2016

Energizing Connections for Healthier Oakland

COMMUNITY HEALTH ASSESSMENT

ECHO

COMMUNITY HEALTH ASSESSMENT

WELCOME

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.

L. Brooks Patterson
Oakland County Executive

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.

Kathy Forzley
Oakland County Health Division
Manager/Health Officer

EXECUTIVE SUMMARY

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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OAKLAND COUNTY HEALTH DIVISION MANAGER/HEALTH OFFICER

Kathy Forzley

WRITERS

Lisa McKay-Chiasson, Leigh-Anne Stafford, Carrie Hribar, Shannon Brownlee, Dan Muncey

CONTRIBUTING EDITORS

Donna Genre, Suzanne Weinert

GRAPHIC DESIGNER

Lona Bentley

CONTRIBUTING DESIGNERS

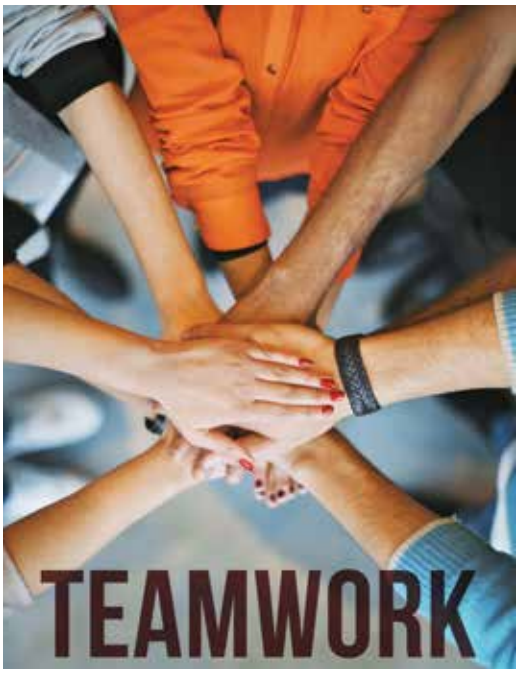
Trisha Zizumbo, Tom Hahn

PHOTOGRAPHY

Oakland County Parks & Recreation, Shutterstock

PRINT

Fudge Business Forms



SNAPSHOT

OAKLAND COUNTY SNAPSHOT

ECHO STEERING 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 and 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
Tony Drautz

Oakland County Homeland Security
Ted Quisenberry

Oakland County
Medical Control Authority
Bonnie Kincaid

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
Joan Lessen-Firestone

Oakland University
Patricia Wren

St. John Providence Health System
Jerry Blair

St. Joseph Mercy Oakland
Geneita Singletary

Total Management Solutions
Leanne Chadwick

Wilson Partners
David Wilson

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.[1] It has 35,247 acres of water, including 1,468 natural lakes and the headwaters of five major rivers.[2,3] Residents enjoy 83,087 acres of park, recreation, and open land, including 13 county parks, eight state parks, three Metroparks, and numerous local parks.[3,4]

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.[5,6]

OAKLAND COUNTY AND MICHIGAN POPULATIONS, 2014

Total Population	Oakland County	Michigan
Population (2014)	1,220,798	9,889,024

Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[7]

AGE

The median age in Oakland County was 40.7.[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.[7]

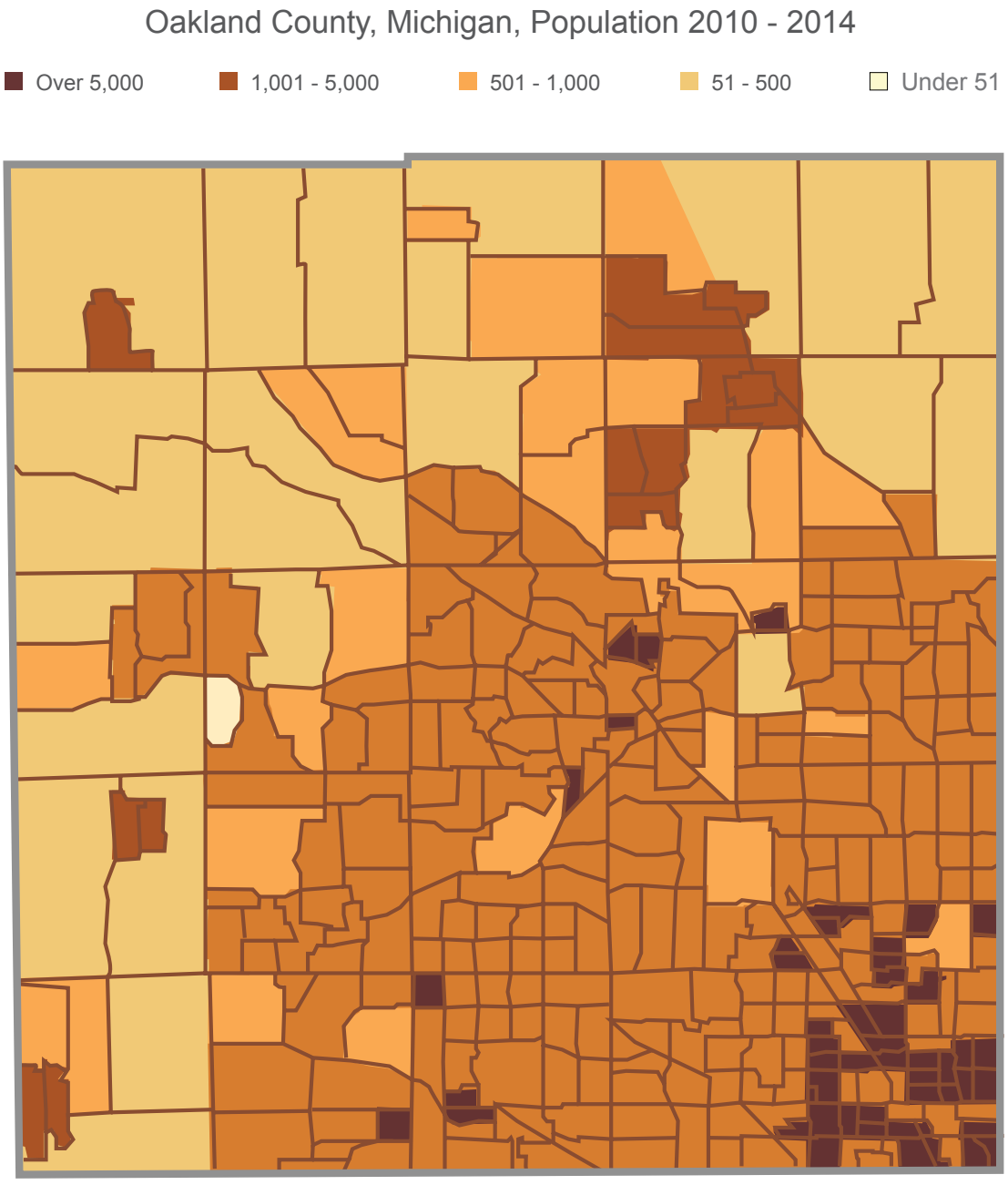
TOTAL POPULATION BY AGE GROUP, 2010-2014

Age Group	Total Population	< 5	5 - 14	15 - 24	25 - 44	45 - 64	65 +
Oakland County	1,220,798	68,039	157,416	149,076	312,158	361,433	172,676
Michigan	9,889,024	578,977	1,279,765	1,410,448	2,403,889	2,773,865	1,442,080
United States	314,107,084	19,973,711	41,159,238	43,918,006	83,033,222	82,844,946	43,177,961

Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[7]

MAP

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: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[7]

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]

OAKLAND COUNTY POPULATION BY RACE AND ETHNICITY COMPARED TO MICHIGAN, 2010 - 2014

Race / Ethnicity	Oakland County		Michigan	
	Number	Percentage	Number	Percentage
Total Population	1,220,798	100.0	9,889,024	
Non-Hispanic	**1,176,486**	**96.4**	**9,431,915**	95.4
White	903,320	74.0	7,526,388	76.1
Black	166,763	13.7	1,368,159	13.8
Asian	73,230	6.0	257,464	2.6
American Indian / Alaskan Native	2,542	0.2	48,437	0.5
Native Hawaiian/Pacific Islander	260	0.0	1,757	0.0
Other	2,304	0.2	11,526	0.1
Two or More Races	28,067	2.3	218,184	2.2
Hispanic/Latino	**44,312**	**3.6**	457,109	4.6

Data Source: US 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.

HOUSEHOLD INCOME, 2010-2014	OAKLAND COUNTY	MICHIGAN
Total Households	489,797	3,827,880
Total Household Earnings	**Percent Households**	
Less than $10,000	5.3	8.0
$10,000 to $14,999	3.8	5.5
$15,000 to $24,000	8.5	11.7
$25,000 to $34,999	8.3	11.1
$35,000 to $49,000	11.9	14.5
$50,000 to $74,999	17.3	18.5
$75,000 to $99,999	13.1	11.9
$100,000 or more	31.7	18.8
Median household income (dollars)	$66,436	$49,087

Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[8]

OAKLAND COUNTY SNAPSHOT

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.

PERCENT BELOW THE POVERTY LEVEL, 2010-2014	OAKLAND COUNTY	MICHIGAN
Year	Percent Population	
2010	10.2	16.8
2011	11.1	17.5
2012	10.5	17.4
2013	10.0	17.0
2014	9.9	16.2

Data Source: US Census Bureau, American Community Survey, 2010-2014 one year estimate.[9]

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.

CHILDREN (0-17) BELOW THE POVERTY LEVEL, 2010-2014	OAKLAND COUNTY	MICHIGAN
Year	Percent Population	
2010	13.4	23.5
2011	14.9	24.8
2012	14.4	24.9
2013	13.0	23.8
2014	12.4	22.6

Data Source: US Census Bureau, American Community Survey, 2010-2014 one year estimate.[9]

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%.

ADULTS AGE 65+ BELOW THE POVERTY LEVEL, 2010-2014	OAKLAND COUNTY	MICHIGAN
Year	Percent Population	
2010	7.3	8.0
2011	7.3	8.2
2012	5.9	8.3
2013	6.8	8.3
2014	7.5	8.1

Data Source: US Census Bureau, American Community Survey, 2010-2014 one year estimate.[9]

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	OAKLAND COUNTY	MICHIGAN
Year	**Percent Population**	
2010	12.9	15.1
2011	11.1	13.1
2012	8.8	11.3
2013	6.6	9.8
2014	6.3	8.3

Data Source: US Census Bureau, American Community Survey, 2010-2014 one year estimate.[10] 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.[11]

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.

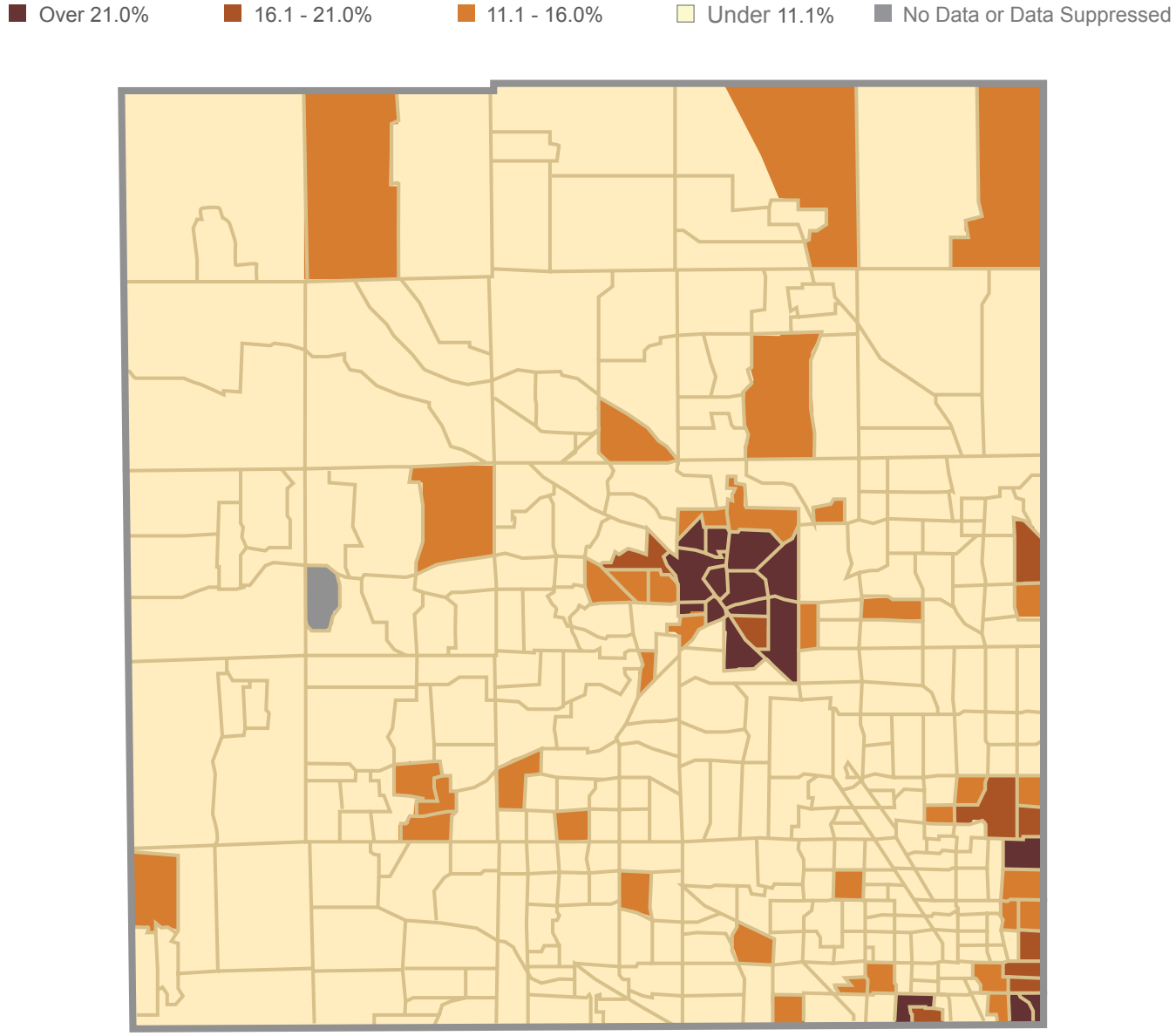
EDUCATION LEVEL OF THOSE 25 YEARS AND OLDER, 2010-2014	OAKLAND COUNTY	MICHIGAN
Total Population	846,267	6,619,834
Education Level	**Percent Population**	
Less than High School	7.0	10.7
High School (Includes equivalency)	20.5	30.2
Some college or Associate's Degree	28.9	32.7
Bachelors Degree	25.2	16.1
Graduate or Professional Degree	18.5	10.3

Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[12]

MAP

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: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[12]

LANGUAGE

Reflecting a diverse population, Oakland County's 77 total languages rank second in the state and 41st nationally for the number of languages spoken[13]. 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%).

LANGUAGE SPOKEN AT HOME POPULATION 5 YEARS AND OVER, 2010-2014	OAKLAND COUNTY NUMBER	OAKLAND COUNTY PERCENT
Total population 5 years and older	1,152,759	100.0
Speak only English	991,143	86.0
Spanish or Spanish Creole	28,173	2.4
Arabic	17,891	1.6
Other Asian Languages	11,457	1.0
Chinese	11,148	1.0
German	6,820	0.6
Hindi	6,716	0.6
Other Language	79,411	6.9

Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[14]

FRAMEWORK

FRAMEWORK

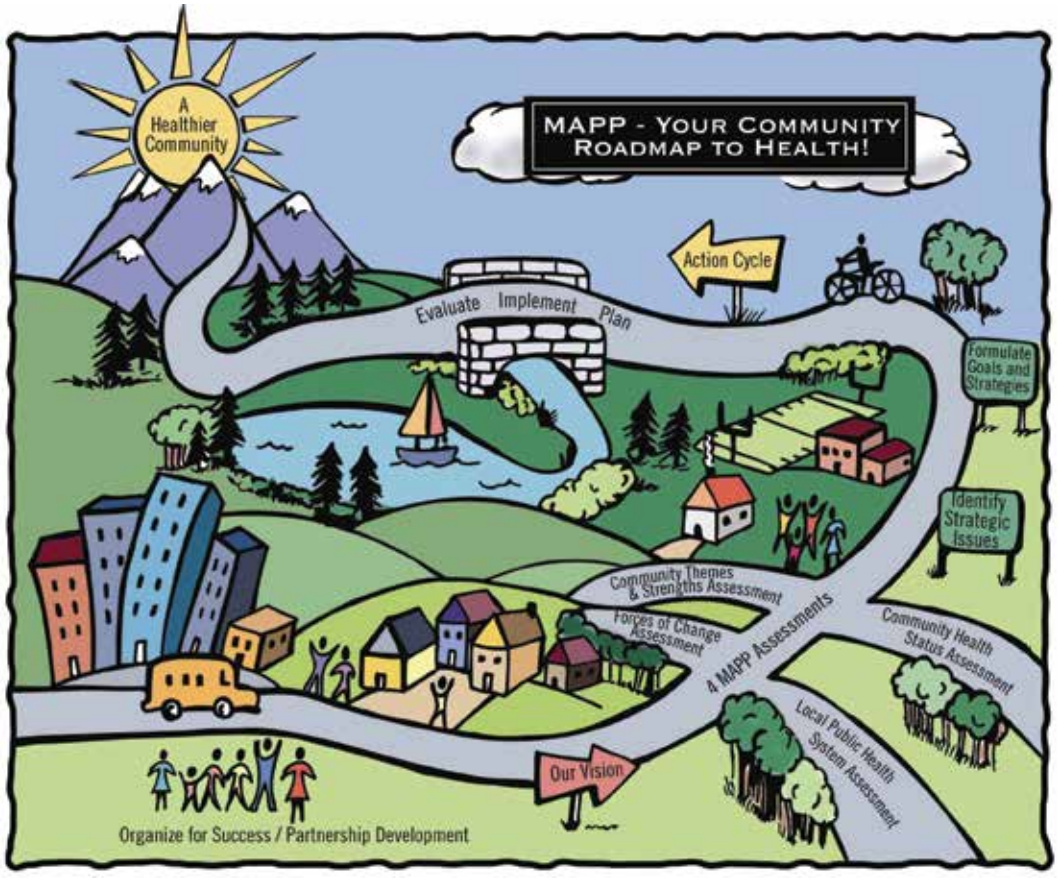
OVERVIEW

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.

- 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

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.

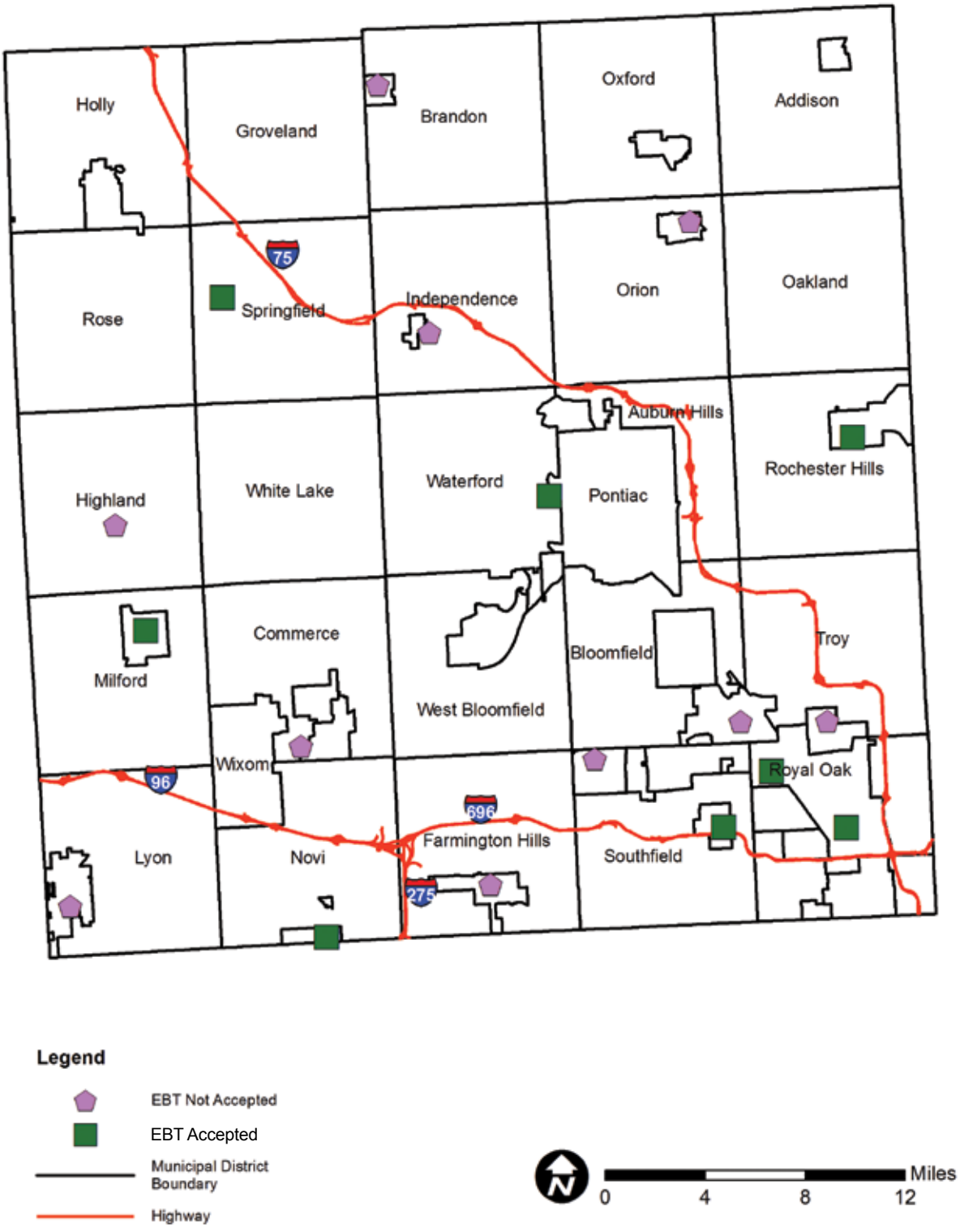
The ECHO Core Group finalized work on the CHIP, reaching out to subject matter experts for additional input. The CHIP includes a list of suggested actions that organizations can implement as a starting point for getting involved.

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.

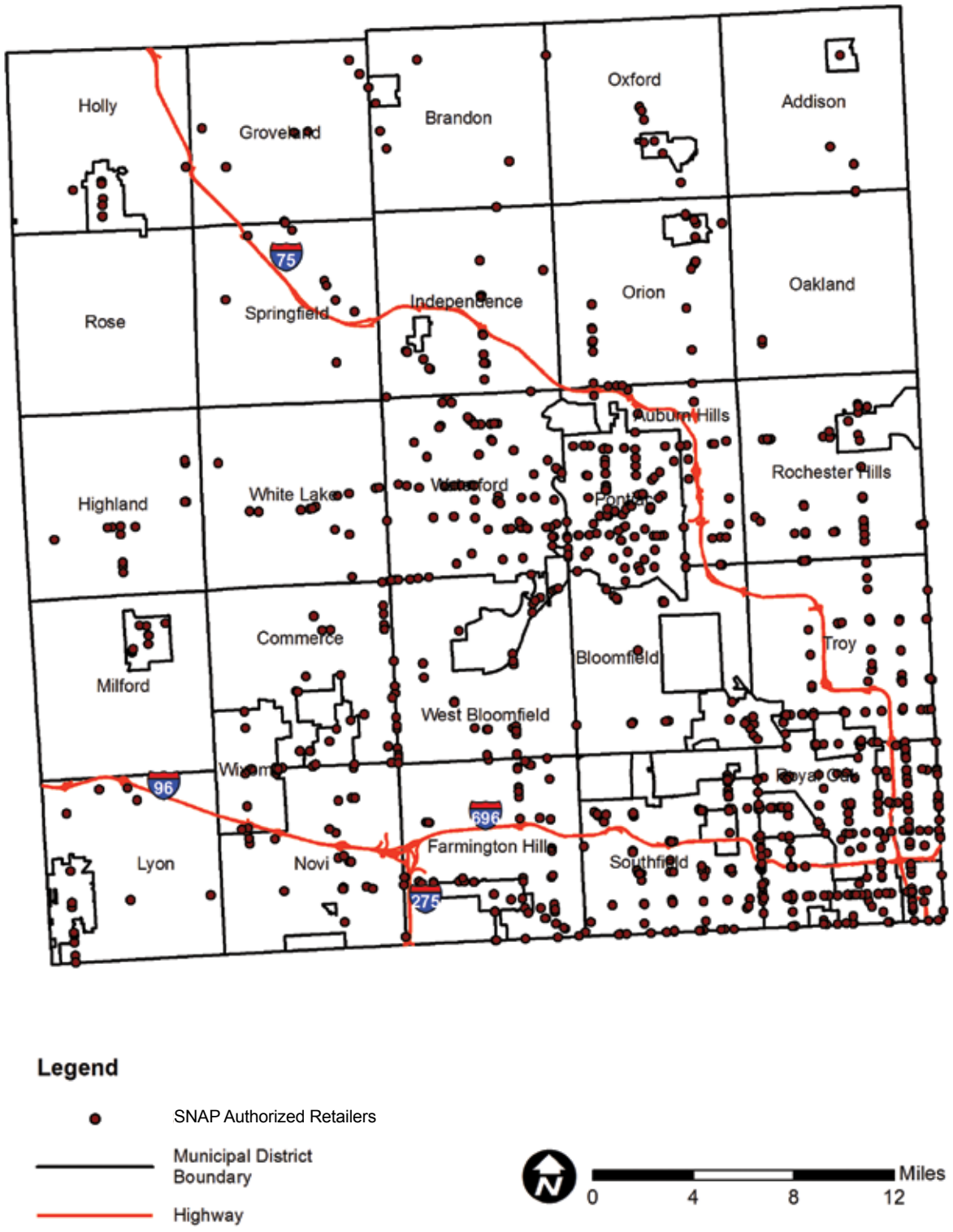
Phase 6: Next steps – Organize for action phase

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.

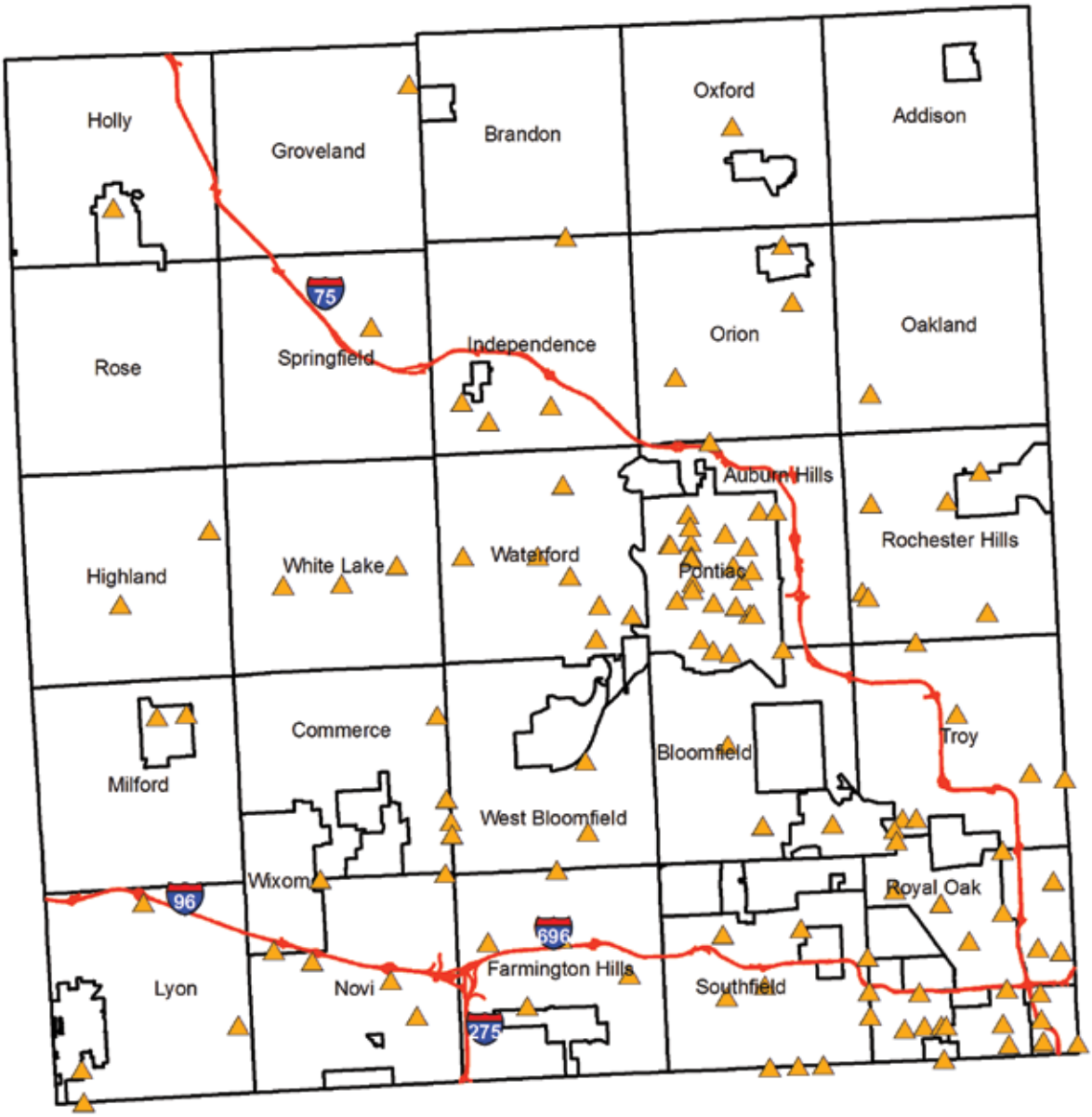
Farmers' Markets 2016
Oakland County, Michigan



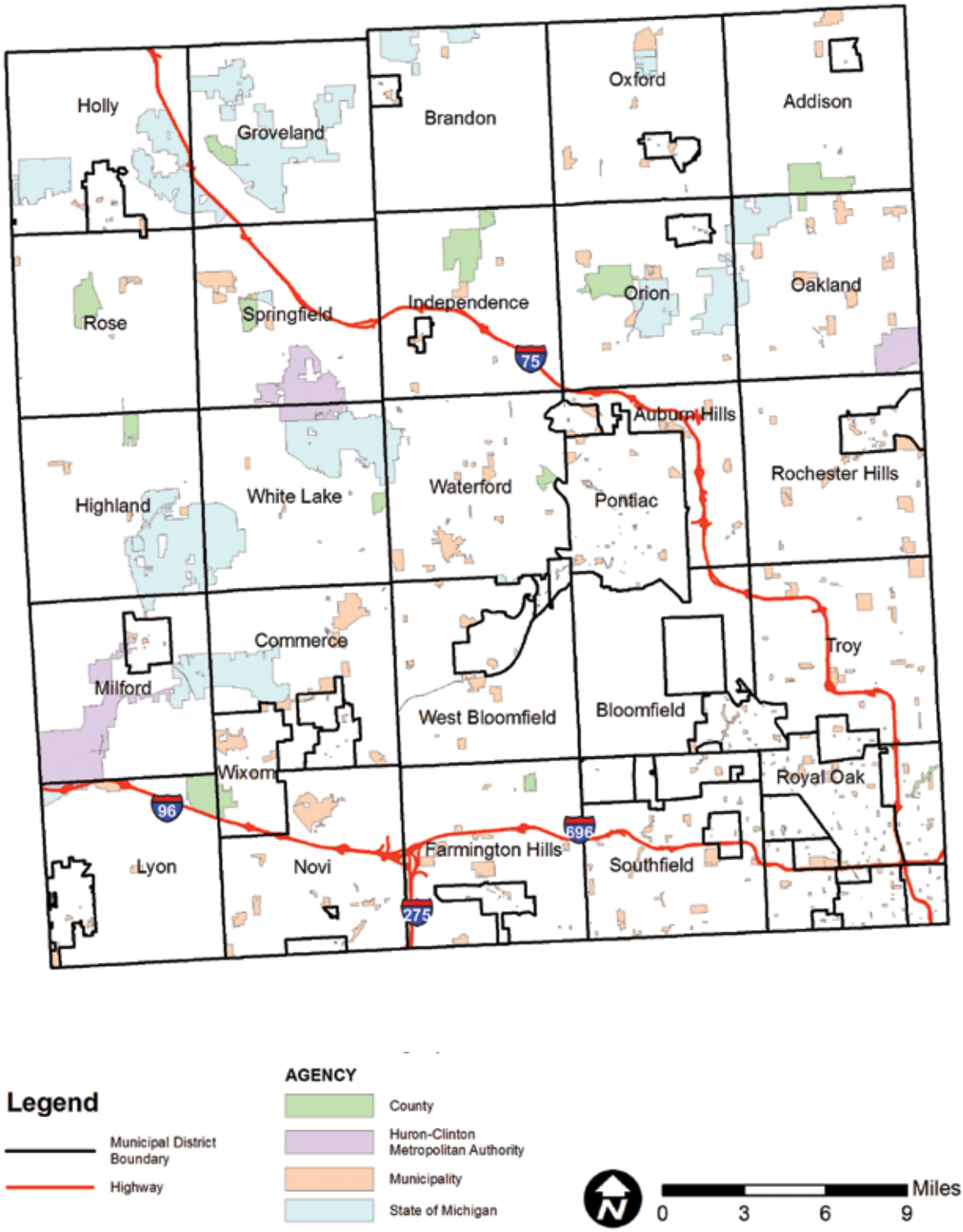
SNAP Authorized Retailers 2015
Oakland County, Michigan



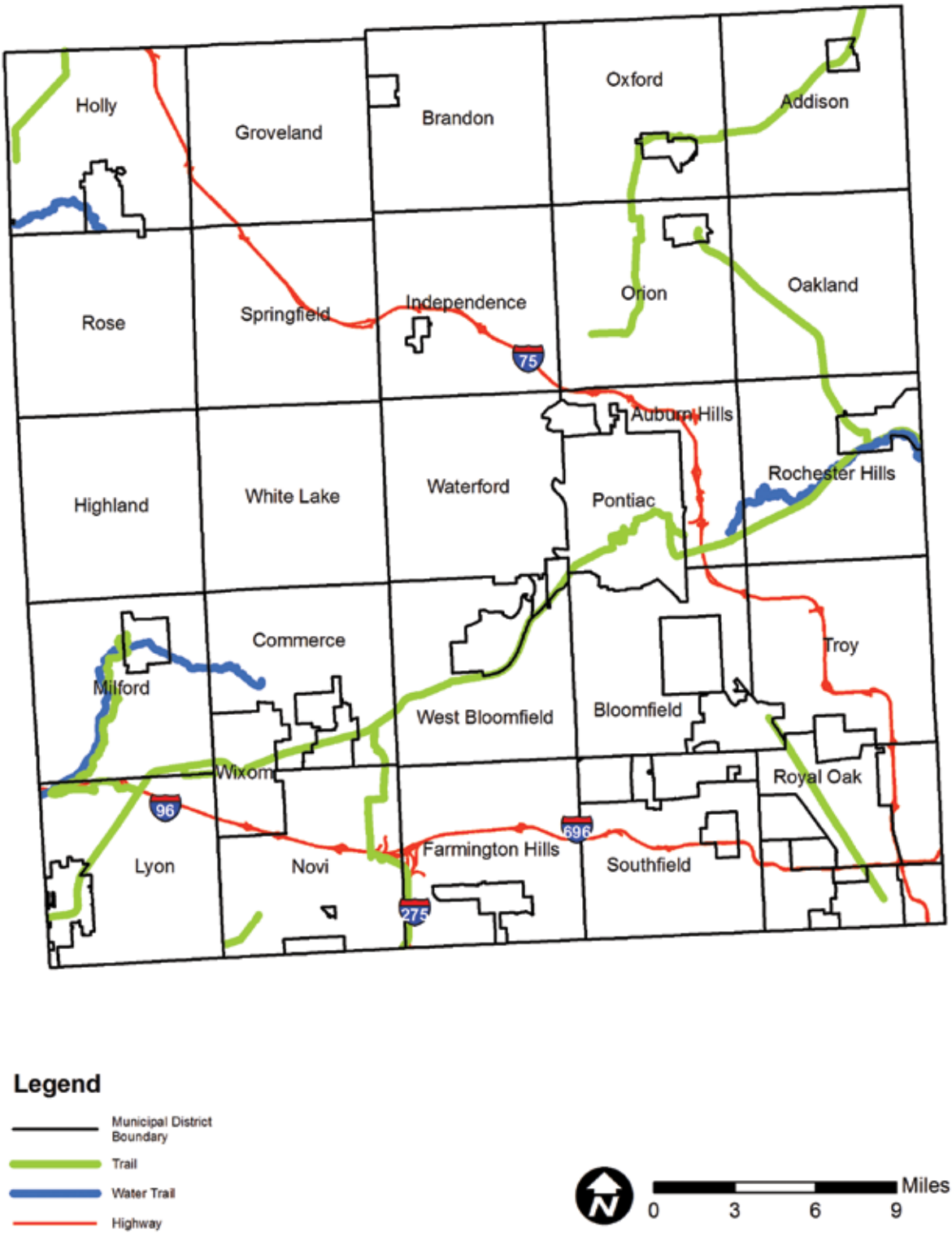
WIC Authorized Vendors 2015
Oakland County, Michigan



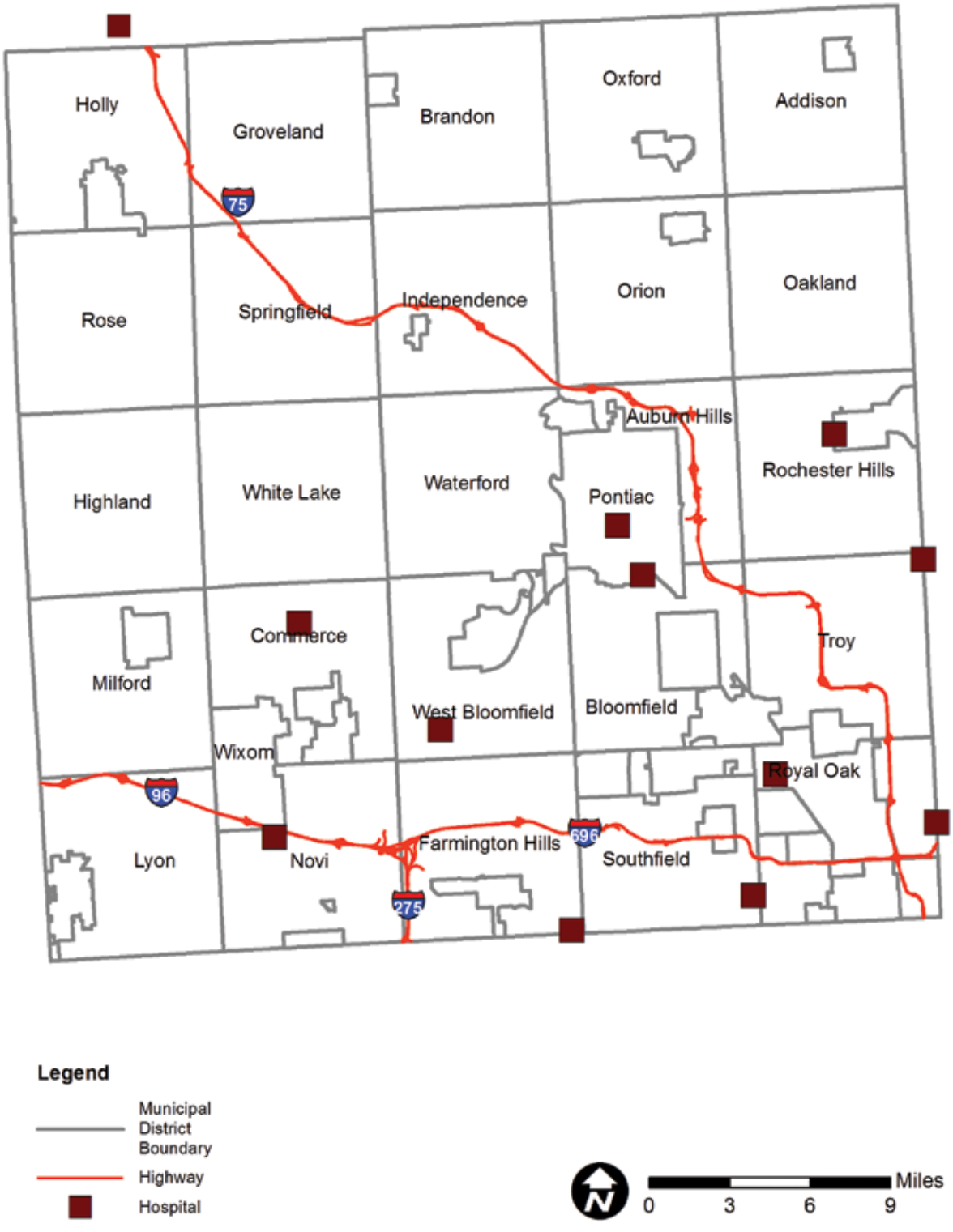
Parks and Recreation 2015
Oakland County, Michigan



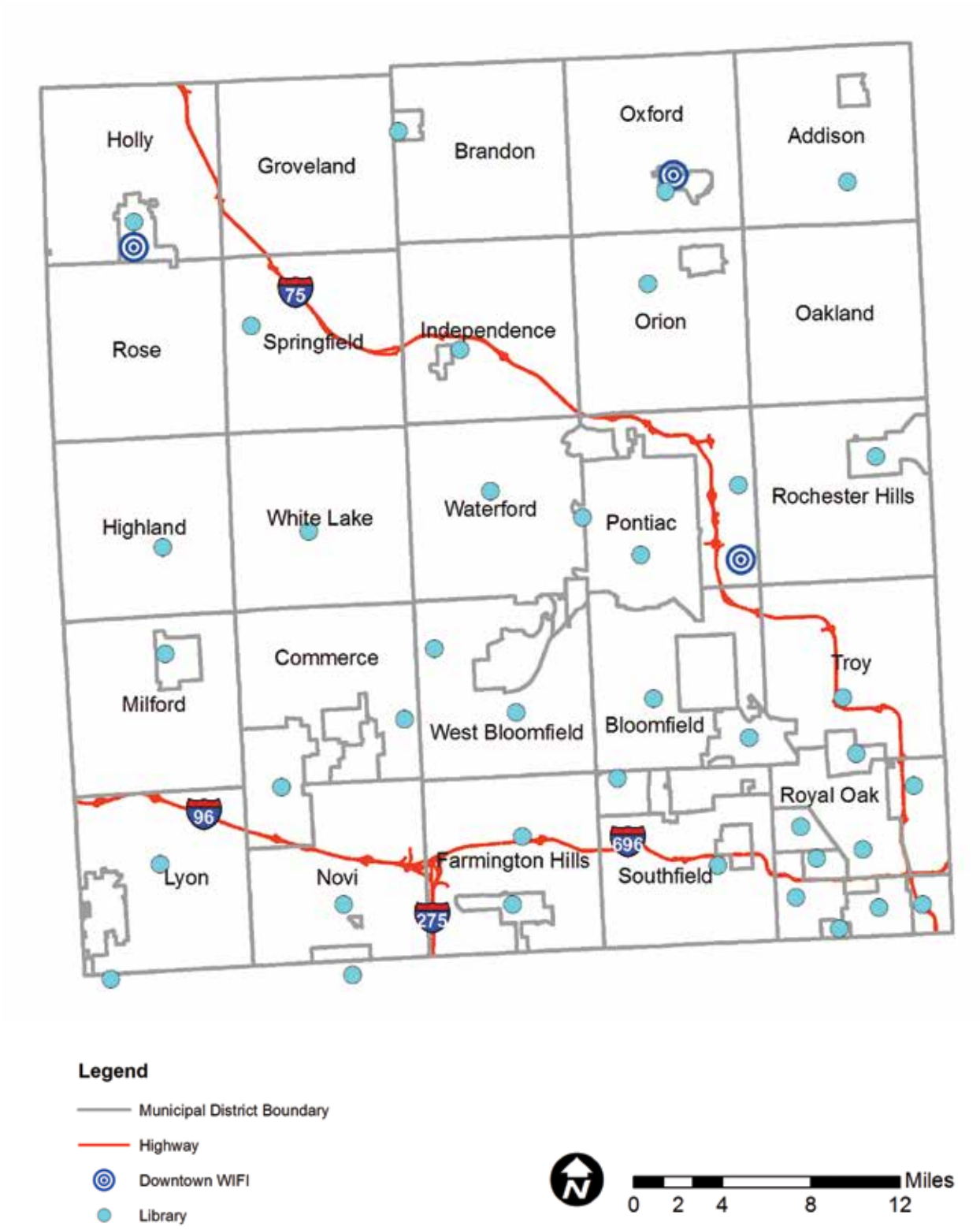
Trails 2015
Oakland County, Michigan



Hospitals with Emergency Department 2015
Oakland County, Michigan



Libraries and Downtown Areas with Free WIFI Access 2016
Oakland County, Michigan



CHSA

COMMUNITY HEALTH STATUS ASSESSMENT

COMMUNITY HEALTH STATUS ASSESSMENT COMMITTEE MEMBERS

ACCESS
Whitney Litzner

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

Michigan State University Extension
Oakland County
Nancy Hampton

Oakland County Community
Mental Health Authority
Nicole Lawson

Oakland County Health Division
Planning and Evaluation
Anne Niquette - Intern

Oakland County Health Division
Public Health Nursing
Shane Bies

Oakland County Health Division
Health Education
Shannon Brownlee

Oakland County Health Division
Communicable Disease
Adam Hart - Intern

Oakland County Health Division
Health Education
Jeff Hickey

Oakland County Health Division
Planning and Evaluation
Carrie Hribar

Oakland County Health Division
Communicable Disease
Nicole Parker

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

Oakland County Health Division
Administrative Services
Leigh-Anne Stafford

Oakland County Health Division
Health Education
Kim Whitlock - Intern

Oakland Family Services
Justin Rinke

Oakland Schools
Christina Harvey

St. John Providence Health System
Jerry Blair

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
1. Socioeconomic characteristics
2. Health resource availability

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

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

Data Group 3: What is our health status?

6. Social and mental health
7. Maternal and child health
8. Death, illness and injury
9. Infectious disease
10. Sentinel events

METHODOLOGY (CONTINUED)

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:

- Centers for Disease Control and Prevention http://www.cdc.gov/
- Community Commons http://www.communitycommons.org/
- ECHO Dashboard http://oakland.mi.networkofcare.org/ph/
- Health Indicator Warehouse http://www.healthindicators.gov/Indicators/
- Healthy People 2020 http://www.healthypeople.gov/
- Michigan Department of Health and Human Services – Community Health Information http://www.michigan.gov/mdhhs
- Michigan Department of Licensing and Regulatory Affairs http://michigan.gov/lara
- Michigan State Police http://michigan.gov/msp
- National Vital Statistics System http://www.cdc.gov/nchs/nvss.htm
- Oakland County Health Division, Communicable Disease Unit http://www.oakgov.com/health
- US Census Bureau/American Community Survey http://www.census.gov/
- United States Department of Agriculture http://www.usda.gov/

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).

METHODOLOGY (CONTINUED)

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

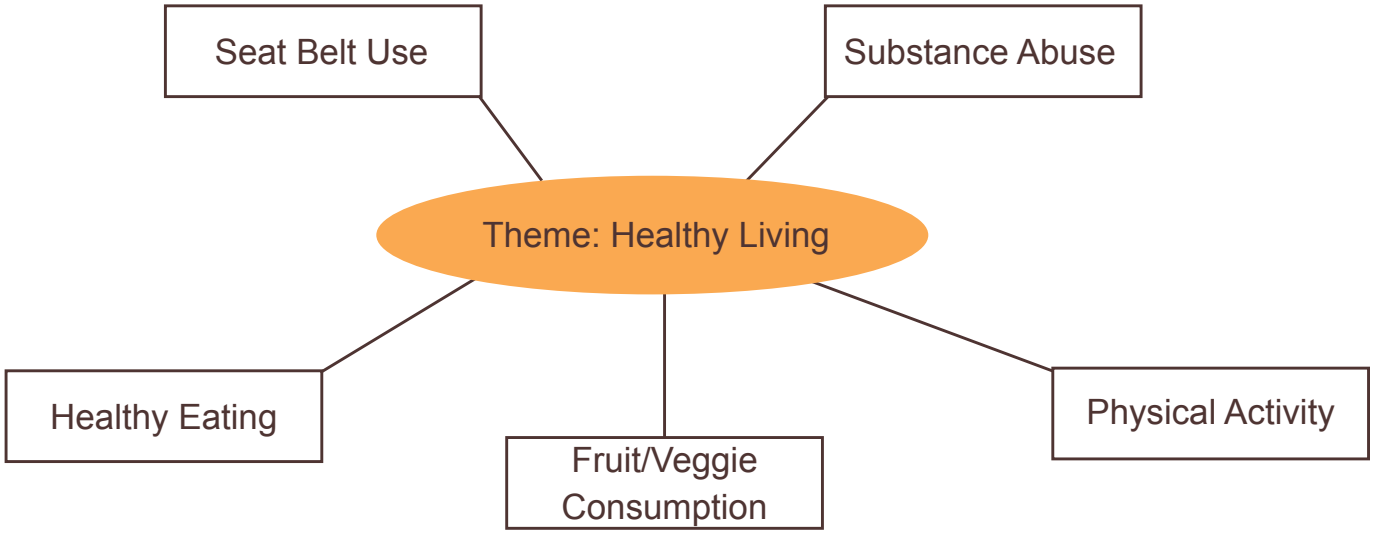
This was followed by sorting comparison results into the following three groups:

- 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

RESULTS: FINALIZING THEMES AND INDICATORS

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

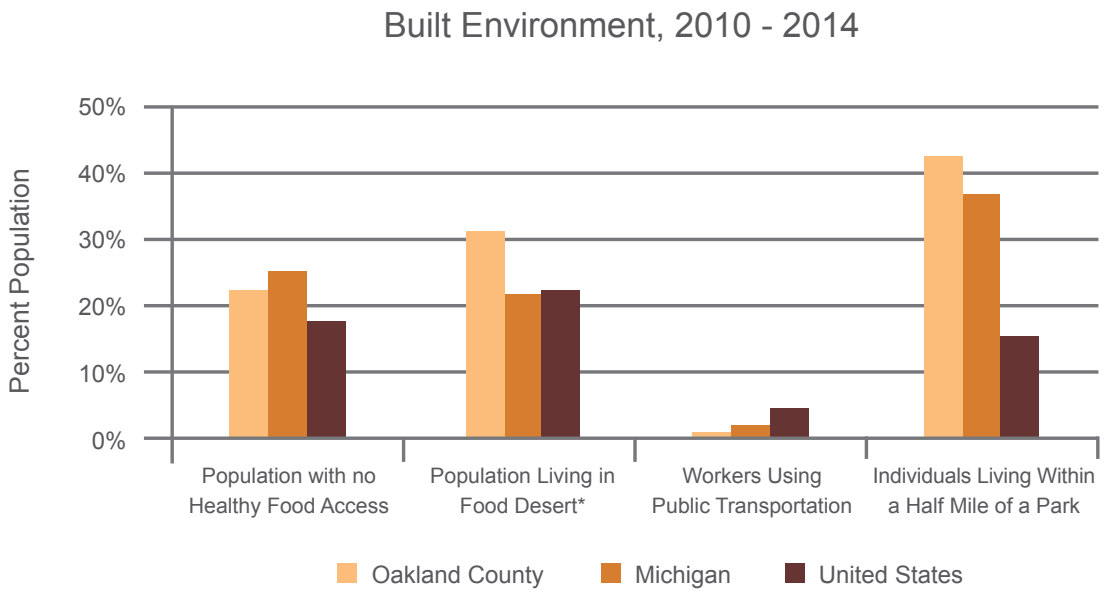
To understand the current measure of each indicator within the six recommended themes, results are depicted in the graphs and tables that follow. The six themes are:

- Built Environment
- Healthy Living
- Healthy Eating
- Teen/Adult Health
- Vaccine-Preventable Disease
- 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.

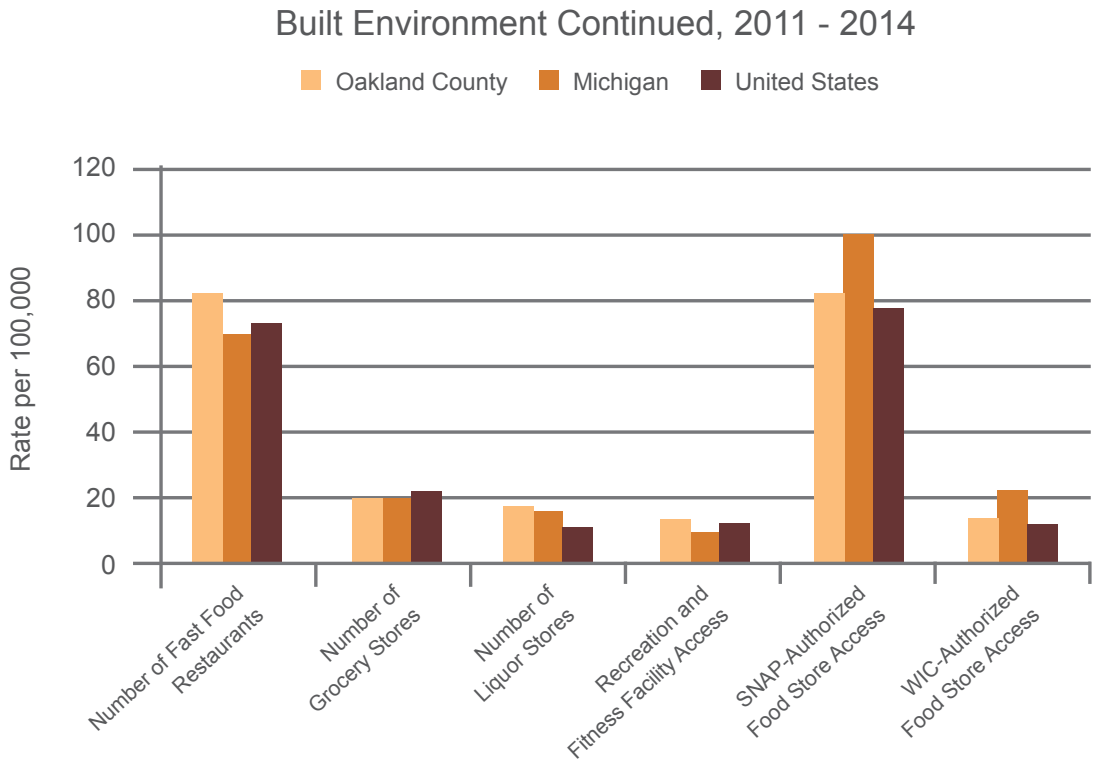


Data Source: USDA Food Access Research Atlas, 2010;[15] CDC Division of Nutrition, Physical Activity, and Obesity, 2011;[16] U.S. Census Bureau, American Community Survey, 2010-2014 five year estimate;[17] CDC, National Environmental Public Health Tracking Network, 2011.[18]

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

RESULTS: BUILT ENVIRONMENT (CONTINUED)

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.



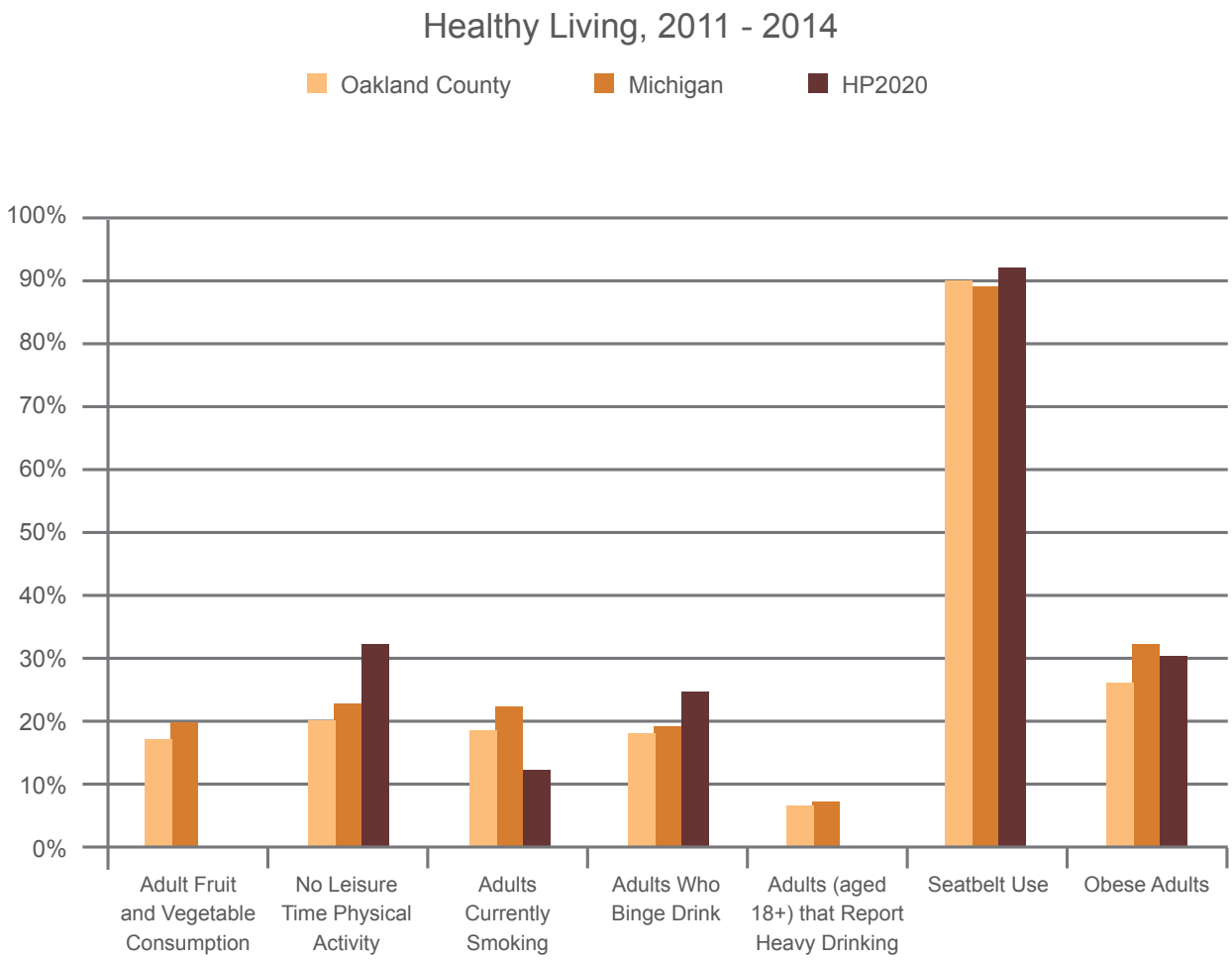
Data Source: U.S. Census Bureau; County Business Patterns, 2013;[19] USDA SNAP Retailer Locator, 2014;[20] USDA Food Environment Atlas, 2011.[15]

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.

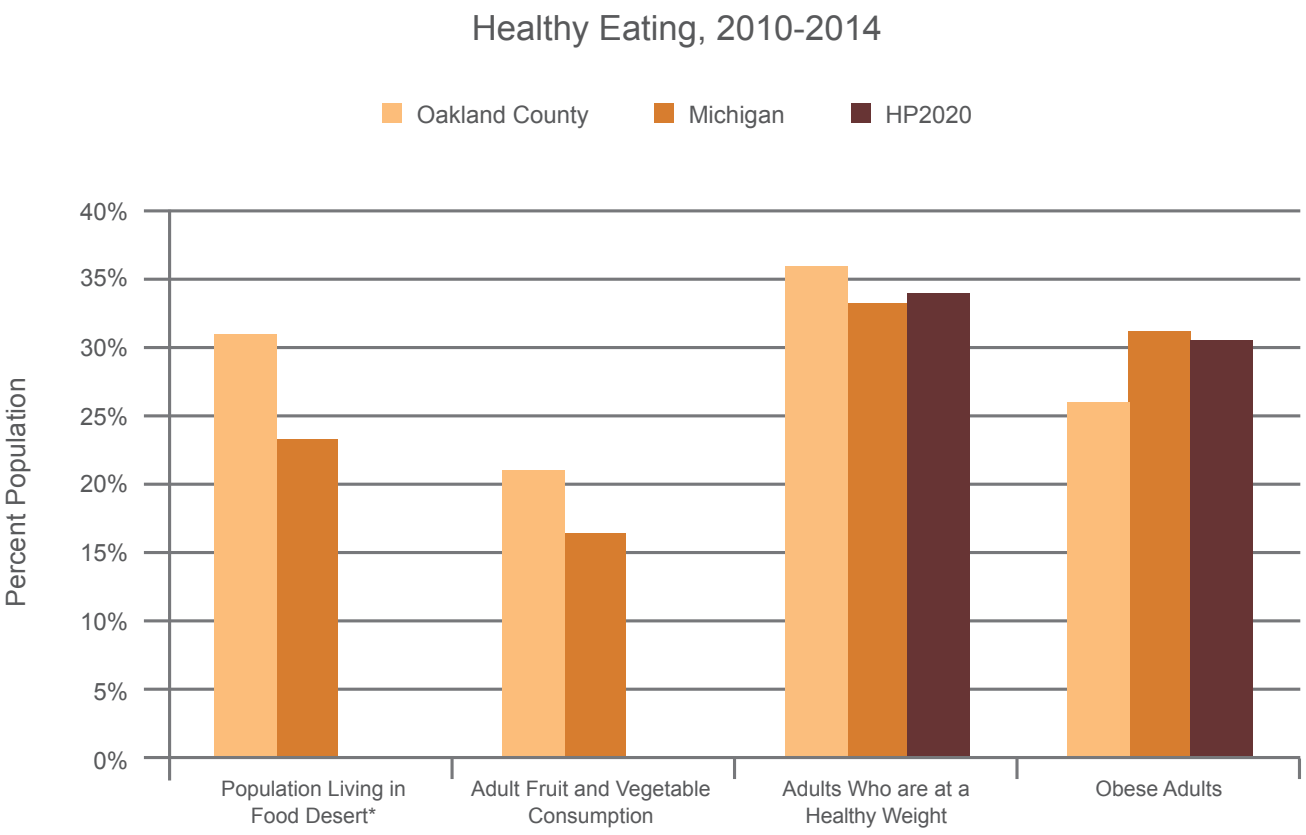
Everyone has a role to play in supporting healthier living. Individuals, families, communities, governments and other organizations can work together to create environments and conditions that support healthy living. Some examples include creating smoke-free public spaces, making nutritious foods easily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



Data Source: Healthy People 2020;[21] Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2011-2013;[22] Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014.[22]

RESULTS: HEALTHY LIVING (CONTINUED)

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.



Data Source: Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014;[22] USDA, Food Access Research Atlas, 2010.[15]

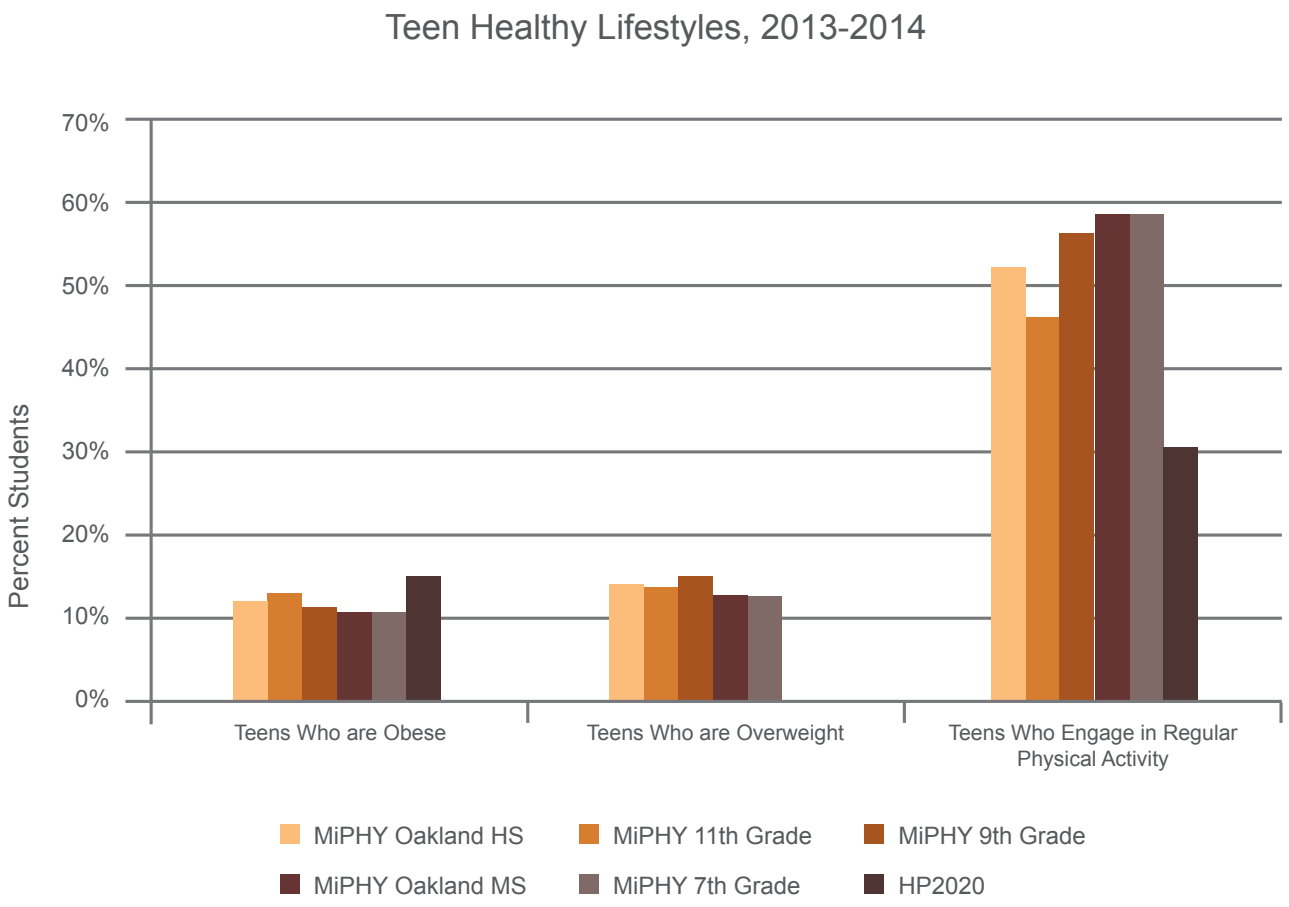
**Food desert - a low-income census tract where a substantial number of people have low access to supermarkets or grocery stores.*

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.

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.

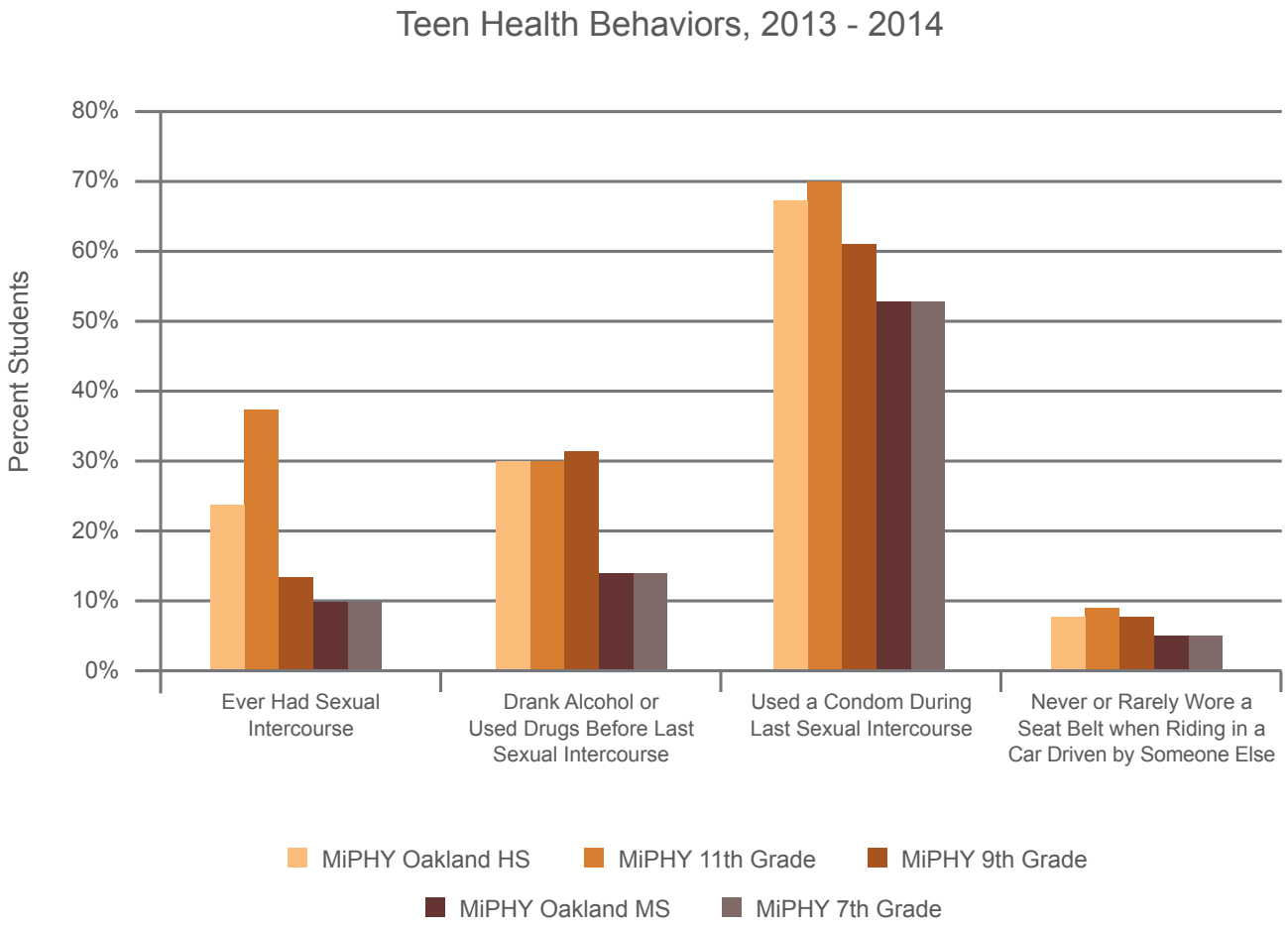
The following graphs are from the Michigan Profile for Healthy Youth (MiPHY) survey facilitated by the Michigan Department of Education. Because only eight Oakland County school districts participated in the survey, this information is not recommended to generalize to the overall teen population in Oakland 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.



Data Source: Michigan Department of Education, Michigan Profile for Healthy Youth, 2013-2014;[21] Healthy People 2020.[23]

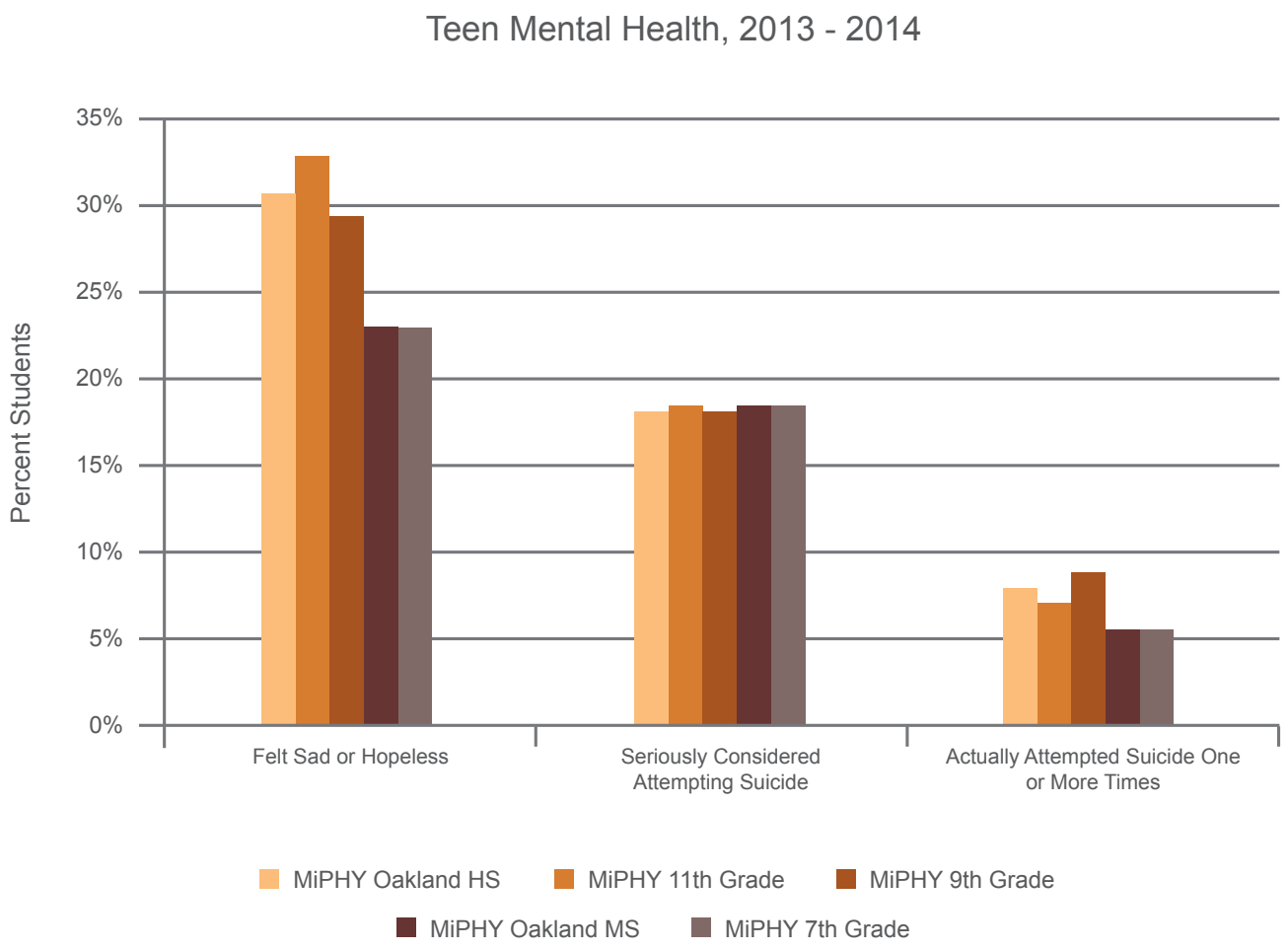
RESULTS: TEEN HEALTH INDICATORS (CONTINUED)

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%.



Data Source: Michigan Department of Education, Michigan Profile for Healthy Youth, 2013-2014.[23]

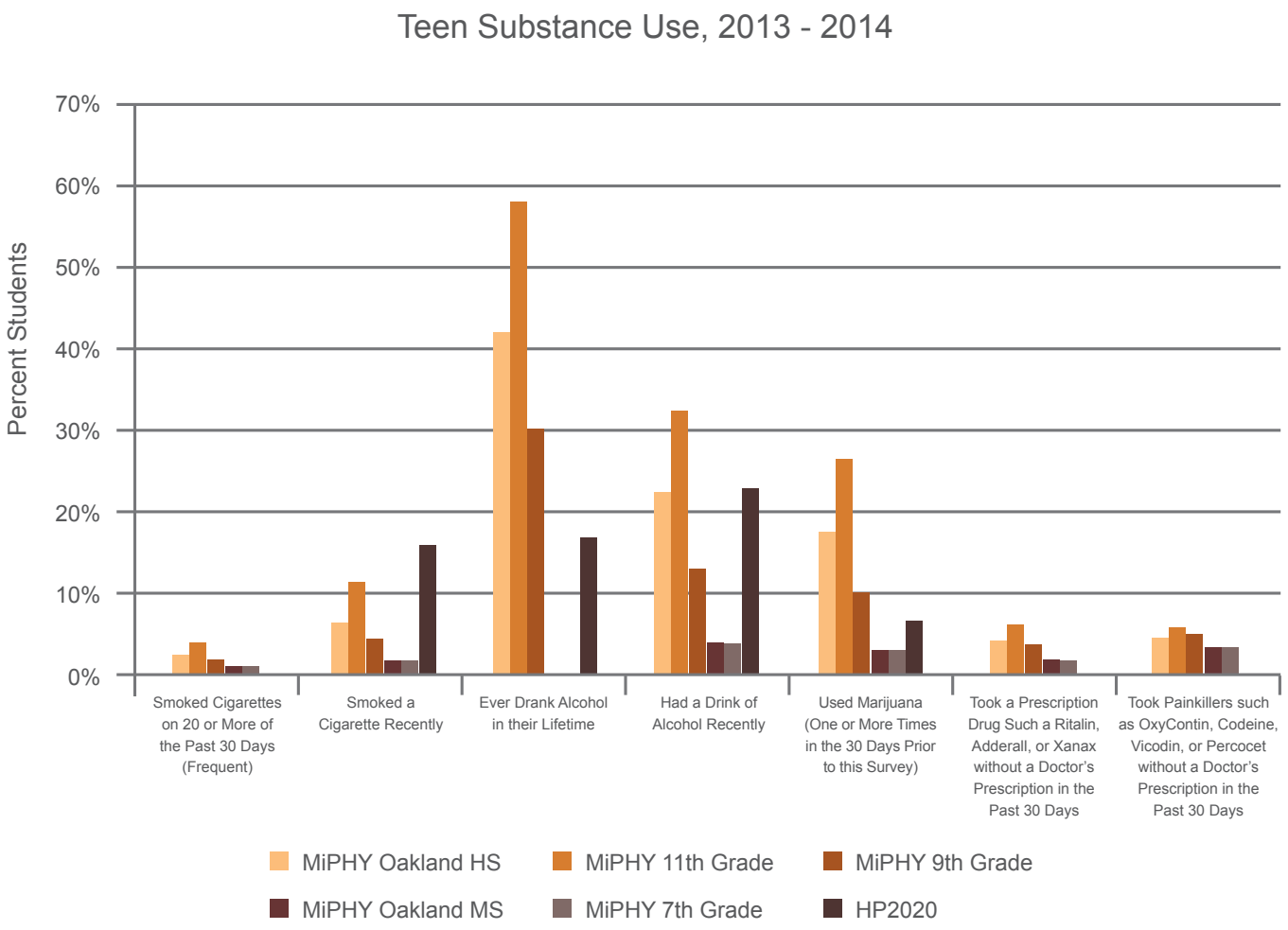
In Oakland County, more high school students compared to middle school students participating in the MiPHY survey were sexually active, drank alcohol or used drugs before last sexual intercourse and used a condom during sexual intercourse. More middle school students wore a seat belt when in a car driven by someone else than high school students.



Data Source: Michigan Department of Education, Michigan Profile for Healthy Youth, 2013-2014.[23]

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)



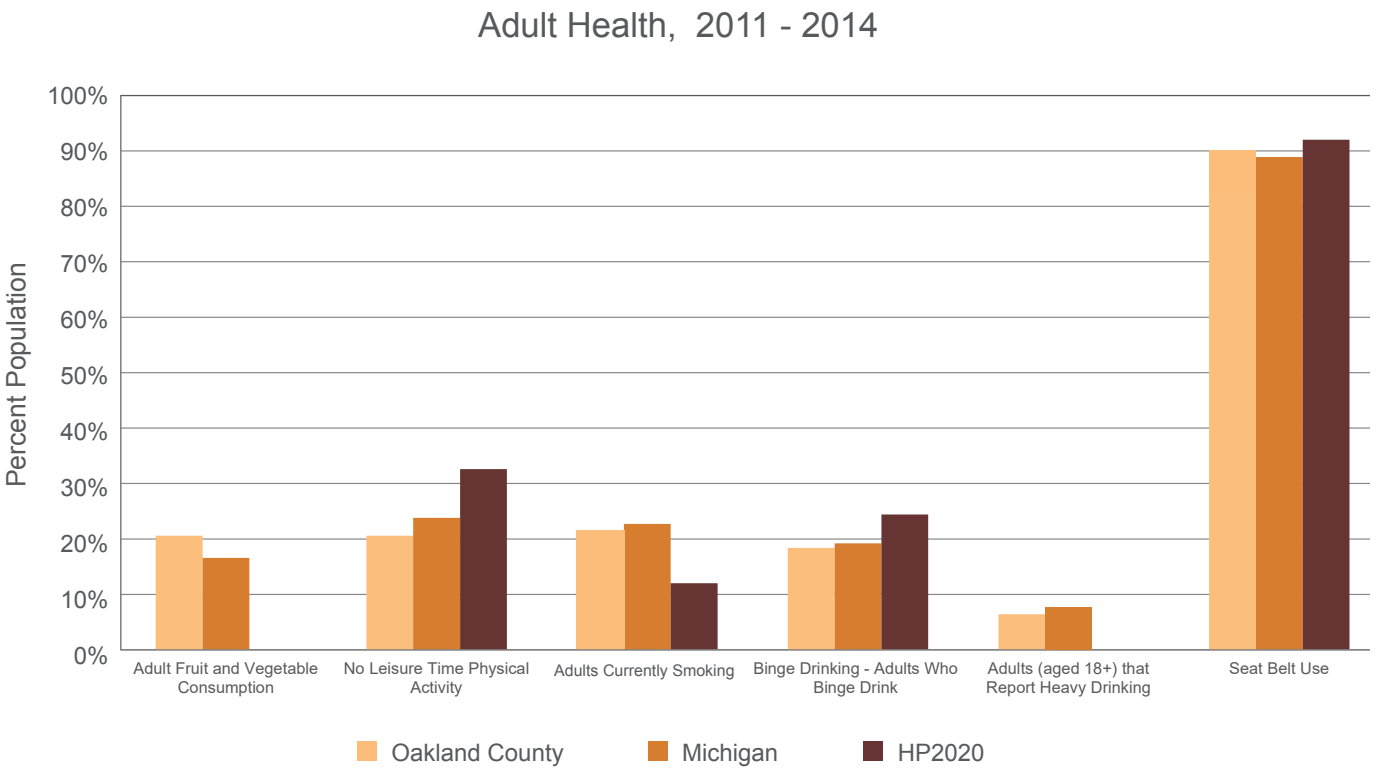
Data Source: Michigan Department of Education, Michigan Profile for Healthy Youth, 2013-2014;[23] Healthy People 2020.[21]

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.



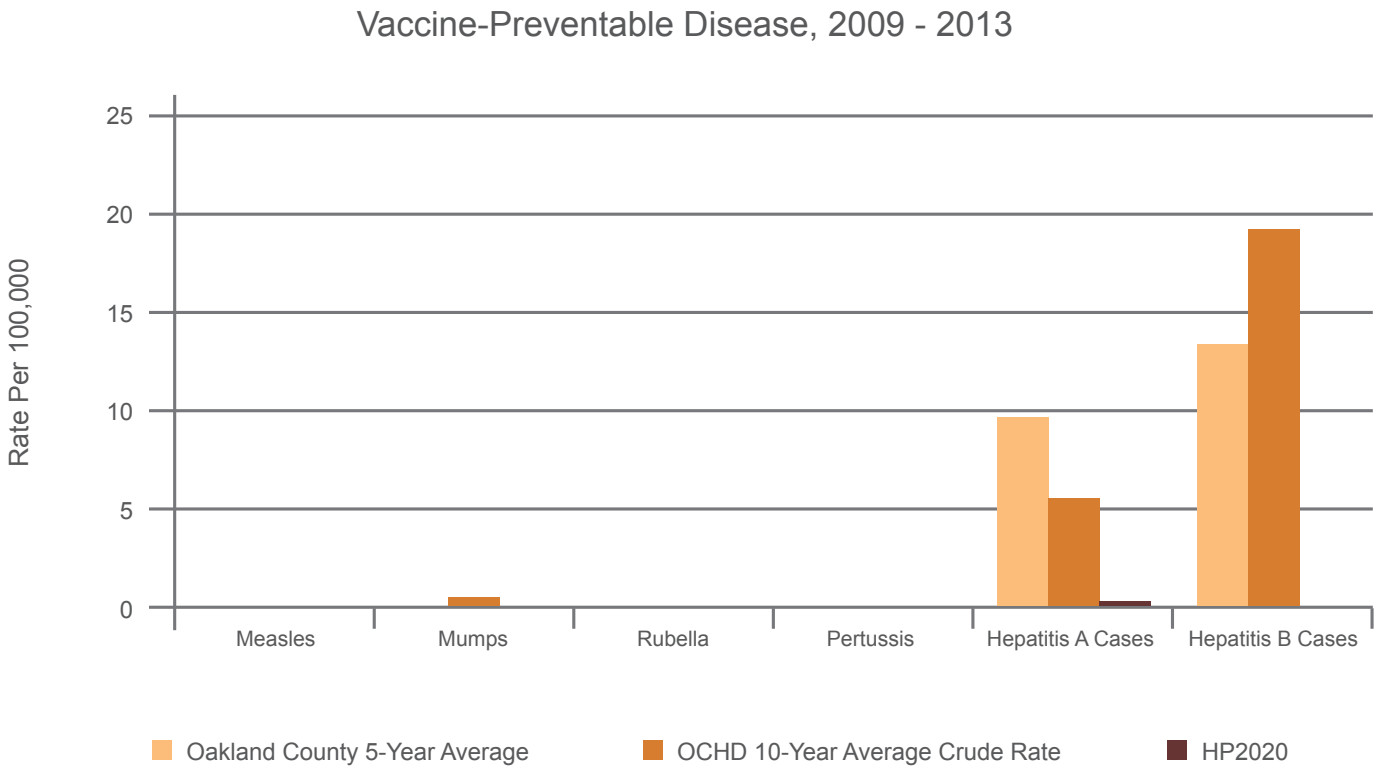
Data Source: Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2011-2013,[22] Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014;[22] Healthy People 2020.[21]

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

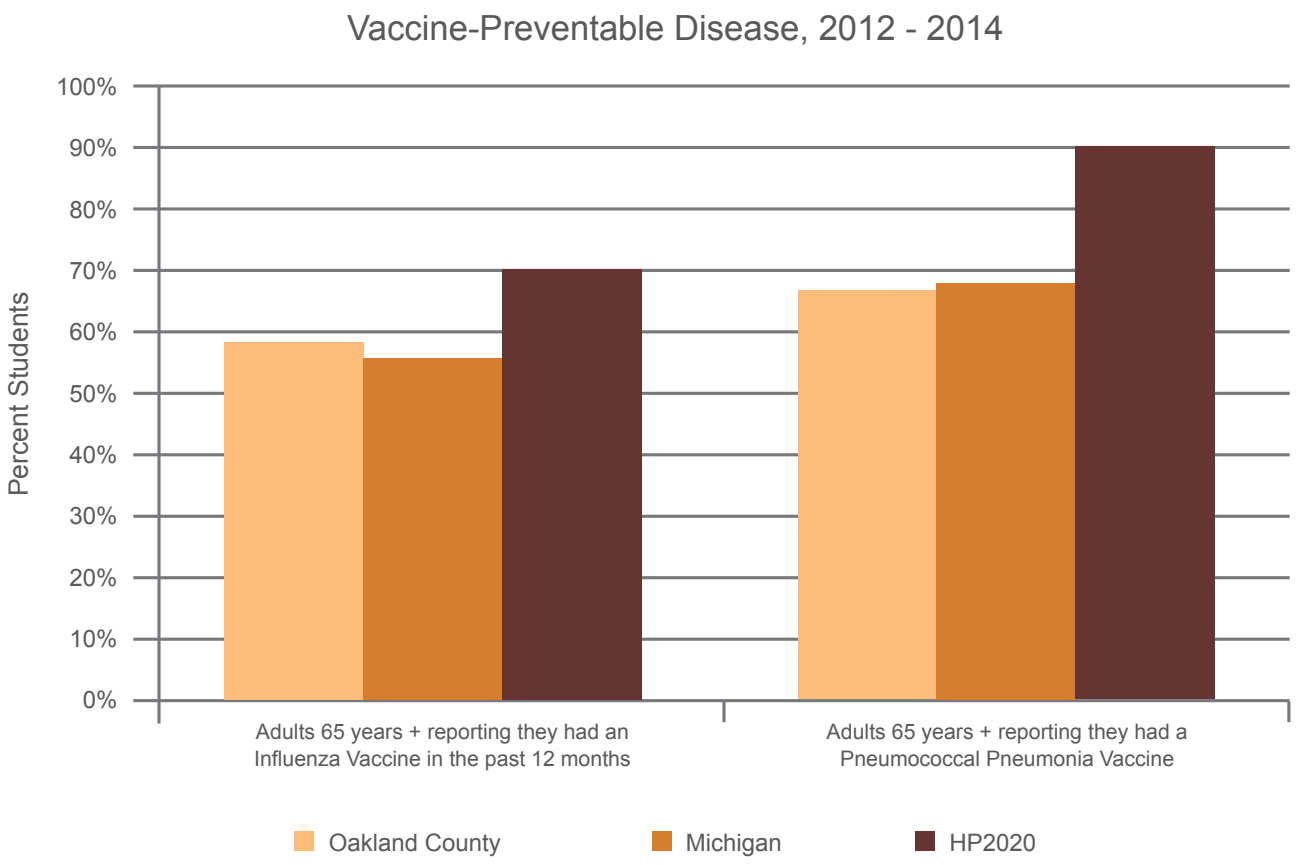
Immunizations have had an enormous impact on improving health in the United States. Most parents today have never seen first-hand the devastating consequences that vaccine-preventable diseases have on a family or community. While these diseases are not common in the U.S., they persist around the world. 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.



Data Source: Michigan Department of Health and Human Services, Michigan Disease Surveillance System, 2009-2013;[24] Healthy People 2020.[21] Michigan Department of Health and Human Services, Michigan Disease Surveillance System, 2004-2013.[24]

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.



Data Source: Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014;[22] Healthy People 2020.[21]

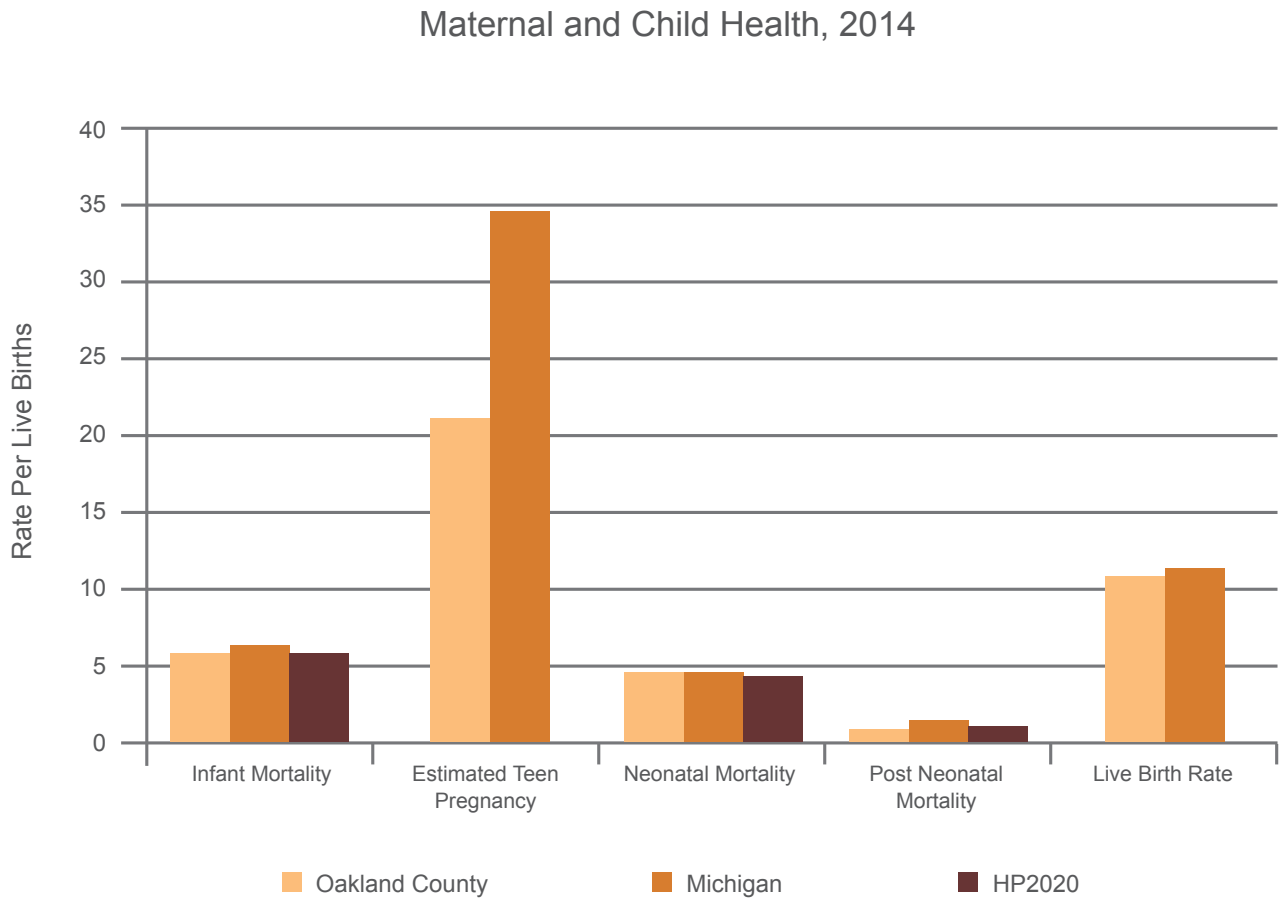
Among adults aged 65 and over in Oakland County, 57.9% were immunized in the past 12 months for influenza, which is slightly lower than the HP2020 benchmark of 70%. In comparison the proportion of adults aged 65 and over immunized in the past 12 months for pneumococcal pneumonia (67.5%) was much lower 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.

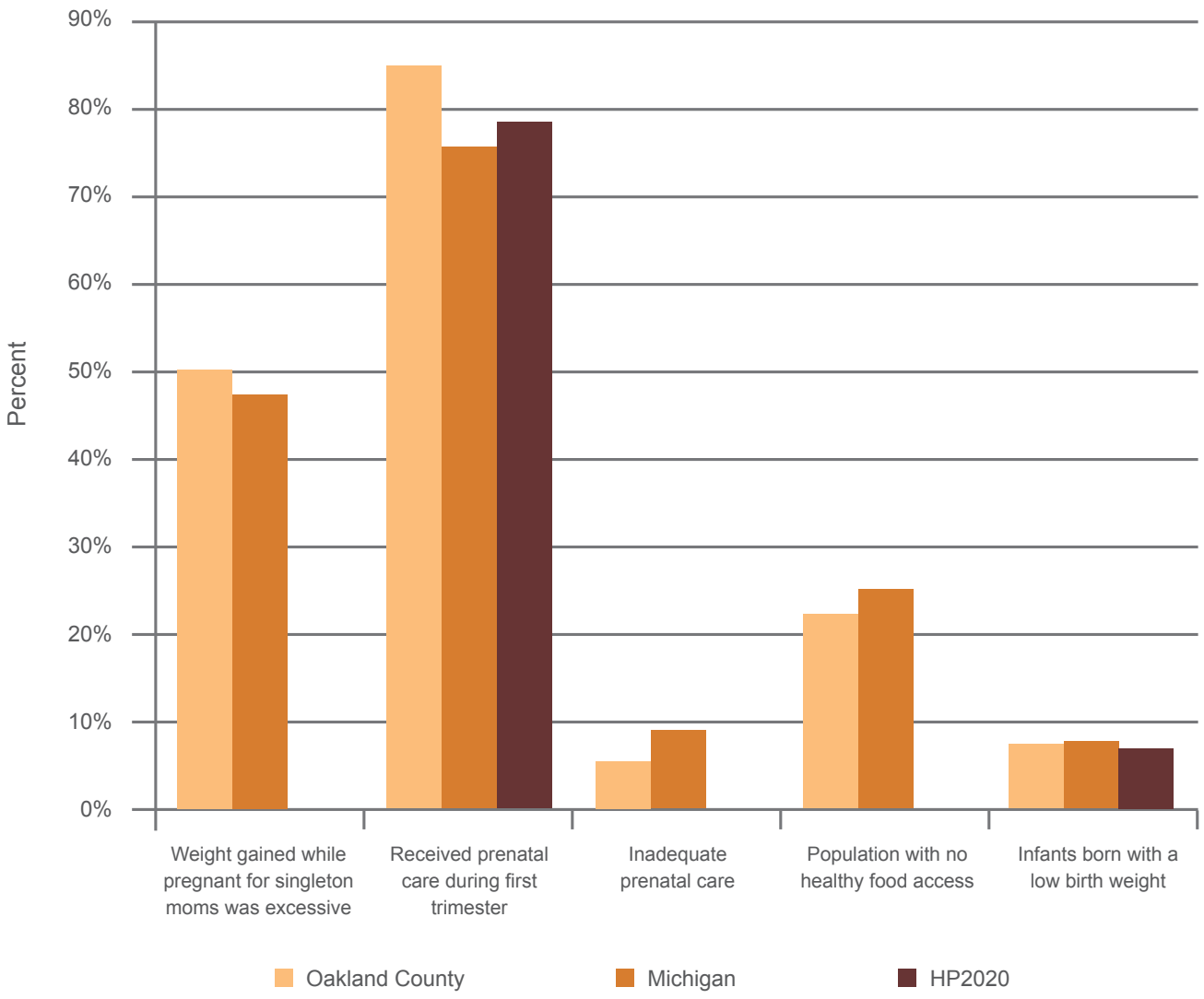
RESULTS: MATERNAL AND CHILD HEALTH (CONTINUED)



Data Source: Michigan Department of Health and Human Services, Vital Records & Health Statistics, 2014 3-Year Estimate;[25] Michigan Department of Health Human Services, Vital Records & Health Statistics, 2014;[25] Healthy People 2020.[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.

Maternal and Child Health Continued, 2011 - 2014



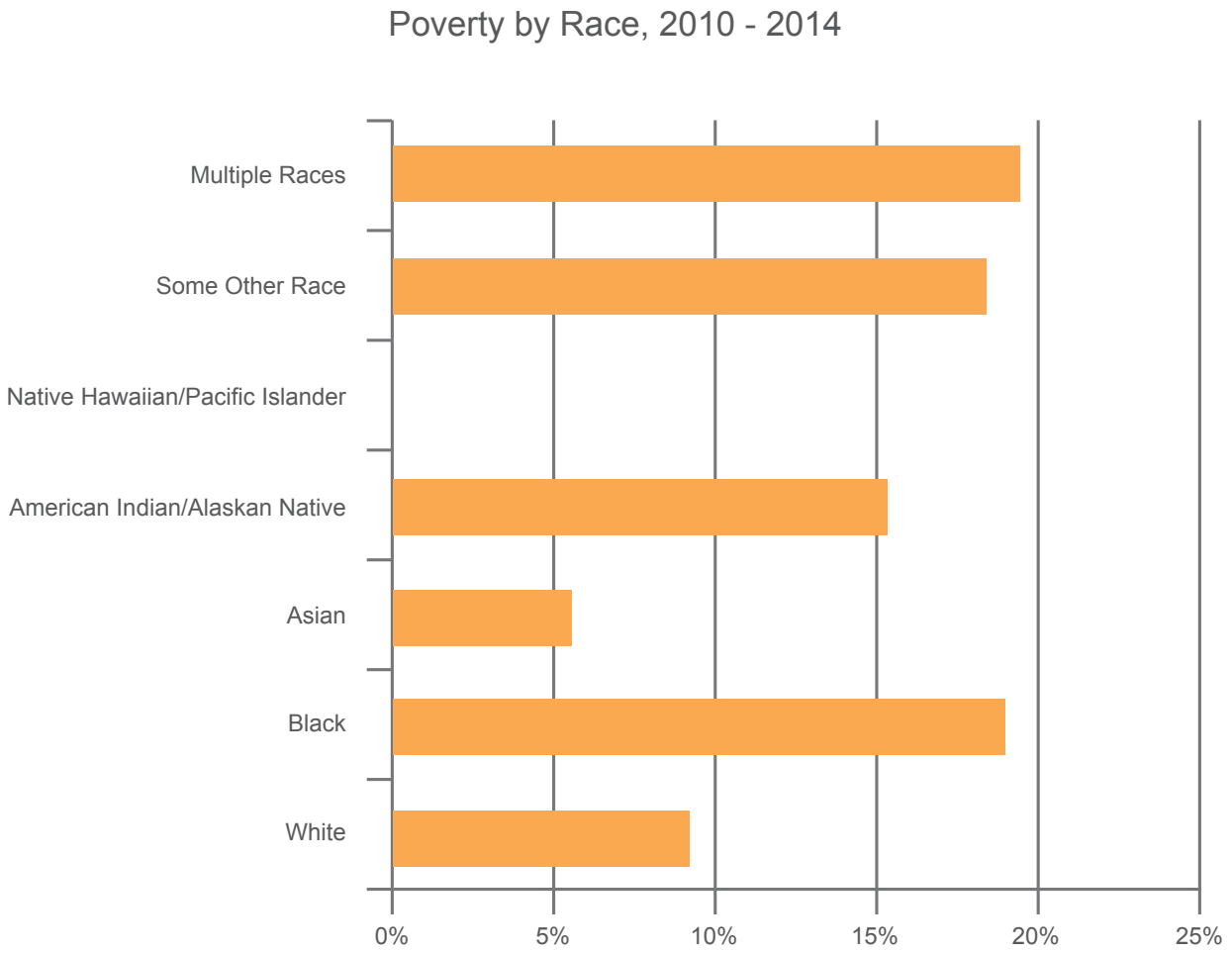
Data Source: Michigan Department of Health and Human Services, Vital Records & Health Statistics, 2014;[25] Healthy People 2020;[21] USDA Food Access Research Atlas, 2011.[15]

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.

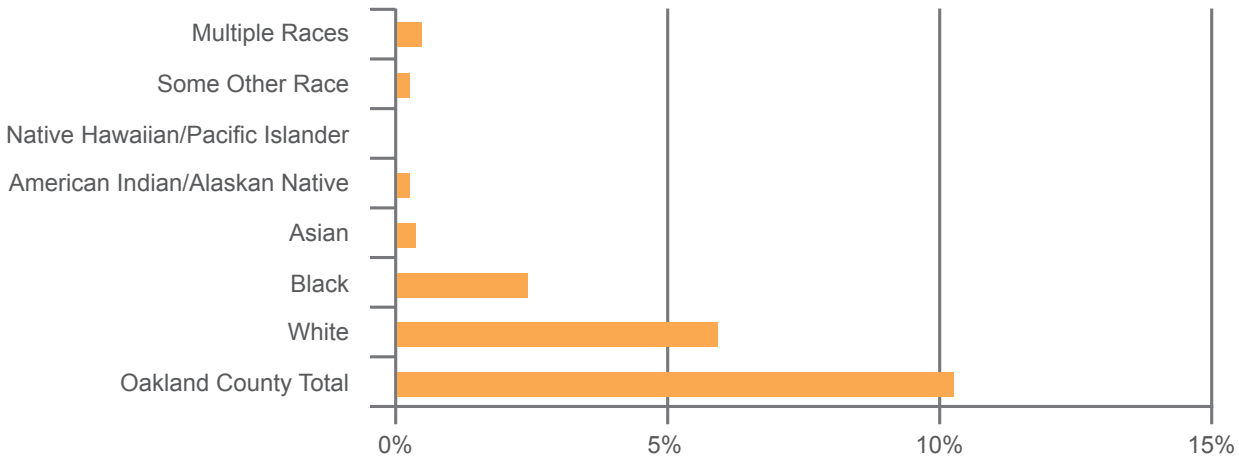
Examining measures of social and economic inequities is a first step in understanding health disparity and equity in a community.



Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[26]

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.

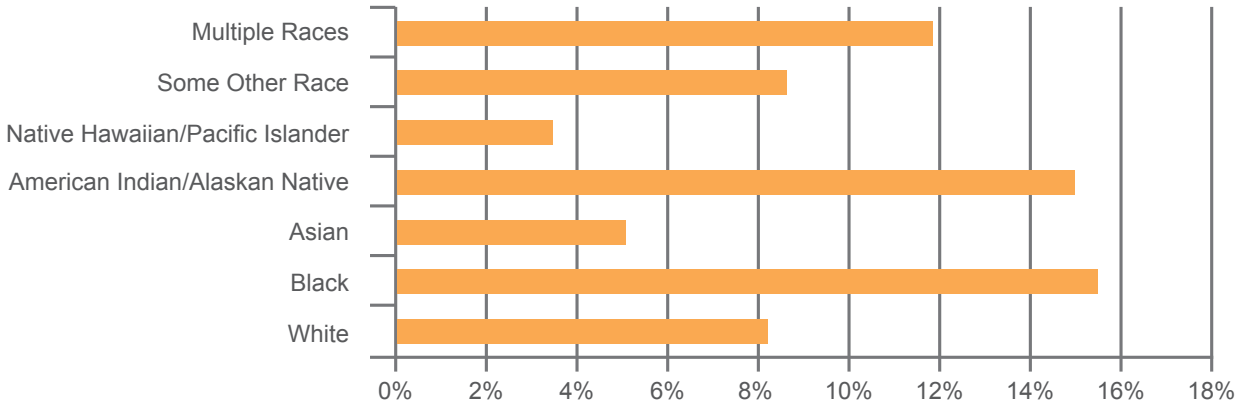
Households Receiving SNAP Benefits by Race, 2010 - 2014



Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[27]

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.

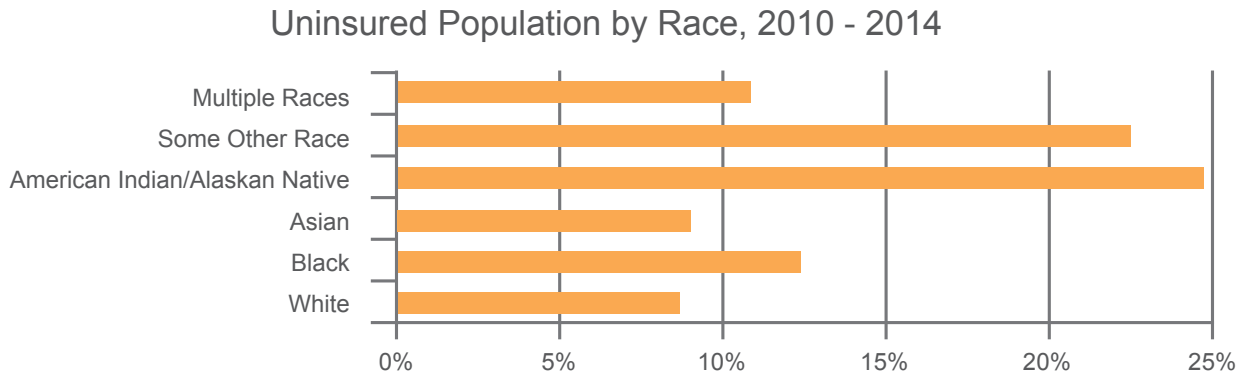
Percent Unemployment by Race, 2010 - 2014



Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[28]

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)

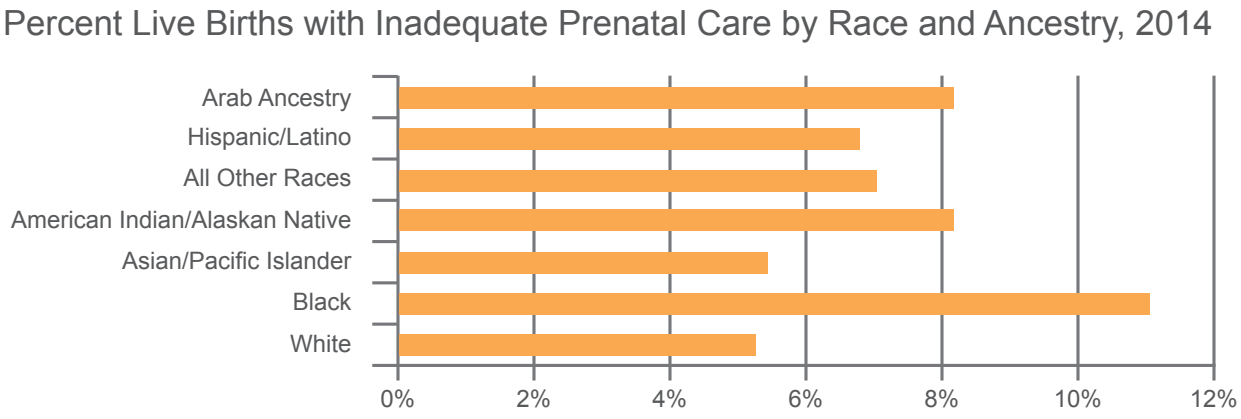


Data Source: US Census Bureau, American Community Survey. 2010-2014 five year estimate.[29]

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.



Data Source: Michigan Department of Health and Human Services, Vital Records and Health Statistics, 2014.[25]

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)

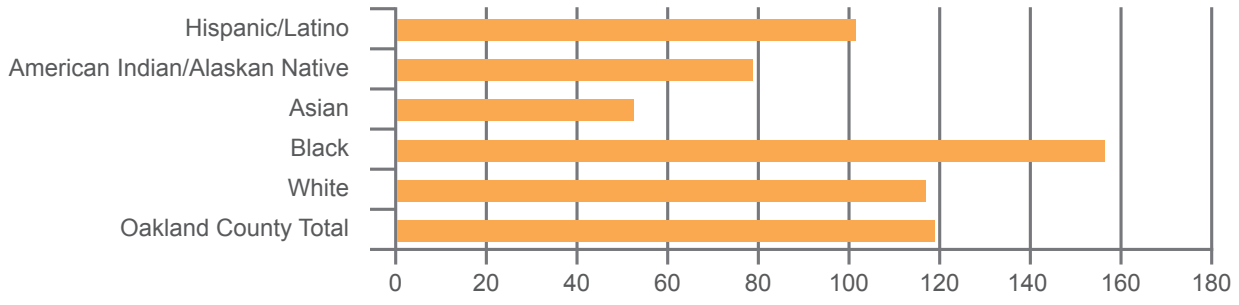
	OAKLAND COUNTY	MALE	FEMALE
Mortality - Cancer	158.5	186.9	139.3
Ischemic Heart Disease	119.3	156.4	91.2
Mortality - Heart Disease	180.4	222.1	148.4
Mortality - Homicide	3.6	5.7	1.7
Mortality - Chronic Lower Respiratory Disease	36.8	38.5	35.8
Mortality - Motor Vehicle Crash	6.5	9.2	4.2
Mortality - Stroke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

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.

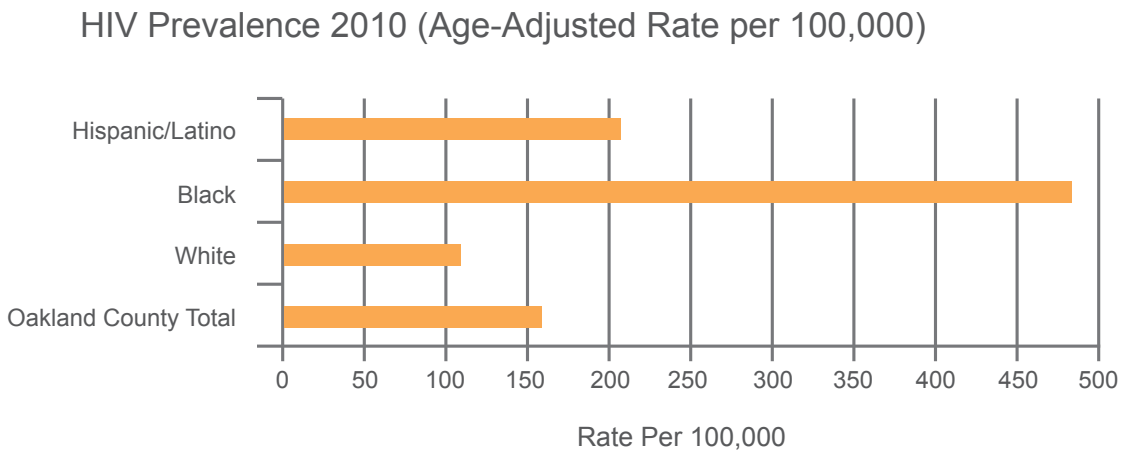
Ischemic Heart Disease Mortality, 2010 - 2014 (Age-Adjusted Rate per 100,000)



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

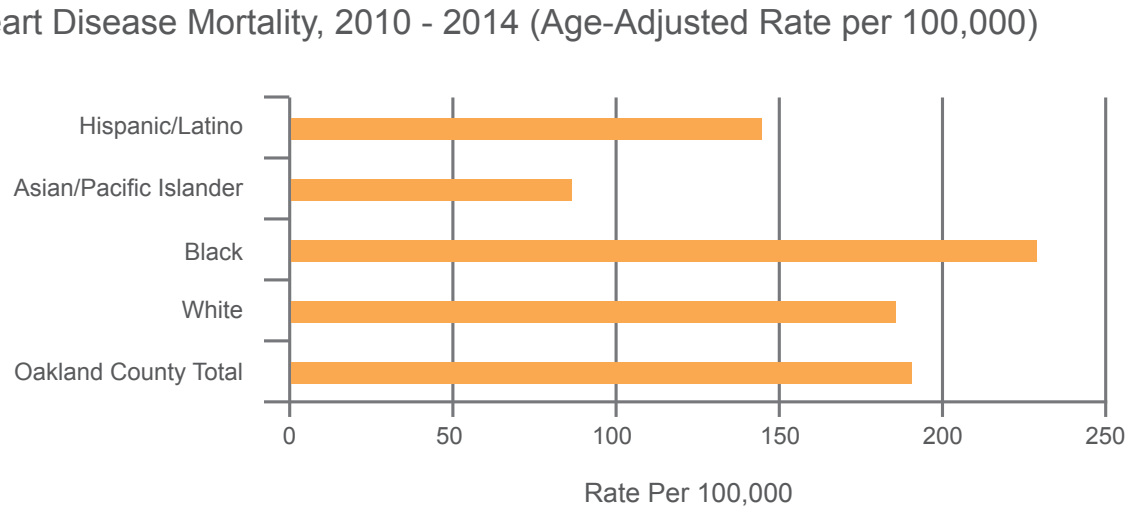
The largest burden of heart disease is experienced by Black and White populations at 155.6 per 100,000 and 116.9 per 100,000. This compares to 50.8 per 100,000 among the Asian/Pacific Islander population.

RESULTS: HEALTH DISPARITY (CONTINUED)



Data Source: Health Indicators Warehouse, National HIV Surveillance System, 2010.[31]

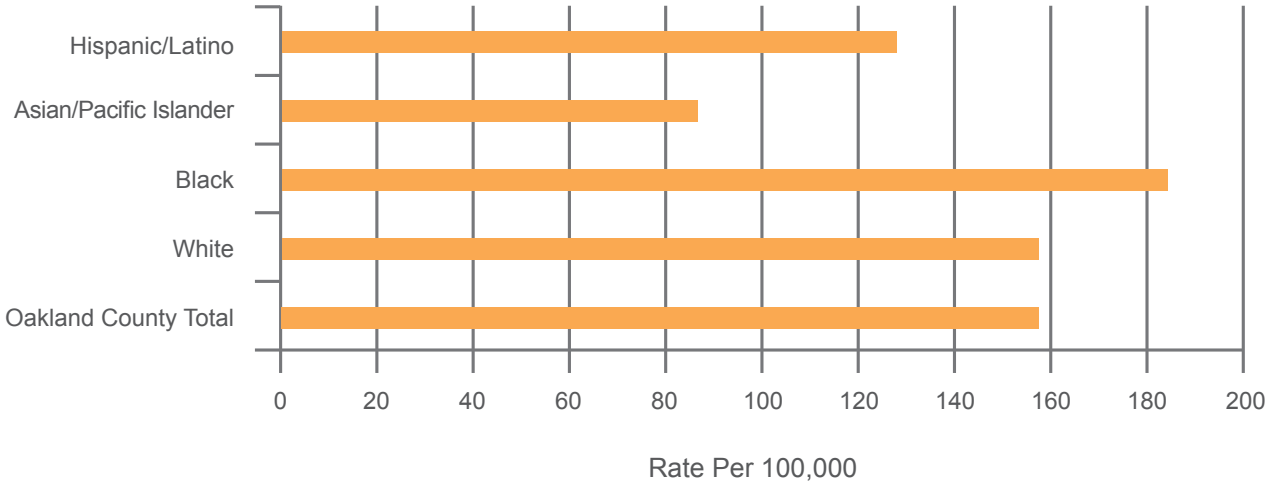
When reviewing HIV prevalence among populations, the Hispanic/Latino rate is 1.3 times higher than the total Oakland County rate. The Black population experienced the greatest burden of disease at almost three times higher (473.1) than the Oakland County rate of 159.0 per 100,000 and the White rate was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



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

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.

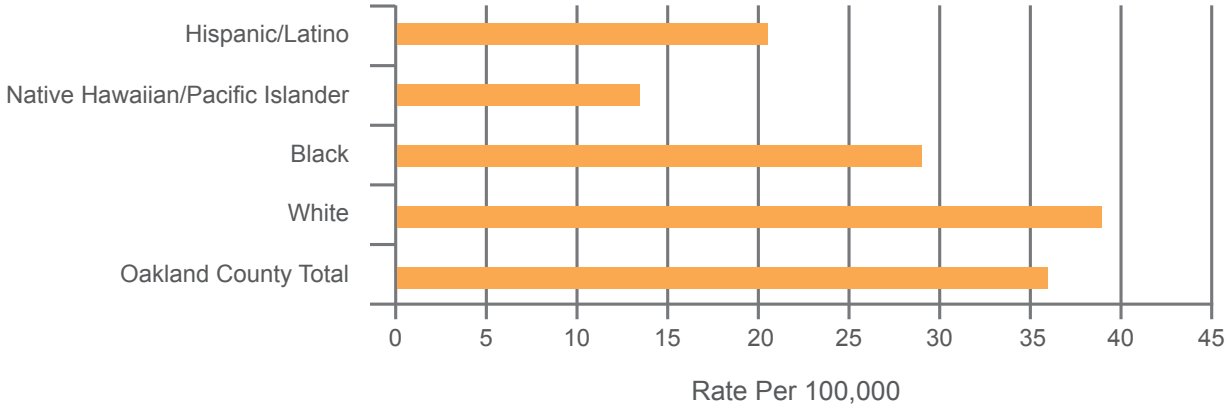
Cancer Mortality, 2010 - 2014 (Age-Adjusted Rate per 100,000)



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

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.

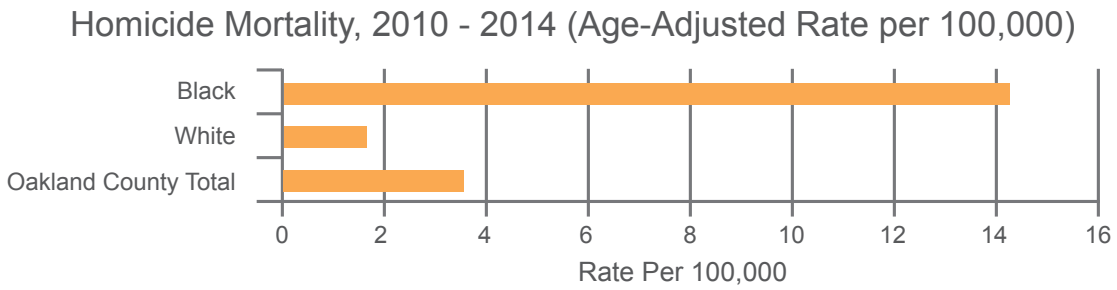
Chronic Lower Respiratory Disease Mortality, 2010 - 2014 (Age-Adjusted Rate per 100,000)



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

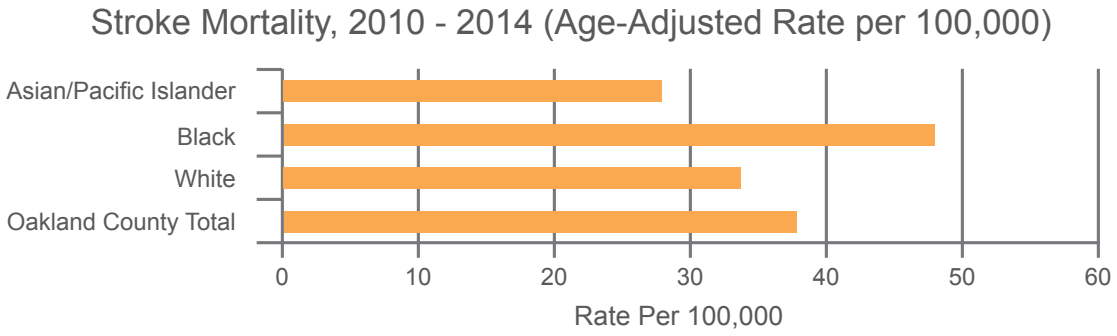
The White population experienced the greatest burden of lung disease deaths (38.6) compared to all other population groups. The Black rate was 1.3 times less than the White rate, but was the second highest rate overall.

RESULTS: HEALTH DISPARITY (CONTINUED)



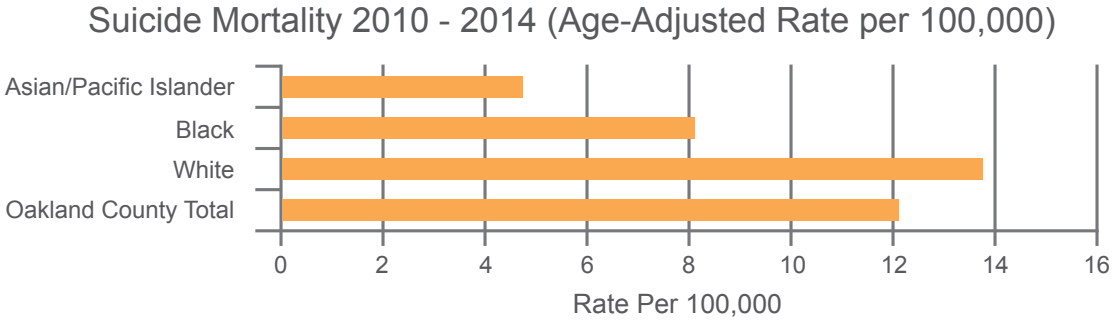
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014 five year average.[30]

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.



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

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.



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

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.

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

RESULTS: CHALLENGES, OPPORTUNITIES AND RECOMMENDATIONS (CONTINUED)

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

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

APPENDIX A: CORE INDICATOR CATEGORIES

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)

later life. The indicators below correlate with information found in the Behavioral Risk Factor Surveillance System (BRFSS). For more information, go to http://www.cdc.gov/nccdphp/brfss/pdf/userguide.pdf.

For each of the following, 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)

- 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

- 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

Total Population	1,202,362	9,883,640
Gender:	**Percent Population**	
Female	51.5	51.0
Male	48.5	49.1
Age (in years)		
<1	1.1	1.2
1-14	17.9	18.1
15-24	12.0	14.3
25-44	26.1	24.7
45-64	29.7	27.9
65-74	7.0	7.3
75+	6.2	6.4

Data Source: US 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

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

Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[7]

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

Race/Ethnicity	**Percent Population**	
Hispanic	3.5	4.4
Non-Hispanic Black	13.5	14.0
Non-Hispanic White	75.1	76.6
AI/AN	0.2	0.6
Asian	5.6	2.4
NH/OPI	0.0	0.0
Other	0.1	0.1
Two or more races	1.9	1.9

Data Source: US Census Bureau, American Community Survey, 2010 one year estimate.[39]
Note: AI/AN = American Indian/Alaska Native NH/OPI = Native Hawaiian/Other Pacific Islander

POPULATION BY RACE/ETHNICITY, OAKLAND COUNTY AND MICHIGAN, 2010 - 2014

Race/Ethnicity	Percent Population	
Hispanic	3.6	4.6
Non-Hispanic Black	13.7	13.8
Non-Hispanic White	74.0	76.1
AI/AN	0.2	0.5
Asian	6.0	2.6
NH/OPI	0.0	0.0
Other	0.2	0.1
Two or more races	3.6	2.2

Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[7]
Note: AI/AN = American Indian/Alaska Native NH/OPI = Native Hawaiian/Other Pacific Islander

SOCIOECONOMIC MEASURES 2014

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

Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate;[26] *State of Michigan WIC Close Out Participation, My WIC, 2014;*[32] *Alliance for Housing, Oakland County's Continuum of Care, 2014;*[33] *Michigan Statewide Homeless Management Information System, State of Homelessness in Michigan, 2014.*[34]

EDUCATION LEVEL 2010 - 2014

	OAKLAND COUNTY	MICHIGAN
	PERCENT POPULATION	
Less than high school	7.0	10.7
High school (includes equivalency)	20.5	30.2
Some college or associates degree	28.9	32.7
Bachelors degree	25.2	16.1
Graduate or professional degree	18.5	10.3

Data Souce: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[12]

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

HOUSEHOLD INCOME 2010-2014	OAKLAND COUNTY	MICHIGAN
Total Household Earnings	489,797	3,827,880
	Percent Population	
Less than $10,000	5.3	8.0
$10,000 to $14,999	3.8	5.5
$15,000 to $24,999	8.5	11.7
$25,000 to $34,999	8.3	11.1
$35,000 to $49,999	11.9	14.5
$50,000 to $74,999	17.3	18.5
$75,000 to $99,999	13.1	11.9
$100,000 or more	31.7	18.8

Data source: US Census Bureau, American Community Survey, 2010-2014 five year estimate.[8]

PERCENT BELOW POVERTY LEVEL 2010-2014		
Year	**Oakland County**	**Michigan**
	Percent Population	
2010	10.2	16.8
2011	11.1	17.5
2012	10.5	17.4
2013	10.0	17.0
2014	9.9	16.2

Data Source: US Census Bureau, American Community Survey, 2010-2014 one year estimate.[9]

OAKLAND COUNTY HOUSING 2010 - 2014

	PERCENT POPULATION
Housing Tenure:	
Owner-Occupied	71.5
Renter-Occupied	28.5
Selected Monthly Owner Costs as a Percentage of Household Income	
With a Mortgage:	
Less than 20.0 percent	51.8
20.0 to 24.9 percent	15.4
25.0 to 29.9 percent	9.1
30.0 to 34.9 percent	6.1
35.0 percent or more	17.6
Without a Mortgage:	
Less than 10.0 percent	40.5
10.0 to 14.9 percent	18.7
15.0 to 19.9 percent	11.0
20.0 to 24.9 percent	7.3
25.0 to 29.9 percent	5.0
30.0 to 34.9 percent	4.5
35.0 percent or more	13.0

Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate. [35]

OAKLAND COUNTY HOUSING (CONTINUED) 2010 - 2014

	PERCENT POPULATION
Gross Rent as a Percentage of Household Income	
Less than 15.0 percent	14.7
15.0 to 19.9 percent	15.6
20.0 to 24.9 percent	14.4
25.0 to 29.9 percent	12.0
30.0 to 34.9 percent	7.4
35.0 percent or more	36.0

Data Source: US Census Bureau, American Community Survey, 2010-2014 five year estimate. [35]

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

POPULATION W/ LIMITED ENGLISH PROFICIENCY 2010 - 2014

	Oakland County	Michigan	United States
	Percent Population		
Total	4.6	3.2	8.7
Race/Ethnicity:			
Hispanic/Latino	19.7	20.0	33.1
Non-Hispanic/Latino	4.0	2.5	3.8

Data Source: U.S. Census Bureau, American Community Survey, 2010-2014 five year estimate.[14] 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

Cause of Death	All Races			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
1. Heart Disease	183.5	220.2	154.5	176.9	214.5	147.8	252.3	298.3	214.8
2. Cancer	169.8	201.8	148.5	168.1	199.5	147.1	208.6	259.1	180.5
3. Chronic Lower Respiratory Diseases	39.5	39.3	39.4	40.5	39.9	40.6	35.6	37.4	34
4. Stroke	33.7	31.8	34	30.8	28.4	31.3	51.1	55.9	48
5. Unintentional Injuries	25.3	31.3	20.3	25.4	32.5	19.1	26.7	*	26.5
6. Alzheimer's Disease	17.4	14	19.6	18	15	19.8	*	*	*
7. Diabetes Mellitus (Type 2)	21.4	25.5	18	20.5	24.9	16.9	32.1	38.2	27.8
8. Kidney Disease	15.4	19	13.2	14.7	19.7	11.6	25.4	*	31
9. Pneumonia/Influenza	11.8	15	9.4	11.3	13.7	9.6	18.6	*	*
10. Intentional Self-harm (Suicide)	10	15.3	5.1	10.6	16.7	4.7	*	*	*

Data Source: Michigan Department of Health and Human Services, Vital Records and Health Statistics, 2010.[25] 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.

TOP TEN LEADING CAUSES OF DEATH IN OAKLAND COUNTY 2014

Cause of Death	All Races			White			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
1. Heart Disease	177.8	224.5	143.1	174.8	222	138.9	218.3	282.5	177.6
2. Cancer	157.5	189.4	136.1	158.2	189	137.3	173.6	226.1	143.9
3. Chronic Lower Respiratory Diseases	35.1	35.6	35.2	37.4	37.1	37.9	25.8	*	24.3
4. Stroke	35.7	36	34.8	34.2	34.9	32.9	49.3	55	44.8
5. Unintentional Injuries	25.6	33.4	19	26.2	34	19.5	25.2	35.9	*
6. Alzheimer's Disease	24.8	22.6	26.3	26.1	24.6	27.2	18.9	*	23.1
7. Diabetes Mellitus (Type 2)	18.3	24	14.1	16.2	20.4	12.8	35.7	56.6	22.7
8. Kidney Disease	12.2	16.7	9.4	11.4	15.4	9	19	29.6	*
9. Pneumonia/Influenza	13.9	17.2	12.1	14	16.9	12.4	12.8	*	*
10. Intentional Self-harm (Suicide)	12.7	18.7	7.1	14.9	21.9	8.1	*	*	*

Data Source: Michigan Department of Health and Human Service, Vital Records and Health Statistics, 2014.[25] 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

	OAKLAND COUNTY	MICHIGAN
2013	6,004.8	7,551.1
2014	6,075.9	7,590.5

Data Source: Michigan Department of Health and Human Services, Vital Statistics, 2013-2014.[25] 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*

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

*Data Sources : Michigan Department of Health and Human Services, Michigan Disease Surveillance System, 2014;[24] *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

		2010		2014	
	HP 2020	Oakland	Michigan	Oakland	Michigan
	Rate per 1,000 Resident Population				
Live births	N/A	56.70	59.90	57.60	60.60
	Percent Population				
Mother under 20 years old	N/A	5.0	9.5	2.8	6.1
Live births with prenatal care beginning in the first trimester	77.9	85.1	74.3	83.9	72.7
Inadequate prenatal care (Kessner Index)	N/A	6.3	8.3	5.2	8.9
Low birth weight	8.1	8.0	8.4	8.4	8.4
Very low birth weight	1.4	1.7	1.7	1.7	1.5
C-Section delivery	23.9	34.7	32.5	34.3	32.7
Delivering a live birth who had a healthy weight prior to pregnancy	53.4	28.8	27.6	30.3	28.6
Weight gained while pregnant for singleton moms was excessive	N/A	46.5	46.6	49.8	46.4
Mothers who did not smoke while pregnant	85.4	89.3	80.4	90.0	81.4
Breastfeeding planned	N/A	38.5	37.2	29.1	36.8
Breastfeeding not planned	N/A	15.6	25.9	13.6	20.0
Breastfeeding initiated	N/A	44.6	34.6	56.9	42.4

Data Sources: Healthy People 2020; Michigan Department of Health & Human Services, Vital Records & Health Statistics, 2014.[25]

INFANT MORTALITY, 2010-2014

	HP2020	Oakland County	Michigan
	Rate per 1,000 live births		
Infant mortality	6.0	6.3	6.9
Neonatal mortality	4.1	4.6	4.6
Post neonatal mortality	2.0	1.7	2.2

Data Source: Healthy People 2020; Michigan Department of Health and Human Services, Vital Records and Health Statistics, 2010-2014.[25]

ACCESS TO CARE, 2010-2014

Oakland County	Year				
	2010	2011	2012	2013	2014
Percent Population without Insurance	10.9	10.0	9.8	9.1	7.1
Rate Per 100,000					
Licensed Primary Care Physicians*	145.2	150.4	152.4	N/A	N/A
Licensed Dentists	103.1	N/A	94.2	N/A	N/A

*Data Source: U.S. Census Bureau, American Community Survey, 2010-2014; [29] Area Health Resource Files, Access System, 2014-2015.[36] 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

	HP 2020	Oakland County	Michigan	United States
Percent of adults who did not see a doctor due to cost	9.0	12.6	15.0	15.6
Percent without a regular doctor	N/A	14.3	16.3	22.9

Data Source: Health People 2020;[21] Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014;[22] Centers for Disease Control and Prevention, Behavior Risk Factor Surveillance System, 2013.[37]

MENTAL HEALTH, 2012 - 2014

	Oakland County	Michigan	Year
	Percent Population		
Poor mental health on at least 14 days in the past month	11.4	12.6	2012-2014
Binge drinking (adult population)	18.3	19	2012-2014
Rate per 100,000			
Rate of confirmed child abuse and neglect cases among children	6.0	15.0	2012
Homicide rate (age-adjusted total)	2.5	6.3	2012-2014
Suicide rate (age-adjusted total)	12.8	12.8	2012-2014
Domestic violence (rate per total population)	7,611	94,600	2013

Data Source: Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014;[22] Michigan Department of Health and Human Services, Vital Statistics, 2012-2014;[25] Michigan State Police, Crime Data and Statistics, 2014.[38]

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

SCREENING, 2012-2014

	Michigan 2012-2014	Oakland County 2012-2014
	Percent Female Population	
Pap test	77.20	79.40
Mammogram	49.10	50.80

Data Sources: Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014.[22]

CANCER INCIDENCE AND MORTALITY TRENDS, 2012-2016

	HP 2020	Michigan 2012-2014	Oakland County 2012-2014
	Age-Adjusted Rate per 100,000 Female Population		
Breast cancer incidence	N/A	124.6	126.3
Breast cancer deaths	20.7	22.1	22.1

Data Sources: Healthy People 2020;[21] *Michigan Department of Health and Human Services, Vital Records & Health Statistics, 2012-2014.*[25]

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

BUILT ENVIRONMENT, 2010-2014

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

Data Source: USDA, Food Access Research Atlas, 2010;[15] CDC, Division of Nutrition, Physical Activity, and Obesity, 2011;[16] U .S. Census Bureau, American Community Survey, 2010-2014;[17] CDC. National Environmental Public Health Tracking Network, 2011.[18]

**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

	Oakland County	Michigan	United States
Number of fast food restaurants	81.1	66.5	72.7
Number of grocery stores	20.3	19.8	21.2
Number of liquor stores	17.4	16.2	10.5
Recreation and fitness facility access	11.9	8.3	9.7
SNAP-Authorized food store access	82.1	99.4	78.4
WIC-Authorized food store access	16.4	21.7	15.6
	Rate per 100,000		

Data Source: U.S. Census Bureau, County Business Patterns, 2013;[19] USDA SNAP Retailer Locater, 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

	Oakland County	Michigan	HP 2020
Adult fruit and vegetable consumption	16.6	20.6	NA
No leisure time physical activity	20.2	24.4	32.6
Adults currently smoking	17.8	22.0	12.0
Adults who binge drink	18.3	19.0	24.4
Adults (aged 18+) that report heavy drinking	5.6	6.4	NA
Seatbelt use	90.1	88.5	92.0
	Percent Population		

Data Source: Healthy People 2020;[21] Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2011-2013;[22] Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014.[22]

Note: NA - Data not available

HEALTHY EATING CONTINUED, 2011-2014

	Oakland County	Michigan	HP 2020
Population living in food desert	30.9	23.1	NA
Adult fruit and vegetable consumption	20.6	16.6	NA
Adults who are at a healthy weight	36.0	32.6	33.9
Obese adults	26.9	31.1	30.5
	Percent Population		

Data Source: Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2011-2013;[22] Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014;[22] USDA, Food Access Research Atlas, 2012.[15]

Note: NA - Data not available

HEALTHY LIVING, 2011-2014

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

Data Source: Michigan Department of Education, Michigan Profile for Healthy Youth, 2013-2014;[23] Healthy People 2020.[21]
Note: NA - Data not available

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

ADULT HEALTH, 2011-2014

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

Data Source: Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2011-2013;[22] Michigan Department of Health and Human Services, Behavior Risk Factor Surveillance System, 2012-2014;[22] Healthy People 2020.[21] Note: NA - Data not available

VACCINE-PREVENTABLE DISEASE, 2009-2013

	Oakland County 5-year Average	Oakland County 10-Year Crude Rate	HP 2020
Measles	0.0	0.0	NA
Mumps	0.2	0.2	NA
Rubella	0.0	0.0	NA
Pertussis	9.6	5.4	NA
Hepatitis A	1.4	0.8	0.3
Hepatitis B	13.0	19.1	NA
	Rate per 100,000		

Data Source: Michigan Department of Health and Human Services, Michigan Disease Surveillance System, 2009-2013;[24] Healthy People 2020.[21] Michigan Department of Health and Human Services, Michigan Disease Surveillance System, 2004-2013;[24] Note: NA - Data not available

VACCINE PREVENTABLE DISEASE, 2012-2014

	Oakland	Michigan	HP 2020
Adults 65 years + reporting they had a Influenza Vaccine in past 12 months	57.9	56.6	70.0
Adults 65 years + reporting they had a Pneumococcal Pneumonia Vaccine in past 12 months	67.5	68.2	90.0
	Percent Population		

Data Source: Michigan Department of Health & Human Services, Division for Vital Records & Health Statistics, 2014;[25] Healthy People 2020.[21]

MATERNAL & CHILD HEALTH, 2014

	Oakland County	Michigan	HP 2020
Infant mortality	6.6	6.9	6.0
Estimated Teen Pregnancy Rate	21.4	34.8	NA
Neonatal mortality	4.9	4.7	4.1
Post neonatal mortality	1.7	2.2	2.0
Live birth rate	10.9	11.6	NA
	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;[25] Healthy People 2020;[21] Note: NA - Data not available

MATERNAL & CHILD HEALTH CONTINUED, 2010-2014

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

Data Source: Michigan Department of Health & Human Services, Vital Records & Health Statistics, 2014;[25] Healthy People 2020;[21] USDA, Food Access Research Atlas, 2011.[15] Note: NA - Data not available

HEALTH EQUITY, 2010-2014

	Year	Oakland County Total	Male	Female
Population in Poverty	2010-2014	10.4	9.6	11.2
Households Receiving SNAP Benefits	2010-2014	10.3	NA	NA
Unemployment Rate	2010-2014	4.2	8.6	8.2
Uninsured Population	2010-2014	9.3	10.3	8.3
	Percent Population			

Data Source: US Census Bureau, American Community Survey, 2010-2014.[26,27,28,29] Note: NA - Data not available

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

HEALTH EQUITY, 2010-2014

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

Data Source: US Census Bureau, American Community Survey, 2010-2014.[26, 27, 28, 29]

PRENATAL CARE, 2014

	Year	Oakland County Total	White	Black	American Indian	Asian / Pacific Islander	All Other Race	Hispanic Ancestry	Arab Ancestry
Live births with inadequate care	2014	6.3	5.3	11.0	8.2	5.5	7.0	6.6	8.2
		Percent Population							

Data Source: Michigan Department of Health & Human Services, Division for Vital Records & Health Statistics, 2014.[25]

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

Mortality - Gender Only Comparisons	Oakland County Total	Male	Female	ICD 10
Mortality - Cancer	158.5	186.9	139.3	C00-C97
Ischemic Heart Disease	119.3	156.4	91.2	I20-I25
Mortality - Heart Disease	180.4	222.1	148.4	I00-I09, I11, I13, I20-I51
Mortality - Homicide	3.6	5.7	1.7	*U01-*U02, X85Y09, Y87.1
Mortality - Chronic Lower Respiratory Disease	36.8	38.5	35.8	J40-J47
Mortality - Motor Vehicle Crash	6.5	9.2	4.2	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
Mortality - Stroke	37.2	37	37.2	I60-I69
Mortality - Suicide	12.1	18.9	5.9	*U3, X60-84, Y87.0
Mortality - Unintentional Injury	26	33.4	19.7	V01-X59, Y85-Y86
	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]

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.

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

HEALTH DISPARITY, 2010-2014

	Oakland County Total	White	Black	Asian or Pacific Islander	American Indian / Alaskan Native	Hispanic/Latino	ICD 10
HIV Prevalence, 2010	159	109.1	473.1	NA	NA	207.7	NA
Cancer Mortality, 2010-2014	158.4	158.3	183.8	85.8	NA	128.3	C00-C97
Heart Disease Mortality, 2010-2014	180.3	177.1	226.9	75.1	NA	145.9	I00-I09, I11, I13, I20-I51
Ischemic Heart Disease Mortality, 2010-2014	119.3	116.9	155.6	50.8	NA	100.6	I20-I25
Homicide Mortality, 2010-2014	3.7	1.7	14.2	NA	NA	NA	*U01-*U02, X85Y09, Y87.1
Chronic Lower Respiratory Disease Mortality, 2010-2014	36.8	38.6	28.6	13.8	NA	20.4	J40-J47
Motor Vehicle Accident Mortality, 2010-2014	6.5	6.3	8.7	NA	NA	NA	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
Stroke Mortality, 2010-2014	37.2	33.6	47.9	27.8	NA	NA	I60-I69
Suicide Mortality, 2010-2014	12.1	13.4	8.2	4.9	NA	NA	*U3, X60-84, Y87.0
Unintentional Injury Mortality, 2010-2014	26	26.3	26.8	15.9	NA	27.3	V01-X59, Y85-Y86
	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] Health Indicators Warehouse, National HIV Surveillance System, 2010.[31]

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.

CTSA

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

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 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

METHODOLOGY

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 do to be healthy?
- What do you need from your community 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.

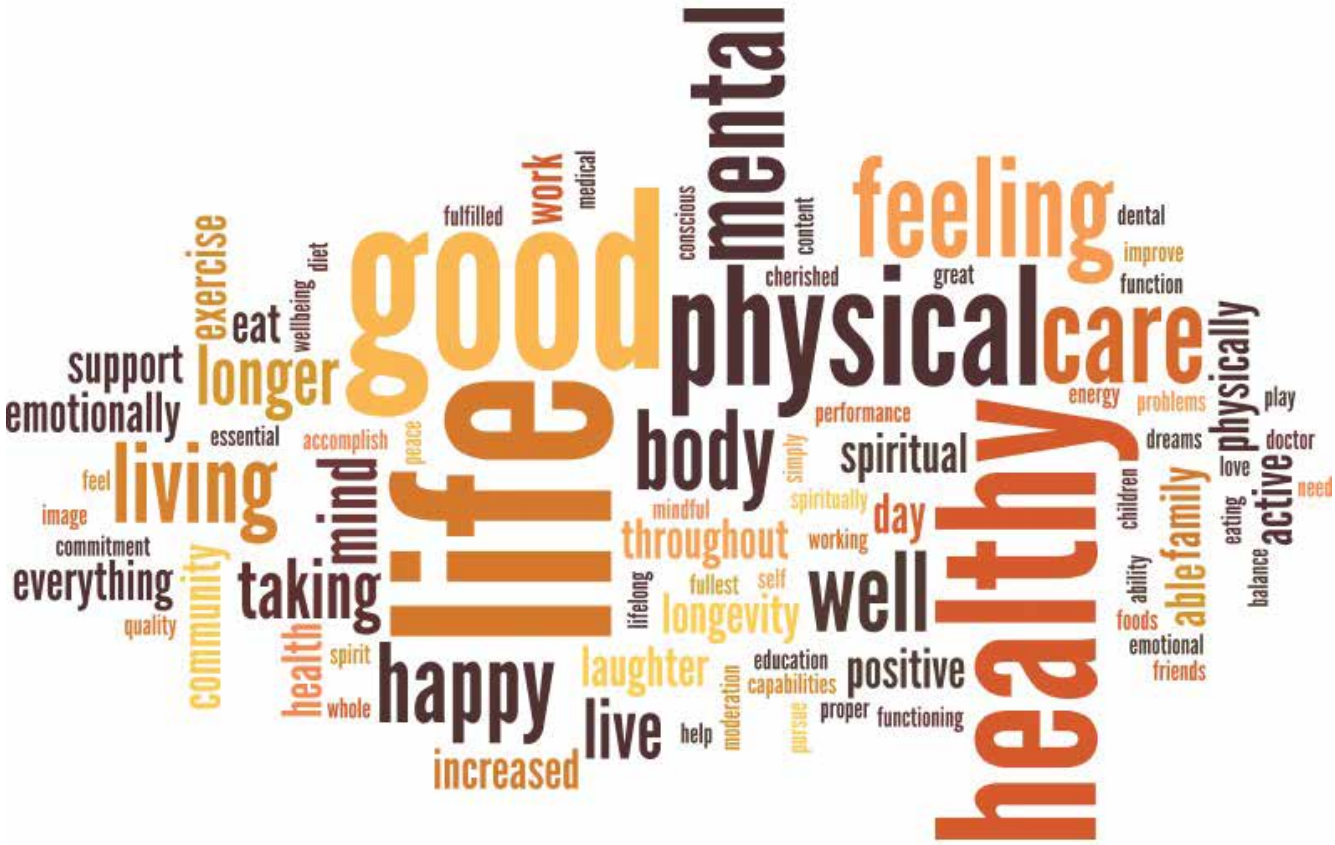
The Community Survey was made available both electronically and in paper form. Both English and Spanish versions of the survey were made available. The online survey was developed using Qualtrics, a survey collection tool, and was open to respondents for nine weeks. Paper surveys and the link to the 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.

RESULTS: 4-QUESTION BOARD DATA

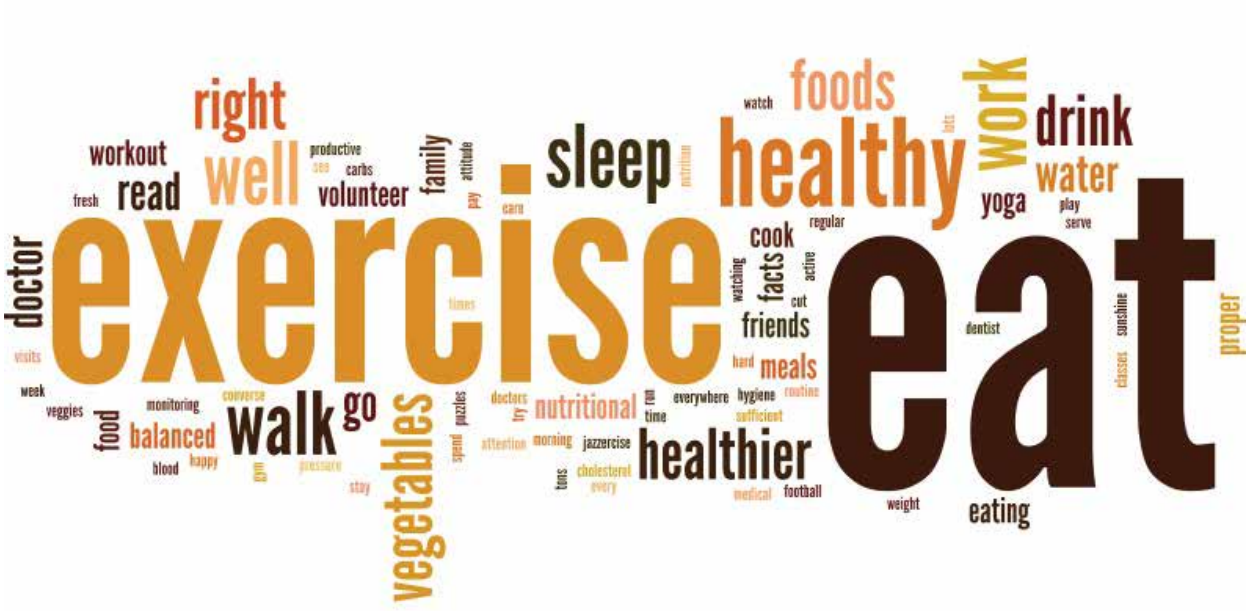
The 4-Question Board data was analyzed by hand tabulation and displayed by creating Wordles. A Wordle is an application for generating "word clouds" from provided text. The clouds give greater prominence to words that appear more frequently in the source text.

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.

What does health mean to you?



What do you do to be healthy?



What do you need from your community to be healthy?

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

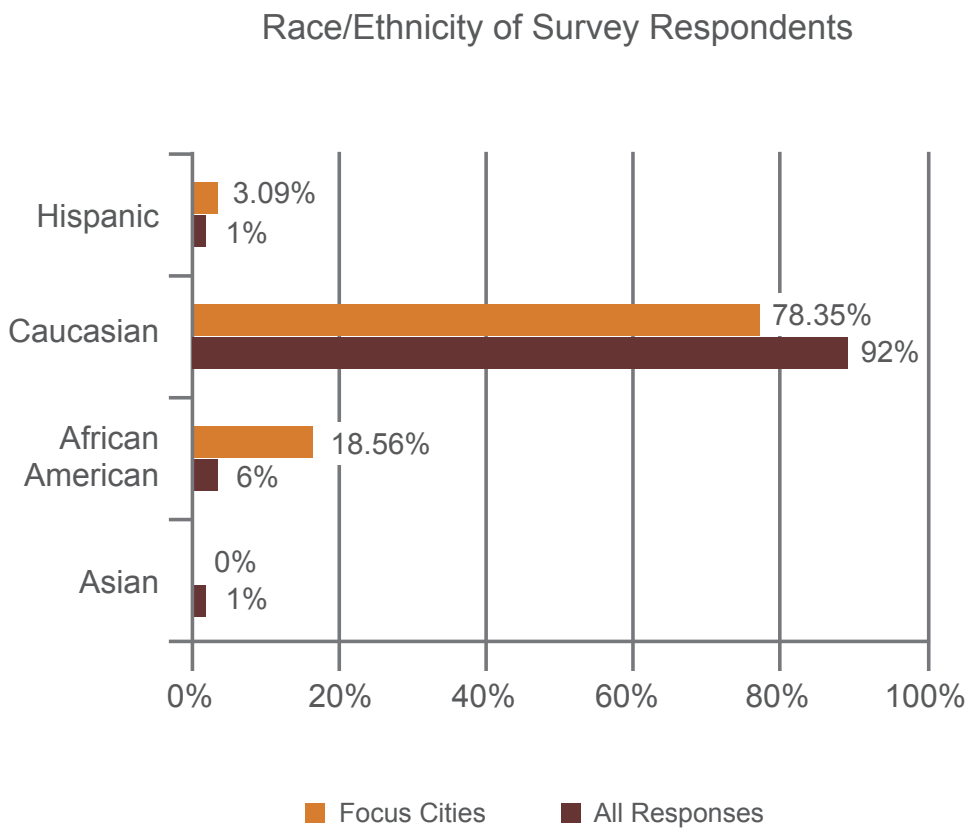
One of the most common themes running through the focus group results centered on safety, either because of crime, blight and unsafe buildings, and/or built environment causes. Focus group participants also emphasized built environment opportunities, especially related to recreation and food access,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

RESULTS: COMMUNITY SURVEY

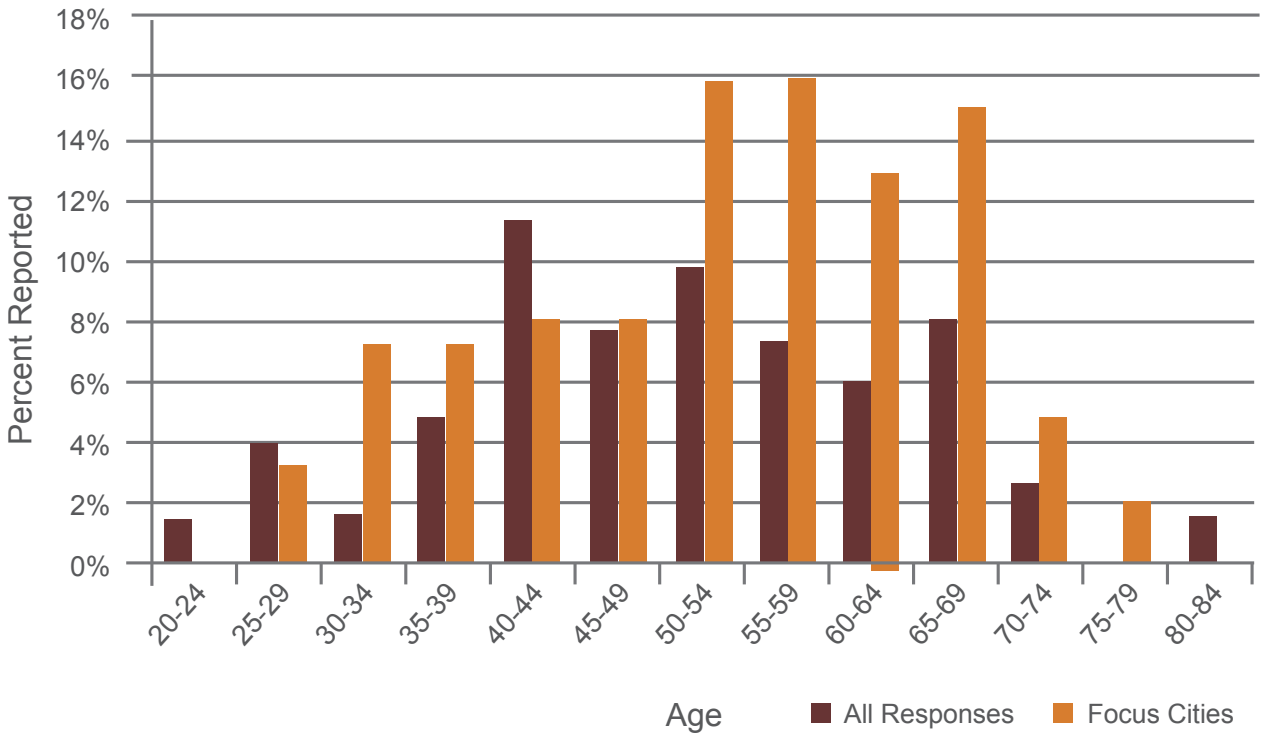
There were a total of 5,866 survey respondents. Of those, 5,254 survey respondents completed 80% or more of the entire survey. There were 532 respondents from the six focus cities. Full survey results for Oakland County can be found in Appendix D. Full results for the six focus cities can be found in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

RESULTS: RESPONDENT PROFILE

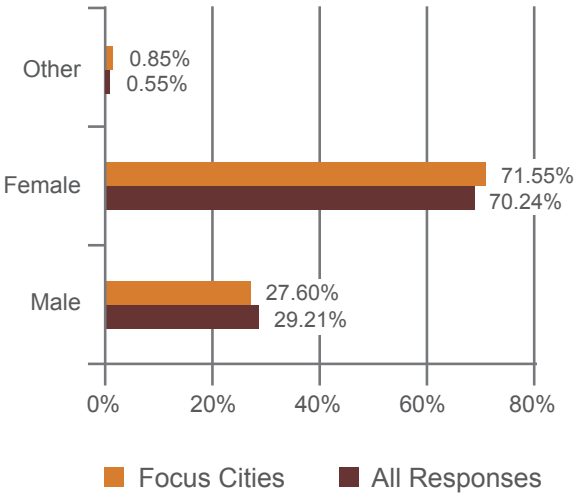
The majority of the respondents, including the six focus cities, identified as Caucasian. Oakland County respondents ranged in age from 20–84, with the majority ranging between 40 and 69. Respondents from the six focus cities ranged in age from 25–79, with the majority ranging between 50 and 69. In both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



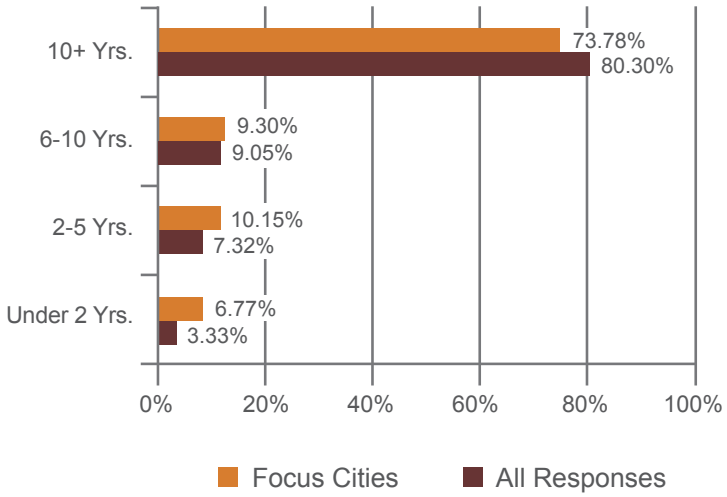
Age of Survey Respondents



Gender of Survey Respondents



Time Living in the Community

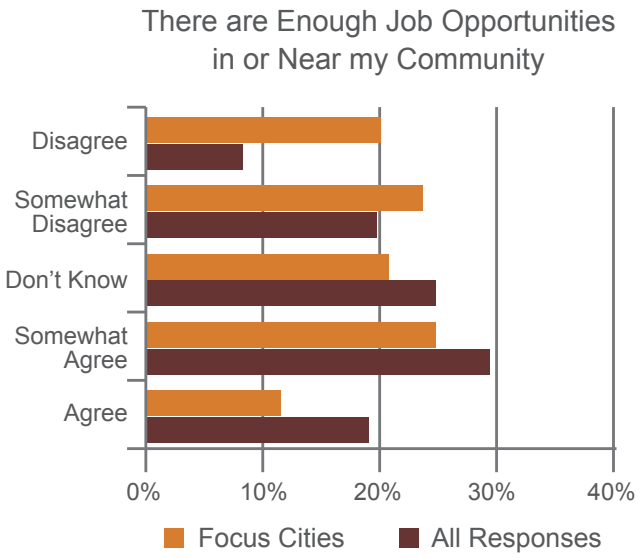


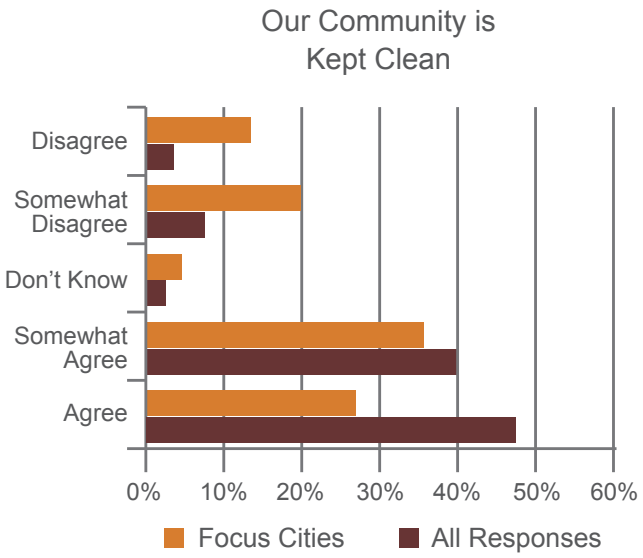
Survey respondents were from all communities across Oakland County. The top two communities of survey respondents, accounting for 25% of the respondents, were Rochester (16%) and Waterford (9%).

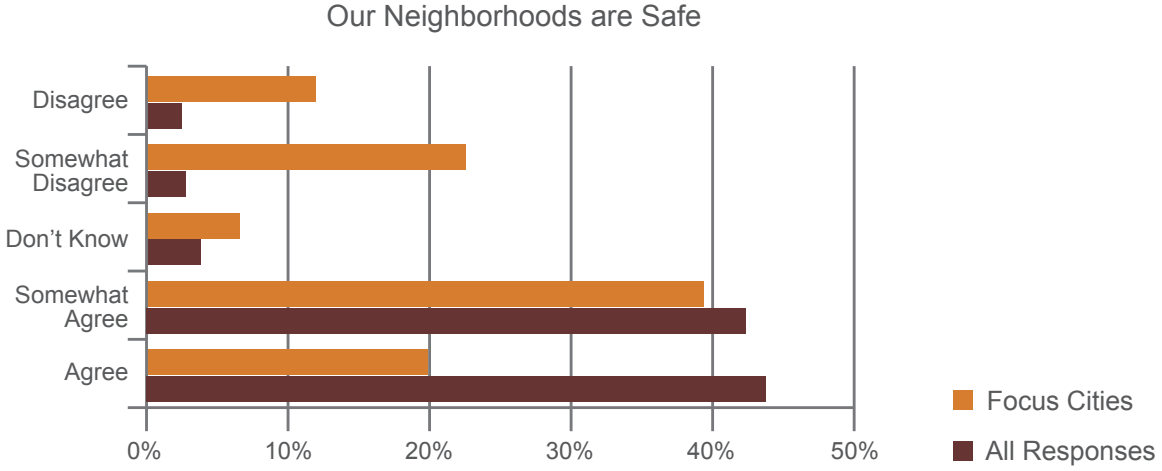
RESULTS: GENERAL COMMUNITY CHARACTERISTICS

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.

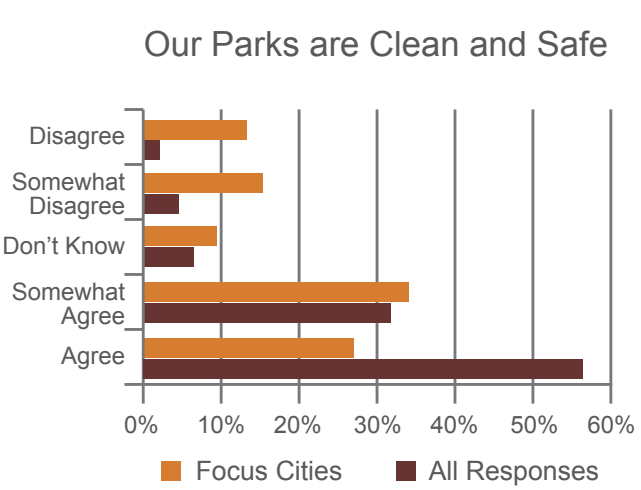


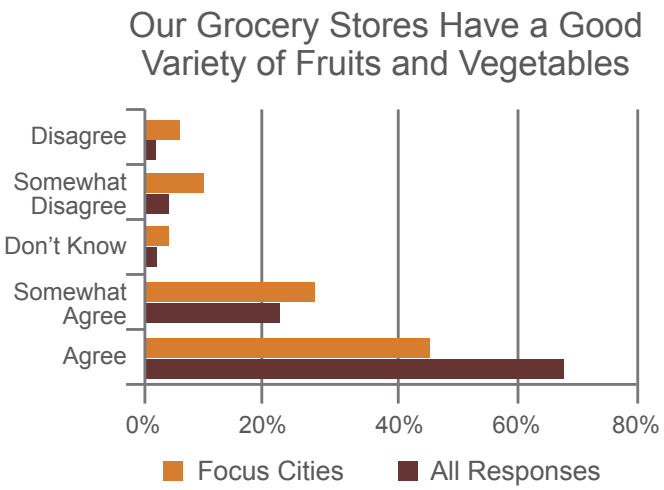




RESULTS: HEALTH AND WELLNESS

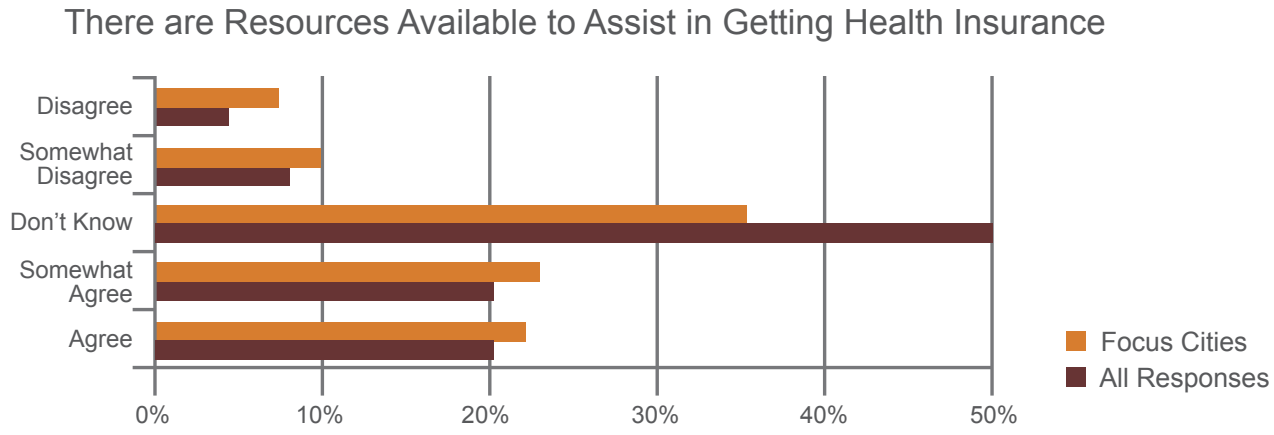
In Oakland County, 56.45% of survey respondents agree that parks are clean and safe. However, only 27.48% of respondents in the six focus cities agree with this statement. Similarly, Oakland County respondents overwhelmingly agree that grocery stores have a good variety of fruits and vegetables (70.74%),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

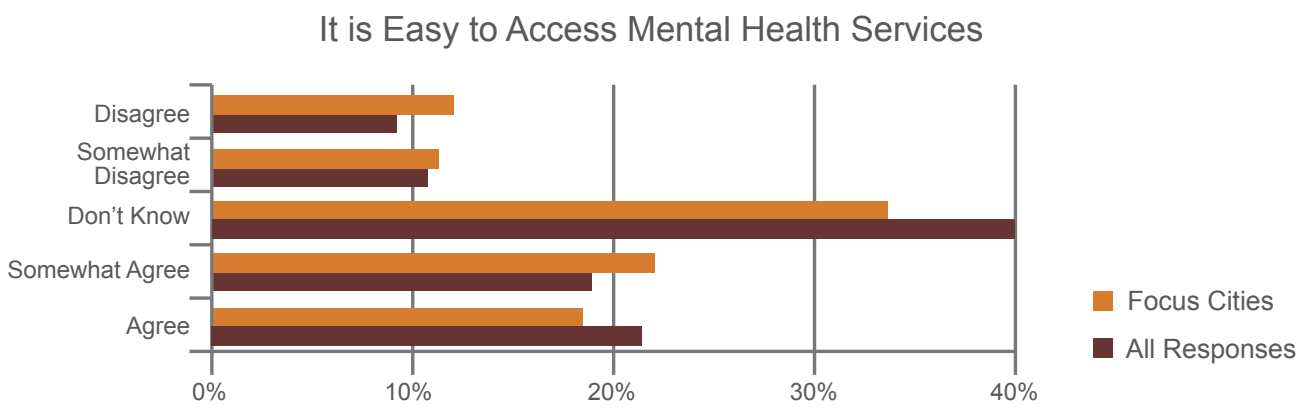




RESULTS: ACCESS TO HEALTHCARE

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."



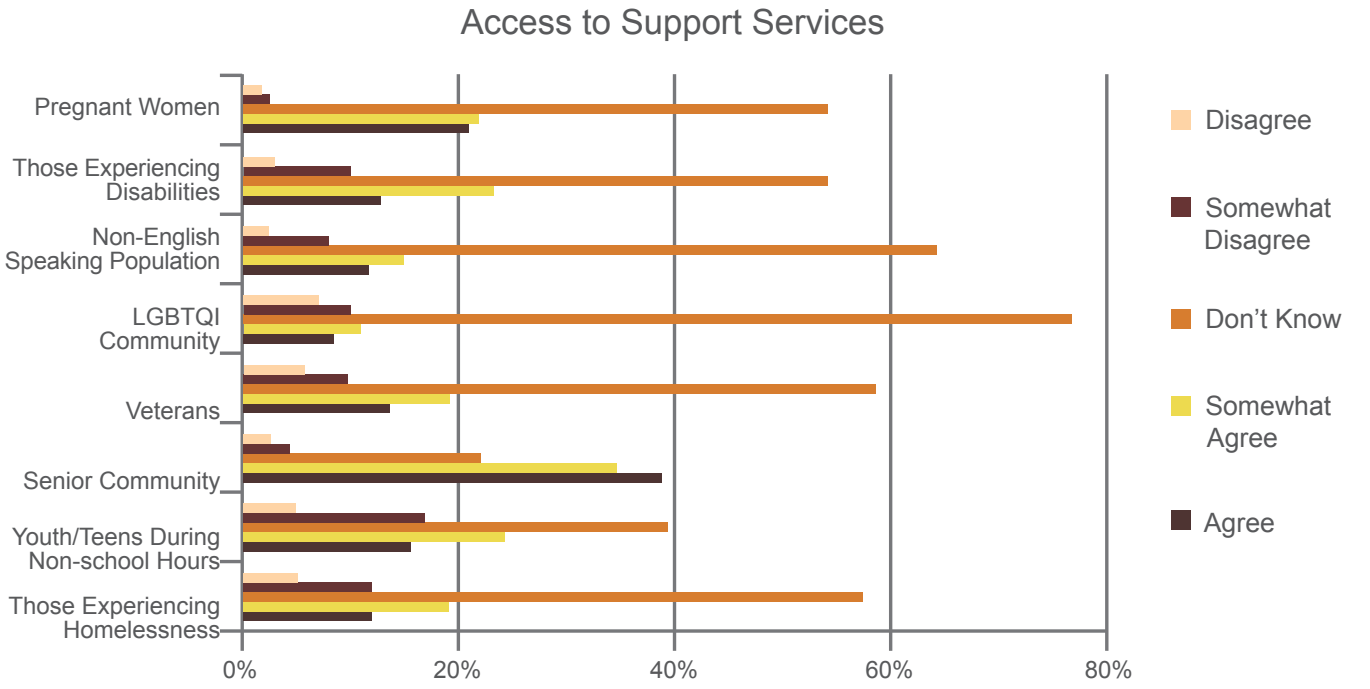


RESULTS: ACCESS TO SUPPORT SERVICES

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

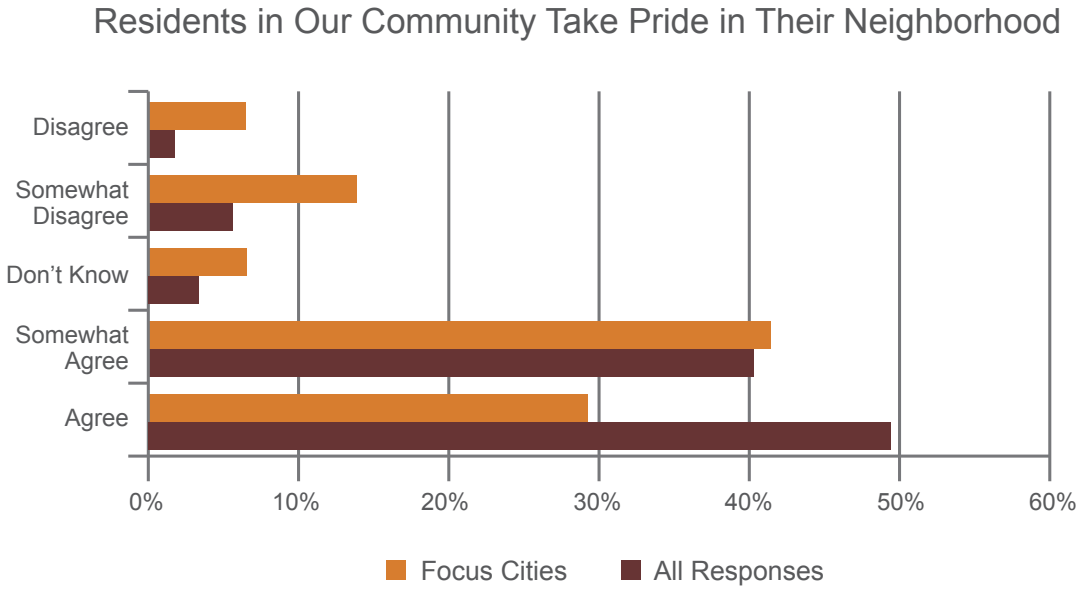
- Those experiencing homelessness
- Youth and teens during non-school hours
- The non-English speaking population
- Veterans
- The LGBTQI community
- The senior community
- Those experiencing disabilities
- Pregnant women

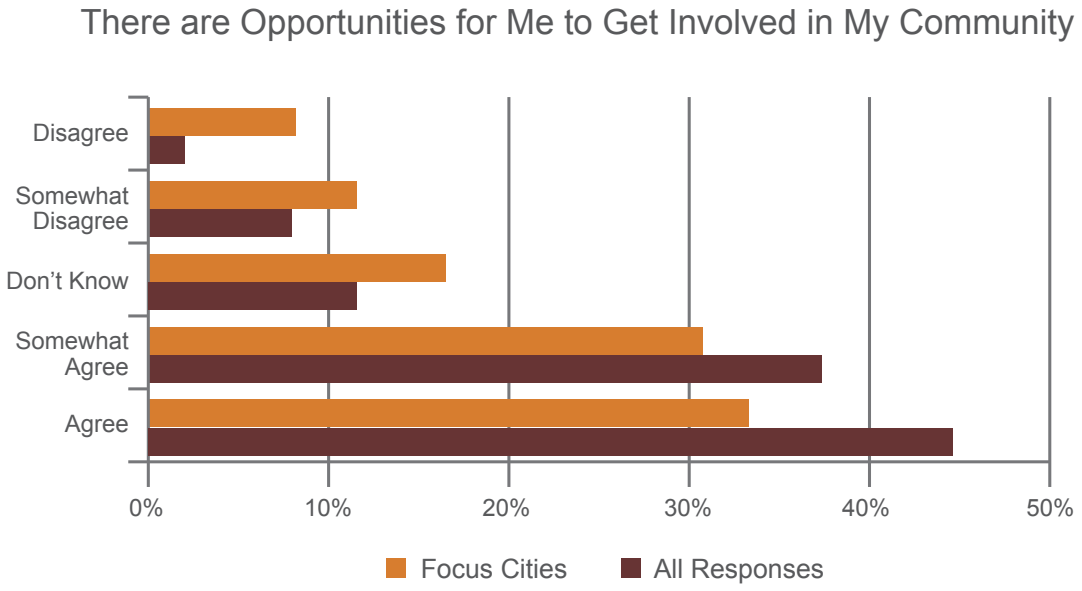
When looking at both the overall county data and the six focus cities, respondents overwhelmingly indicate they did not know about support services for the above-listed items. The only exception occurring was related to the senior community — respondents agree that there are support services for the senior community available.



RESULTS: CIVIC ENGAGEMENT

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.





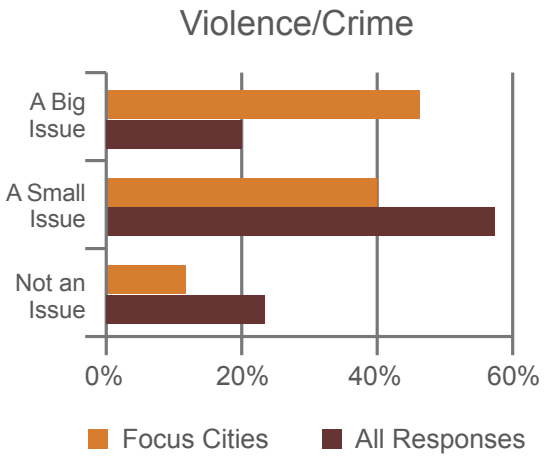
RESULTS: COMMUNITY HEALTH CONCERNS

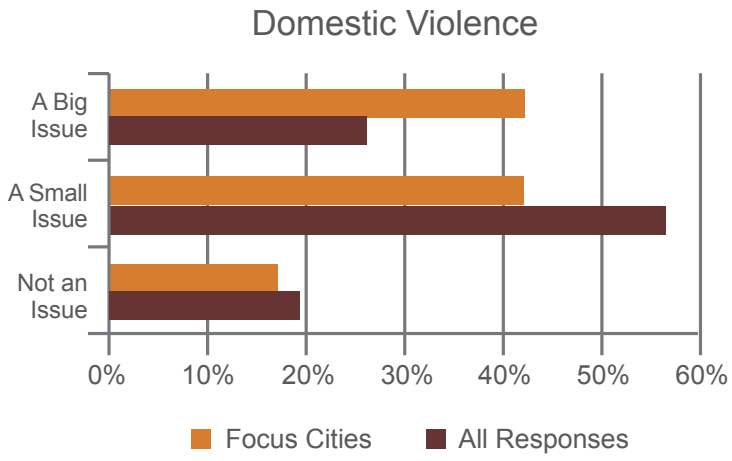
Survey respondents were given a list of health concerns and asked to select whether they viewed the issue as big or small within their community. Respondents were also able to indicate if they did not view a particular concern as an issue at all.

TOP HEALTH CONCERNS IN THE COMMUNITY

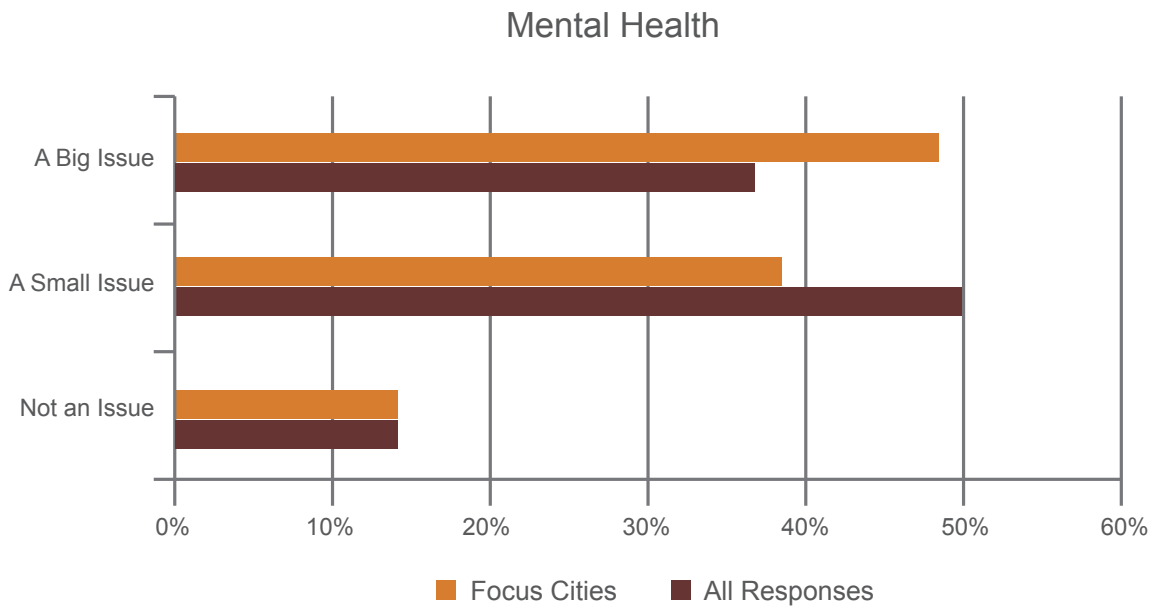
OAKLAND COUNTY	SIX FOCUS CITIES
1. Obesity	1. Obesity
2. Alcohol and Drug Use	2. Alcohol and Drug Use
3. Chronic Disease	3. Tobacco Use
4. Bullying/Cyberbullying/Harassment	4. Physical Activity
5. Mental Health	5. Mental Health
6. Tobacco Use	6. Violence/Crime
7. Nutrition	7. Domestic Violence

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)

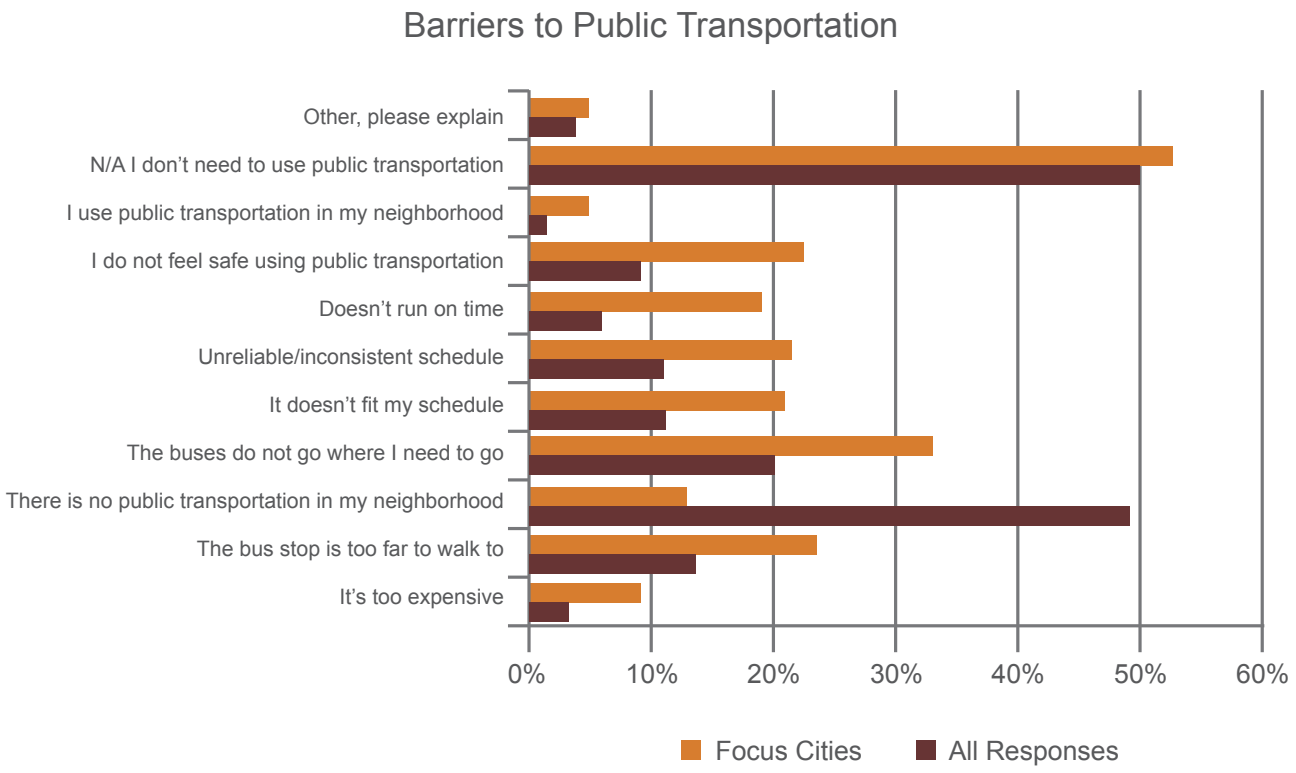


Respondents were also asked to note additional health concerns they perceived as issues within their communities. Results for all respondents are listed below:

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

RESULTS: TRANSPORTATION

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



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.

Icebreaker Question: Can you describe your neighborhood? If talking to a friend who had never been here, how would you describe your community?	
Notes:	**Probes for Icebreaker Question:** • What does it look like? (Get an idea of physical boundaries-definition of community) • What is different about this community compared to other communities? • What types of things are available in your community? • What activities do you do in your community? • Can you describe the members of your community?
Question 1: What do you believe are the 2-3 most important characteristics of a healthy community?	
Notes:	**Probes for Question 1:** • 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 2: What are some of the strengths and assets of your community?	
Notes:	**Probes for Question 2:** • What does your community have that helps the health of its residents? • 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 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.

APPENDIX B: PRELIMINARY FOCUS GROUP RESULTS

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

APPENDIX B: PRELIMINARY FOCUS GROUP RESULTS (CONTINUED)

What are some of the things that you see as lacking in your community?

- Low-cost dental services
- Nutrition programs
- Spanish resources
  - o Information in Spanish
  - o Services offered in Spanish (doctor, dentist)
  - o TV channel and radio station
  - o PTA meetings in Spanish
- 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

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

☐ ☐ ☐ ☐ ☐ ZIP CODE

	Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Disagree
Affordable housing is available	○	○	○	○	○
Community members can access the Internet	○	○	○	○	○
Discrimination	○	○	○	○	○
Social & cultural diversity is valued by community members	○	○	○	○	○
Our community is kept clean	○	○	○	○	○
Our community offers enough arts and cultural events	○	○	○	○	○
There are enough job opportunities in or near my community	○	○	○	○	○
There are support networks for individuals/families during times of stress/need	○	○	○	○	○
There is enough public transportation (e.g., bus availability)	○	○	○	○	○
We have reliable 24-hour police, fire and EMS services	○	○	○	○	○
Our neighborhoods are safe	○	○	○	○	○

APPENDIX C: ECHO COMMUNITY SURVEY (CONTINUED)

Q2: Health and Wellness

	Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Disagree
It is easy to walk and bike in our community	○	○	○	○	○
There are enough parks and other places for recreational activities	○	○	○	○	○
Our parks are clean and safe	○	○	○	○	○
It is easy to access grocery stores	○	○	○	○	○
Our grocery stores have a good variety of fruits and vegetables	○	○	○	○	○
Our grocery stores have affordable fresh fruits and vegetables	○	○	○	○	○

Q3: Access to Medical Care

	Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Disagree
It is easy to see a primary care doctor	○	○	○	○	○
It is easy to get a health screening (e.g., cholesterol, diabetes, blood pressure)	○	○	○	○	○
It is easy to access specialized care (e.g., for diabetes, heart disease, cancer)	○	○	○	○	○
It is easy to access and understand health information	○	○	○	○	○
It is easy to access mental health services	○	○	○	○	○
There are resources available to assist in getting health insurance	○	○	○	○	○

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

	Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Disagree
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	○	○	○	○	○

Q5: Civic Engagement

	Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Disagree
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	○	○	○	○	○

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

	Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Disagree
Alcohol and drug abuse	○	○	○	○	○
Bullying/cyberbullying/harassment	○	○	○	○	○
Chronic disease (such as heart disease, diabetes, cancer)	○	○	○	○	○
Clean and healthy environment (air and water)	○	○	○	○	○
Domestic violence	○	○	○	○	○
Immunizations/vaccines/shots	○	○	○	○	○
Infectious disease (such as the flu, pneumonia)	○	○	○	○	○
Injuries (falls, car crash)	○	○	○	○	○
Mental health (depression, anxiety, stress)	○	○	○	○	○
Nutrition (healthy food and eating habits, food allergies)	○	○	○	○	○
Obesity	○	○	○	○	○
Physical activity	○	○	○	○	○
Sexual health (STDs, family planning, condoms)	○	○	○	○	○
Tobacco use (cigarette smoking, snuff, chewing tobacco)	○	○	○	○	○
Violence/crime	○	○	○	○	○
Other	○	○	○	○	○

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

OAKLAND COUNTY RESPONSES 1. ZIP CODE			
#	Answer	Response	Percent
1	Auburn Hills - 48326	121	2%
2	Auburn Hills - 48321	1	0%
3	Berkley - 48072	92	2%
4	Birmingham - 48009	88	2%
5	Birmingham - 48012	2	0%
6	Bloomfield Hills - 48303	1	0%
7	Bloomfield Hills - 48301	81	1%
8	Bloomfield Hills - 48302	79	1%
9	Bloomfield Hills - 48304	73	1%
10	Clarkston - 48346	174	3%
11	Clarkston - 48347	2	0%
12	Clarkston - 48348	114	2%
13	Clawson - 48017	50	1%
14	Commerce - 48382	109	2%
15	Davisburg - 48350	39	1%
16	Drayton Plains - 48330	0	0%
17	Farmington - 48331	112	2%
18	Farmington - 48335	56	1%
19	Farmington - 48334	57	1%
20	Farmington - 48333	1	0%

APPENDIX D: OAKLAND COUNTY SURVEY RESULTS (CONTINUED)

OAKLAND COUNTY RESPONSES 1. ZIP CODE			
#	Answer	Response	Percent
21	Farmington - 48332	2	0%
22	Farmington - 48336	70	1%
23	Ferndale - 48220	85	1%
24	Franklin - 48025	68	1%
25	Hazel Park - 48030	40	1%
26	Highland - 48357	41	1%
27	Highland - 48356	45	1%
28	Holly - 48442	78	1%
29	Huntington Woods - 48070	71	1%
30	Keego Harbor - 48320	22	0%
31	Lake Orion - 48359	70	1%
32	Lake Orion - 48361	0	0%
33	Lake Orion - 48362	80	1%
34	Lake Orion - 48360	102	2%
35	Lakeville - 48366	0	0%
36	Leonard - 48367	13	0%
37	Madison Heights - 48071	65	1%
38	Milford - 48381	53	1%
39	Milford - 48380	16	0%
40	New Hudson - 48165	12	0%

OAKLAND COUNTY RESPONSES
1. ZIP CODE

#	Answer	Response	Percent
41	Novi - 48374	37	1%
42	Novi - 48375	56	1%
43	Novi - 48376	1	0%
44	Novi - 48377	40	1%
45	Oak Park - 48237	82	1%
46	Oakland - 48363	50	1%
47	Ortonville - 48462	60	1%
48	Oxford - 48370	11	0%
49	Oxford - 48371	101	2%
50	Pleasant Ridge - 48069	14	0%
51	Pontiac - 48340	90	2%
52	Pontiac - 48341	76	1%
53	Pontiac - 48342	90	2%
54	Pontiac - 48343	4	0%
55	Rochester - 48307	324	6%
56	Rochester - 48306	269	5%
57	Rochester - 48308	7	0%
58	Rochester - 48309	300	5%
59	Royal Oak - 48067	119	2%
60	Royal Oak - 48068	0	0%

APPENDIX D: OAKLAND COUNTY SURVEY RESULTS (CONTINUED)

OAKLAND COUNTY RESPONSES 1. ZIP CODE			
#	Answer	Response	Percent
61	Royal Oak - 48073	134	2%
62	South Lyon - 48178	47	1%
63	Southfield - 48033	37	1%
64	Southfield - 48037	1	0%
65	Southfield - 48076	83	1%
66	Southfield - 48034	30	1%
67	Southfield - 48075	53	1%
68	Southfield - 48086	3	0%
69	Troy - 48007	3	0%
70	Troy - 48084	61	1%
71	Troy - 48099	2	0%
72	Troy - 48083	74	1%
73	Troy - 48085	107	2%
74	Troy - 48098	99	2%
75	Union Lake - 48387	0	0%
76	Walled Lake - 48390	82	1%
77	Walled Lake - 48391	1	0%
78	Waterford - 48327	142	2%
79	Waterford - 48328	153	3%
80	Waterford - 48329	208	4%

OAKLAND COUNTY RESPONSES
1. ZIP CODE

#	Answer	Response	Percent
81	West Bloomfield - 48322	114	2%
82	West Bloomfield - 48325	1	0%
83	West Bloomfield - 48323	82	1%
84	West Bloomfield - 48324	79	1%
85	White Lake - 48383	68	1%
86	White Lake - 48386	108	2%
87	Wixom - 48393	51	1%
88	Novi - 48167	6	0%
89	Northville - 48167	11	0%
90	Lathrup Village - 48076	12	0%
Total		5,768	100%

APPENDIX D: OAKLAND COUNTY SURVEY RESULTS (CONTINUED)

OAKLAND COUNTY RESPONSES
2. GENERAL COMMUNITY CHARACTERISTICS

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

OAKLAND COUNTY RESPONSES
3. HEALTH AND WELLNESS

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

APPENDIX D: OAKLAND COUNTY SURVEY RESULTS (CONTINUED)

OAKLAND COUNTY RESPONSES
4. ACCESS TO MEDICAL CARE

#	Question	Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Disagree	Total Responses	Mean
1	It is easy to see a primary care doctor	56.43%	30.16%	4.93%	6.73%	1.74%	5,451	1.67
2	It is easy to get a health screening (e.g., cholesterol, diabetes, blood pressure)	54.56%	28.05%	10.75%	5.02%	1.62%	5,440	1.71
3	It is easy to access specialized care (e.g., for diabetes, heart disease, cancer)	47.17%	26.34%	18.33%	6.24%	1.91%	5,433	1.89
4	It is easy to access and understand health information	45.74%	33.38%	9.18%	9.20%	2.49%	5,422	1.89
5	It is easy to access mental health services	21.54%	18.34%	40.06%	11.89%	8.17%	5,432	2.67
6	There are resources available to assist in getting health insurance	19.65%	19.79%	49.14%	7.34%	4.08%	5,436	2.56

OAKLAND COUNTY RESPONSES
5. ACCESS TO SUPPORT SERVICES: THERE ARE PROGRAMS, SERVICES AND SUPPORT AVAILABLE FOR:

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

APPENDIX D: OAKLAND COUNTY SURVEY RESULTS (CONTINUED)

OAKLAND COUNTY 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	49.13%	40.36%	3.49%	5.51%	1.52%	5,449	1.70
2	Residents take part in community initiatives	28.79%	41.00%	17.58%	10.48%	2.15%	5,439	2.16
3	Residents in our community are connected to one another	20.84%	41.52%	12.07%	20.55%	5.02%	5,436	2.47
4	There are opportunities for me to get involved in my community	44.04%	36.03%	11.10%	6.67%	2.15%	5,440	1.87

OAKLAND COUNTY RESPONSES
7. WHICH OF THE FOLLOWING ARE HEALTH CONCERNS IN OUR COMMUNITY?

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

APPENDIX D: OAKLAND COUNTY SURVEY RESULTS (CONTINUED)

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)

#	Answer	Response	Percent
1	It's too expensive	152	3%
2	The bus stop is too far to walk to	782	15%
3	There is no public transportation in my neighborhood	2,478	49%
4	The buses do not go where I need to go	1,014	20%
5	I do not feel safe using public transportation	465	9%
6	None of the above. I use public transportation in my neighborhood	53	1%
7	N/A I don't need to use public transportation	2,511	50%
8	Other, please explain	185	4%
9	It doesn't fit with my schedule	566	11%
10	Unreliable/inconsistent schedule	553	11%
11	Doesn't run on time	328	6%

OAKLAND COUNTY RESPONSES
9. HOW LONG HAVE YOU BEEN A MEMBER OF THE COMMUNITY?

#	Answer	Response	Percent
1	Under 2 years	171	3%
2	2 - 5 years	376	7%
3	6 - 10 years	465	9%
4	More than 10 years	4,126	80%
Total		5,138	100%

APPENDIX E: SIX FOCUS CITIES – SURVEY RESULTS

SIX FOCUS CITIES RESPONSES 1. ZIP CODE		
Answer	Response	Percent
Ferndale - 48220	85	16%
Hazel Park - 48030	40	8%
Madison Heights - 48071	65	12%
Oak Park - 48237	82	15%
Pontiac - 48340	90	17%
Pontiac - 48341	76	14%
Pontiac - 48342	90	17%
Pontiac - 48343	4	1%
Total	532	100%

Note: There were no respondents from Royal Oak Township

SIX FOCUS CITIES RESPONSES
2. GENERAL COMMUNITY CHARACTERISTICS

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

APPENDIX E: SIX FOCUS CITIES – SURVEY RESULTS (CONTINUED)

SIX FOCUS CITIES RESPONSES 3. HEALTH AND WELLNESS								
#	Question	Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Disagree	Total Responses	Mean
1	It is easy to walk and bike in our community	36.62%	30.93%	4.55%	15.18%	12.71%	527	2.36
2	There are enough parks and other places for recreational activities	33.52%	29.92%	5.49%	15.72%	15.34%	528	2.49
3	Our parks are clean and safe	27.48%	33.78%	9.73%	15.27%	13.74%	524	2.54
4	It is easy to access grocery stores	47.24%	28.95%	2.10%	11.62%	10.10%	525	2.08
5	Our grocery stores have a good variety of fruits and vegetables	49.62%	29.36%	3.79%	10.04%	7.20%	528	1.96
6	Our grocery stores have affordable fresh fruits and vegetables	39.51%	33.46%	3.78%	13.80%	9.45%	529	2.20

SIX FOCUS CITIES RESPONSES
4. ACCESS TO HEALTHCARE

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

APPENDIX E: SIX FOCUS CITIES – SURVEY RESULTS (CONTINUED)

SIX FOCUS CITIES RESPONSES
5. ACCESS TO SUPPORT SERVICES. THERE ARE PROGRAMS, SERVICES AND SUPPORT AVAILABLE FOR:

#	Question	Agree	Somewhat Agree	Don't Know	Somewhat Disagree	Disagree	Total Responses	Mean
1	those experiencing homelessness	14.46%	23.69%	39.36%	12.45%	10.04%	498	2.80
2	youth and teens during non-school hours	8.87%	19.56%	40.52%	15.12%	15.93%	496	3.10
3	the senior community	22.60%	27.60%	32.40%	10.40%	7.00%	500	2.52
4	veterans	8.10%	19.03%	53.44%	10.12%	9.31%	494	2.94
5	the LGBTQI community	15.89%	12.02%	57.84%	6.92%	7.33%	491	2.78
6	the non-English speaking population	14.00%	18.80%	55.00%	6.40%	5.80%	500	2.71
7	those experiencing disabilities	10.40%	23.40%	48.20%	10.00%	8.00%	500	2.82
8	pregnant women	20.96%	24.95%	45.51%	4.39%	4.19%	501	2.46

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

APPENDIX E: SIX FOCUS CITIES – SURVEY RESULTS (CONTINUED)

SIX FOCUS CITIES RESPONSES
7. WHICH OF THE FOLLOWING ARE HEALTH CONCERNS IN OUR COMMUNITY?

#	Question	Not an Issue	A Small Issue	A Big Issue	Total Responses	Mean
1	Injuries (falls, car crash)	32.54%	48.92%	18.53%	464	1.86
2	Alcohol and drug abuse	11.60%	33.33%	55.06%	474	2.43
3	Chronic disease (such as heart disease, diabetes, cancer)	15.05%	38.28%	46.67%	465	2.32
4	Clean and healthy environment (air and water)	30.80%	37.13%	32.07%	474	2.01
5	Immunizations/vaccines/shots	33.69%	42.22%	24.09%	469	1.90
6	Infectious disease (such as the flu, pneumonia)	33.33%	43.44%	23.23%	465	1.90
7	Violence/crime	12.15%	40.30%	47.55%	469	2.35
8	Mental health (depression, anxiety, stress)	14.71%	37.31%	47.97%	469	2.33
9	Nutrition (healthy food and eating habits, food allergies)	22.01%	38.89%	39.10%	468	2.17
10	Obesity	10.26%	28.85%	60.90%	468	2.51
11	Physical activity	14.22%	37.07%	48.71%	464	2.34
12	Sexual health (STDs, family planning, condoms)	20.43%	43.70%	35.87%	460	2.15
13	Tobacco use (cigarette smoking, snuff, chewing tobacco)	14.96%	32.91%	52.14%	468	2.37
14	Other	35.29%	22.06%	38.97%	131	2.04
15	Bullying/cyberbullying/harassment	16.31%	46.57%	37.12%	466	2.21
16	Domestic violence	15.99%	41.79%	42.22%	469	2.26

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

#	Answer	Response	Percent
1	It's too expensive	41	9%
2	The bus stop is too far to walk to	112	24%
3	There is no public transportation in my neighborhood	66	14%
4	The buses do not go where I need to go	150	33%
5	I do not feel safe using public transportation	106	23%
6	None of the above. I use public transportation in my neighborhood	26	6%
7	N/A I don't need to use public transportation	242	53%
8	Other, please explain	24	5%
9	It doesn't fit with my schedule	96	21%
10	Unreliable/inconsistent schedule	99	22%
11	Doesn't run on time	87	19%

APPENDIX E: SIX FOCUS CITIES – SURVEY RESULTS (CONTINUED)

SIX FOCUS CITIES RESPONSES
9. HOW LONG HAVE YOU BEEN A MEMBER OF THE COMMUNITY?

#	Answer	Response	Percent
1	Under 2 years	32	7%
2	2 - 5 years	48	10%
3	6 - 10 years	44	9%
4	More than 10 years	349	74%
Total		473	100%

LPHSA

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

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 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 Wiltfang

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
Lyndsay 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 Rainhardt

Oakland Schools
Joan Lessen-Firestone

Oakland University
Patricia Wren

Southeastern Michigan Health Association
Gary Petroni

METHODOLOGY

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.

NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS

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.

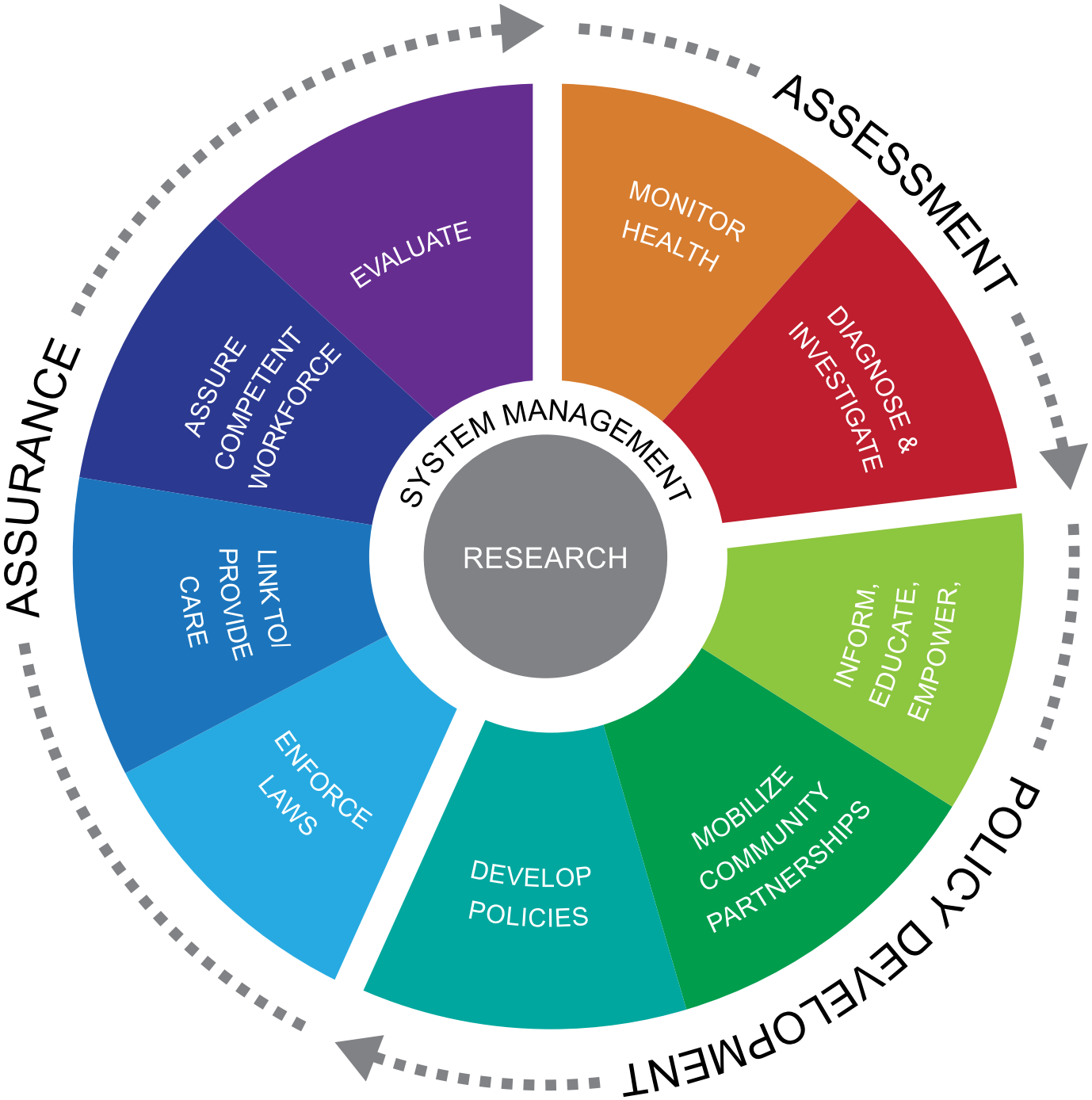
10 ESSENTIAL PUBLIC HEALTH SERVICES

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.

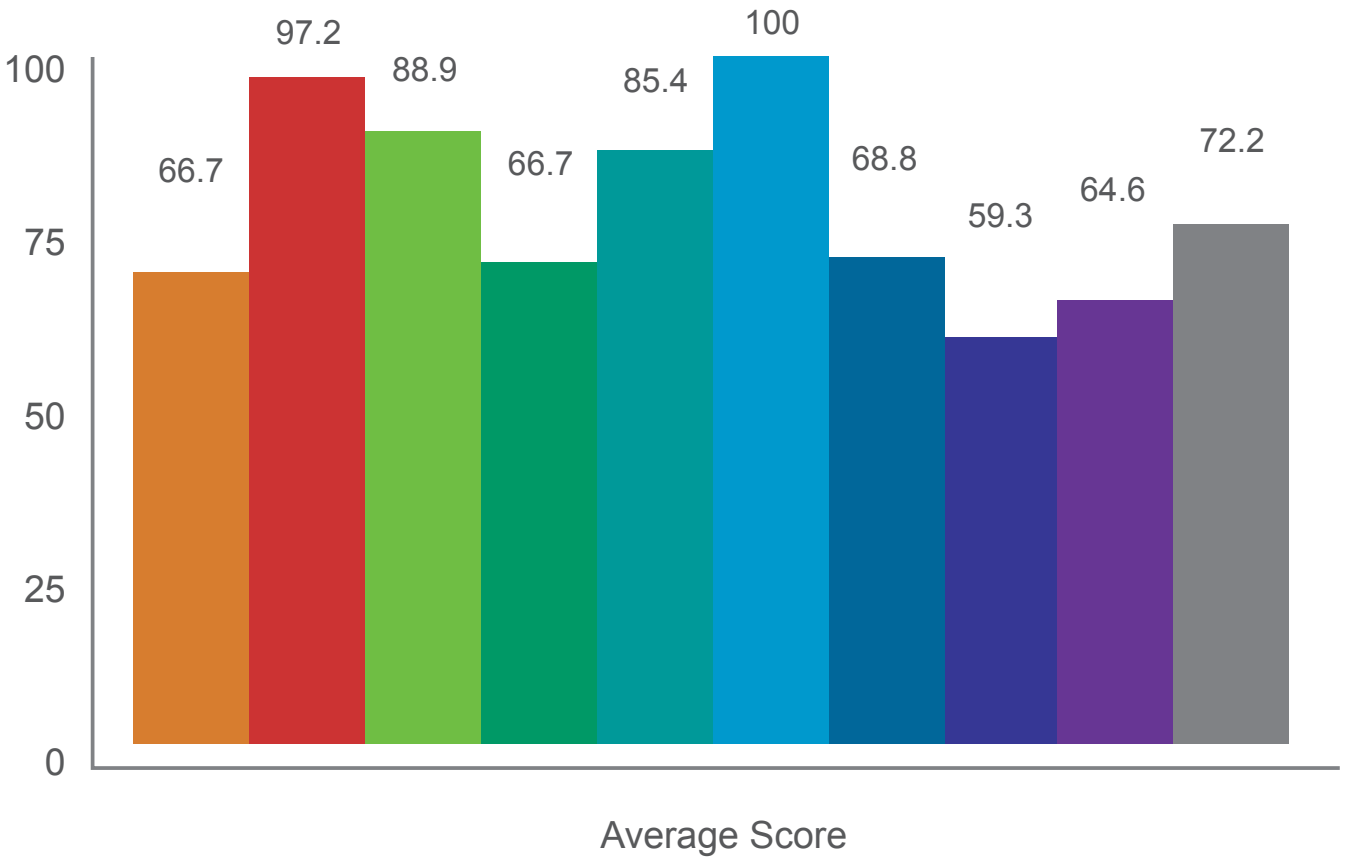
Public health systems should:

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.

10 ESSENTIAL PUBLIC HEALTH SERVICES



RESULTS: AVERAGE ESSENTIAL PUBLIC HEALTH SERVICE SCORES

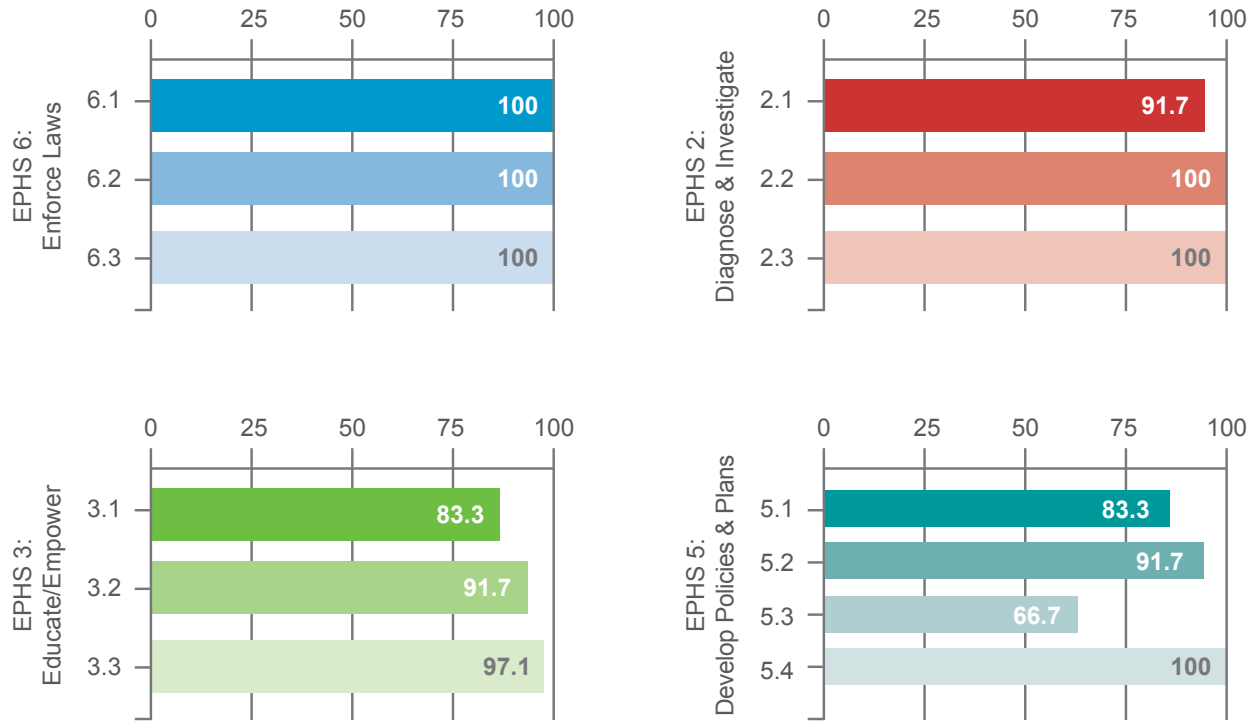


After completing NPHPS, Oakland County received an average score of 77 out of 100, which means that the public health system is performing optimally according to NPHPS criteria. (For a full list of performance measure scores, see Appendix C.)

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

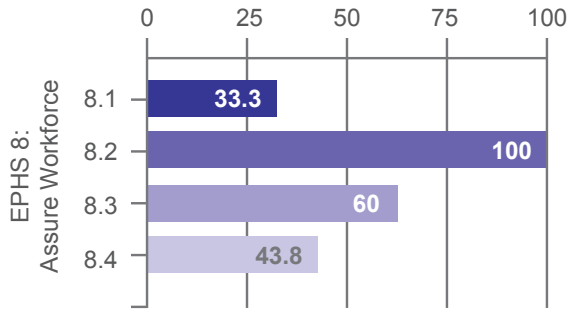


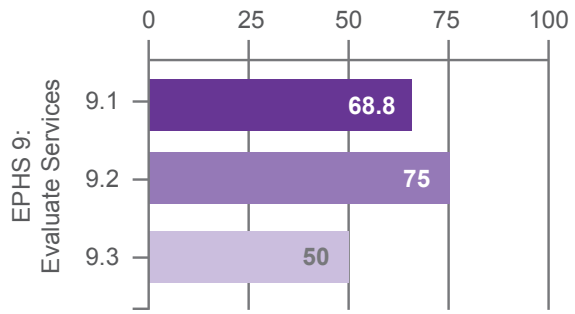
The four Essential Public Health Services that are being delivered optimally suggest that Oakland County excels at enforcing laws that protect the public's health, performing disease surveillance and investigating disease outbreaks, educating and communicating about health improvement, and developing 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.

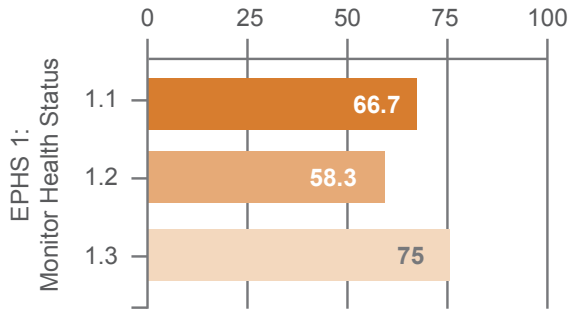
RESULTS: ESSENTIAL SERVICES AND PERFORMANCE MEASURES WITH ROOM FOR IMPROVEMENT

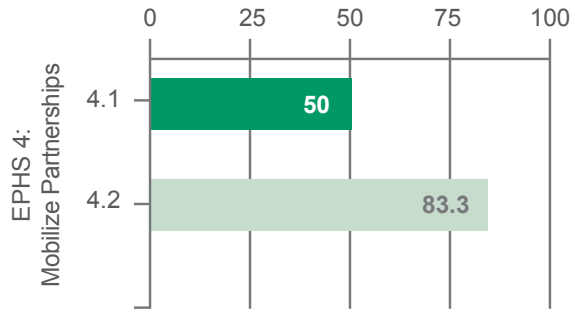
The Essential Public Health Services that still have room for improvement are (lowest to highest score):

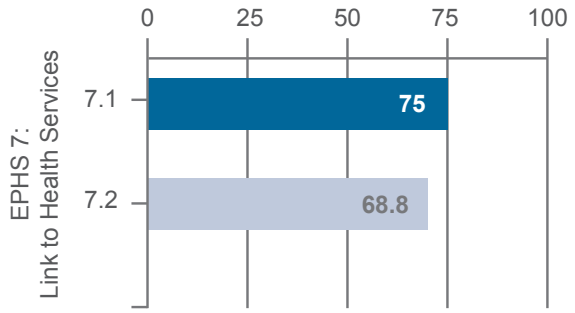
- Essential Service 8: Assure competent public and personal health care workforce – 59.3
- Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services – 64.6
- Essential Service 1: Monitor health status to identify community health problems – 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

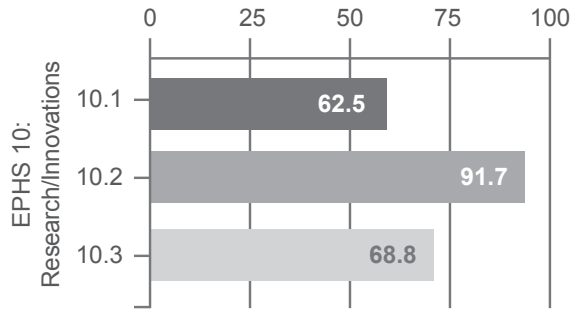












Opportunities for improvement in all areas include increased coordination across system partners. There is a great need among all system partners to improve workforce needs assessment and training. A workforce development needs assessment and professional development training could be coordinated and 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.

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

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?

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

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

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

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
- ☐ Train staff in emergency communications techniques
- ☐ Provide crisis training to staff
- ☐ Coordinate emergency communications with multiple agencies
- ☐ Has plans to alert special populations about emergency situations
- ☐ Maintain partnerships and community collaborations to share risk communications

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
- ☐ Maintain a directory of public health partners
- ☐ Facilitates community collaborations
- ☐ Provide ways to communicate about public health issues
- ☐ Involve constituents in 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?

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

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?

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

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?

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

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 pocedures 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?

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

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?

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

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:

Agencies that perform this function:

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?

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

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
- ☐ Share results from workforce assessment
- ☐ Use assessment results to fill gaps in workforce

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?

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

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
- ☐ Encourage staff to participate in training opportunities
- ☐ Develop collaborations for 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?

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

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?

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

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:

Optimal Activity (76% - 100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51% - 75%)	Greater than 50% but no more than 75% of the activity described within the question is met.
Moderate Activity (26% - 50%)	Greater than 25% but no more than 50% of the activity described within the question is met.
Minimal Activity (1% - 25%)	Greater than zero but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity

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?

10 | 15

1.1.2 Update the CHA with current information continuously?

3 | 12

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

3 | 21 | 2

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

17 | 6 | 2

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

2 | 8 | 14 | 1

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.)?

2 | 9 | 13 | 1

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

4 | 18 | 2

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

7 | 13 | 4

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?

22 | 1 | 1

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

22 | 2

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?

9 | 14 | 1

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?

23 | 1

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

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….

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

23 1

2.2.3 Designate a jurisdictional Emergency Response Coordinator?

24

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

22 2

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

22 2

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

19 5

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

31

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

31

2.3.3 Use only licensed or credentialed laboratories?

31

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?

31

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

15 16

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….

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

Optimal Activity (76% - 100%)	Significant Activity (51% - 75%)	Moderate Activity (26% - 50%)	Minimal Activity (1% - 25%)	No Activity (0%)
19	12			

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

Optimal Activity (76% - 100%)	Significant Activity (51% - 75%)	Moderate Activity (26% - 50%)	Minimal Activity (1% - 25%)	No Activity (0%)
2	**26**	3		

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

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

Optimal Activity (76% - 100%)	Significant Activity (51% - 75%)	Moderate Activity (26% - 50%)	Minimal Activity (1% - 25%)	No Activity (0%)
22	7	2		

3.2.3 Identify and train spokespersons on public health issues?

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

Optimal Activity (76% - 100%)	Significant Activity (51% - 75%)	Moderate Activity (26% - 50%)	Minimal Activity (1% - 25%)	No Activity (0%)
20	11			

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

Optimal Activity (76% - 100%)	Significant Activity (51% - 75%)	Moderate Activity (26% - 50%)	Minimal Activity (1% - 25%)	No Activity (0%)
18	12			

3.3.3 Provide risk communication training for employees and volunteers?

Optimal Activity (76% - 100%)	Significant Activity (51% - 75%)	Moderate Activity (26% - 50%)	Minimal Activity (1% - 25%)	No Activity (0%)
6	**21**	4		

4.1.1 Maintain a complete and current directory of community organizations?

Optimal Activity (76% - 100%)	Significant Activity (51% - 75%)	Moderate Activity (26% - 50%)	Minimal Activity (1% - 25%)	No Activity (0%)
1	9	**12**	5	

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

Optimal Activity (76% - 100%)	Significant Activity (51% - 75%)	Moderate Activity (26% - 50%)	Minimal Activity (1% - 25%)	No Activity (0%)
	4	**21**	3	

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

Optimal Activity (76% - 100%)	Significant Activity (51% - 75%)	Moderate Activity (26% - 50%)	Minimal Activity (1% - 25%)	No Activity (0%)
	10	**13**	4	

4.1.4 Create forums for communication of public health issues?

Optimal Activity (76% - 100%)	Significant Activity (51% - 75%)	Moderate Activity (26% - 50%)	Minimal Activity (1% - 25%)	No Activity (0%)
	5	**21**	2	

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

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….

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

6 | 15 | 5

4.2.2 Establish a broad-based community health improvement committee?

13 | 8 | 3 | 2

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

1 | 15 | 10

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?

22 | 2

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

9 | 11 | 3

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

8 | 14 | 1

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

13 | 10

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

8 | 15

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

22 | 1

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

2 | 20 | 1

5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?

4 | 17 | 2

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….

5.3.3 Connect organizational strategic plans with the CHIP?

9 14

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

20 2

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 2

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 1

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 1

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 4

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 1

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

16 5

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

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….

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

20

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

20

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

16 3 1

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

15 4 1

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

3 21

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

18 6

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

14 10 1

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

3 8 14

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

20 5

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

14 9

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

22 3

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?

2 19 4

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….

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?

3 | 19 | 2

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

12 | 13

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?

1 | 24

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?

21 | 4

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?

18 | 7

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

18 | 7

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

10 | 13 | 1

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

5 | 17 | 1

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

3 | 10 | 11

8.3.4 Create and support collaborations between organizations within the LPHS for training and education?

13 | 9 | 1

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

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….

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

3 | 8 | 13

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

5 | 16 | 1

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

9 | 14

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 | 15

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

9 | 15

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?

12 | 6

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?

3 | 14 | 1

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

12 | 4 | 2

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

11 | 7

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

1 | 13 | 4

9.2.2 Compare the quality of personal health services to established guidelines?

3 | 11 | 4

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….

9.2.3 Measure user satisfaction with personal health services?

	11	7		

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

	11	7		

9.2.5 Use evaluation findings to improve services and program delivery?

	12	6		

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

7	3	7		

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?

	8	7	2	

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

1	3	9	4	

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

	7	9	1	

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?

2	6	8		

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

	6	8	2	

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?

8	7			

10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?

1	1	9	5	

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

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….

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?

12 | 2 | 1

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

6 | 8 | 1

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?

8 | 6 | 1

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

1 | 10 | 3 | 1

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

1 | 7 | 5 | 2

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

4 | 9 | 2

10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice?

5 | 7 | 3

FORCES OF
CHANGE ASSESSMENT

FOCA

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, M.D.

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

DESCRIPTION OF FORCES

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.

METHODOLOGY

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).

FORCES OF CHANGE ASSESSMENT

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

FORCES (Trends, Events, Factors)	THREATS POSED	OPPORTUNITIES CREATED
Access to Health Services	• Lack of knowledge • Misinformation • Unified consequences • Silo funding; costs • Transportation • Hours • Workforce development • Unequal distribution of capacity • Mental health stigma • Culture • Payment • Appropriate access	• 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
Community Partnerships	• 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	• Relationships • Leadership • Funding • Greater good • Resource-rich county • Shared vision • Target • Oakland County public schools perform well • Ability to receive & move money • Sustainability • Build on success
Infrastructure Quality	• Funding • Lack of master plan knowledge • Lack of inter-community coordination	• Community master plans • Community partnerships • Woodward Avenue Master Plan

FORCES OF CHANGE ASSESSMENT

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

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.

SOCIAL ISSUES	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
After School Programs			
Aging Population			
Bullying and Cyberbullying			
Churches and Faith Communities			
Community Partnerships			
Diversity			
Domestic Violence			
Early Childhood Education			
Lack of Civic Engagement			
Mental Health Stigma			
Non-native English Speaking Population			
Schools and Education System Performance			
Substance Abuse			
Suicide and Self-Harm			
Trust in Government			
Undocumented Individuals			

FORCES OF CHANGE ASSESSMENT

ECONOMIC ISSUES	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
Affordable Housing			
County and City Budgets			
Cost of Higher Education			
Cost of Living			
Employment Opportunities			
Funding for Government or Nonprofits			
Funding for Schools			
Income Disparities			
Job Training Programs			
Minimum Wage/Living Wage			
Personal Debt			
Personal Finance Skills and Knowledge			
Poverty			
Revenue Sharing			
Tax Rates			

SCIENTIFIC ISSUES	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
Communication Systems			
Data and Health Information (Informatics)			
Electronic Health Records			
Evidenced-Based Programs and Activities			
Mobile Phone Use			
Research and Development			
Social Media			
Software			

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.

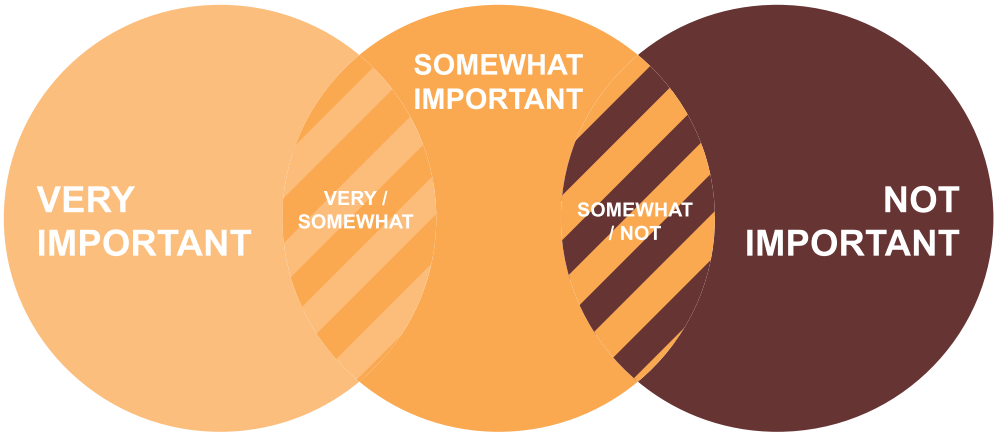
ENVIRONMENTAL ISSUES	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
Access to Healthy Foods (grocery stores, farmers' markets, community gardens)			
Air Quality			
Community Gardens			
Empty or Abandoned Buildings			
Farmers' Markets			
Green Space			
Infrastructure Quality (roads, bridges, sidewalks, parks)			
Land Use and Redevelopment			
Natural and Manmade Disasters			
Natural Resources			
Parks, Trails, and Recreation Areas			
Safe Environment			
Traffic Congestion			
Transportation Systems			
Walkable Communities			
Water Quality			

FORCES OF CHANGE ASSESSMENT

HEALTHCARE ISSUES	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
Access to Dental Care			
Access to Mental Health Services			
Access to Primary Care Providers			
Access to Specialists			
Appropriate Emergency Room Use			
Chronic Disease			
Communicable Diseases			
Healthcare Marketplace			
Healthcare Costs			
Health Literacy			
Healthy Michigan Plan			
Health Promotion Programs			
Health System Mergers, Closings, or Changes			
Immunizations			
Knowledge about Nutrition and Healthy Eating			
Physical Activity			
Substance Abuse Treatment			

POLITICAL FORCES	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT
Elections			
Healthcare Reform			
Immigration Reform			
Legislation			
Medicaid Expansion			
Relationship with State Government and Legislature			

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

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ENDNOTES

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