individuals</td>
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## FORCES OF CHANGE ASSESSMENT

### ECONOMIC ISSUES

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<tr>
<th><strong>VERY IMPORTANT</strong></th>
<th><strong>SOMewhat IMPORTANT</strong></th>
<th><strong>NOT IMPORTANT</strong></th>
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<tbody>
<tr>
<td>Affordable Housing</td>
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<tr>
<td>County and City Budgets</td>
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<tr>
<td>Cost of Higher Education</td>
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<tr>
<td>Cost of Living</td>
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<tr>
<td>Employment Opportunities</td>
<td></td>
<td></td>
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<tr>
<td>Funding for Government or Nonprofits</td>
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<tr>
<td>Funding for Schools</td>
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<tr>
<td>Income Disparities</td>
<td></td>
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<tr>
<td>Job Training Programs</td>
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<td>Minimum Wage/Living Wage</td>
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<tr>
<td>Personal Debt</td>
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<tr>
<td>Personal Finance Skills and Knowledge</td>
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<tr>
<td>Poverty</td>
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<tr>
<td>Revenue Sharing</td>
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<td>Tax Rates</td>
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### SCIENTIFIC ISSUES

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<td>Communication Systems</td>
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<tr>
<td>Data and Health Information (Informatics)</td>
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<td>Electronic Health Records</td>
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<td>Evidenced-Based Programs and Activities</td>
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<td>Mobile Phone Use</td>
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<tr>
<td>Research and Development</td>
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<td>Social Media</td>
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<tr>
<td>Software</td>
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</table>
APPENDIX A: FORCES OF CHANGE SURVEY (CONTINUED)

In all of the following sections, please rank how important you believe the subject matters are to the health of our community. If you have comments on any of your choices, please write them in the available space at the end of the survey.

<table>
<thead>
<tr>
<th>ENVIRONMENTAL ISSUES</th>
<th>VERY IMPORTANT</th>
<th>SOMEWHAT IMPORTANT</th>
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<tbody>
<tr>
<td>Access to Healthy Foods (grocery stores, farmers’ markets, community gardens)</td>
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<tr>
<td>Air Quality</td>
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<tr>
<td>Community Gardens</td>
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<tr>
<td>Empty or Abandoned Buildings</td>
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<tr>
<td>Farmers’ Markets</td>
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<tr>
<td>Green Space</td>
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<tr>
<td>Infrastructure Quality (roads, bridges, sidewalks, parks)</td>
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<tr>
<td>Land Use and Redevelopment</td>
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<tr>
<td>Natural and Manmade Disasters</td>
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<tr>
<td>Natural Resources</td>
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<td></td>
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<tr>
<td>Parks, Trails, and Recreation Areas</td>
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<tr>
<td>Safe Environment</td>
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<tr>
<td>Traffic Congestion</td>
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<tr>
<td>Transportation Systems</td>
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<tr>
<td>Walkable Communities</td>
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<tr>
<td>Water Quality</td>
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</table>
## ForcEs of Change Assessment

### Healthcare Issues

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<th>Healthcare Issues</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Important</th>
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<td>Access to Dental Care</td>
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<tr>
<td>Access to Mental Health Services</td>
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<tr>
<td>Access to Primary Care Providers</td>
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<tr>
<td>Access to Specialists</td>
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<tr>
<td>Appropriate Emergency Room Use</td>
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<td>Communicable Diseases</td>
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<td>Healthcare Marketplace</td>
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<td>Healthcare Costs</td>
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<tr>
<td>Health Literacy</td>
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<tr>
<td>Healthy Michigan Plan</td>
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<tr>
<td>Health Promotion Programs</td>
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<tr>
<td>Health System Mergers, Closings, or Changes</td>
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<tr>
<td>Immunizations</td>
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<tr>
<td>Knowledge about Nutrition and Healthy Eating</td>
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<tr>
<td>Physical Activity</td>
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<td></td>
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<tr>
<td>Substance Abuse Treatment</td>
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</table>

### Political Forces

<table>
<thead>
<tr>
<th>Political Forces</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Important</th>
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</thead>
<tbody>
<tr>
<td>Elections</td>
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<tr>
<td>Healthcare Reform</td>
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<tr>
<td>Immigration Reform</td>
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<tr>
<td>Legislation</td>
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<tr>
<td>Medicaid Expansion</td>
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<tr>
<td>Relationship with State Government and Legislature</td>
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</tbody>
</table>
APPENDIX B: FORCES OF CHANGES SURVEY RESULTS

**VERY IMPORTANT**
- Community Partnerships
- Early Childhood Education
- Bullying and Cyberbullying
- Schools and Education System Performance
- Employment Opportunities
- Poverty
- Data and Health Information (Informatics)
- Evidenced-Based Programs and Activities
- Communication Systems
- Safe Environment
- Infrastructure Quality (roads, bridges, sidewalks, parks)
- Healthcare Reform
- Physical Activity
- Access to Mental Health Services
- Access to Primary Care Providers
- Healthcare Costs
- Legislation
- Medicaid Expansion
- Grocery Store Access
- Air/Water Quality
- Immunizations

**SOMewhat IMPORTANT**
- Changing Community Profile
- Mental Health Stigma
- Minimum Wage/Living Wage
- Affordable Housing
- Income Disparities
- County and City Budgets
- Funding for Government/Nonprofits/Schools
- Job Training Programs
- Cost of Higher Education
- Electronic Health Records
- Social Media
- Empty or Abandoned Buildings
- Knowledge about Nutrition and Healthy Eating
- Substance Abuse Treatment
- Health Promotion Programs
- Communicable Disease
- Access to Dental Care
- Appropriate Emergency Room Use
- Relationship with State Government and Legislature

**NOT IMPORTANT**
- After School Programs
- Churches and Faith Communities
- Non-native English Speaking Population
- Trust in Government
- Undocumented Individuals
- Lack of Civic Engagement
- Personal Finance Skills and Knowledge
- Revenue Sharing
- Mobile Phone Use
- Software
- Farmers’ Market
- Land Use and Redevelopment
- Traffic Congestion
- Community Gardens
- Access to Specialists
- Healthy Michigan Plan
- Healthcare Marketplace
- Health System Mergers, Closings, or Changes
- Worksite Wellness Programs

**VERY / SOMEWHAT**
- Substance Abuse
- Tax Rates
- Research and Development
- Walkable Communities
- Elections
- Suicide and Self-Harm
- Cost of Living
- Parks, Trails and Recreation Areas
- Chronic Disease

**SOMEWHAT / NOT**
- Domestic Violence
- Personal Debt
- Natural and Manmade Disasters
- Transportation Systems
- Immigration Reform
- Green Space
- Natural Resources
- Racial and Ethnic Relations
- Health Literacy


