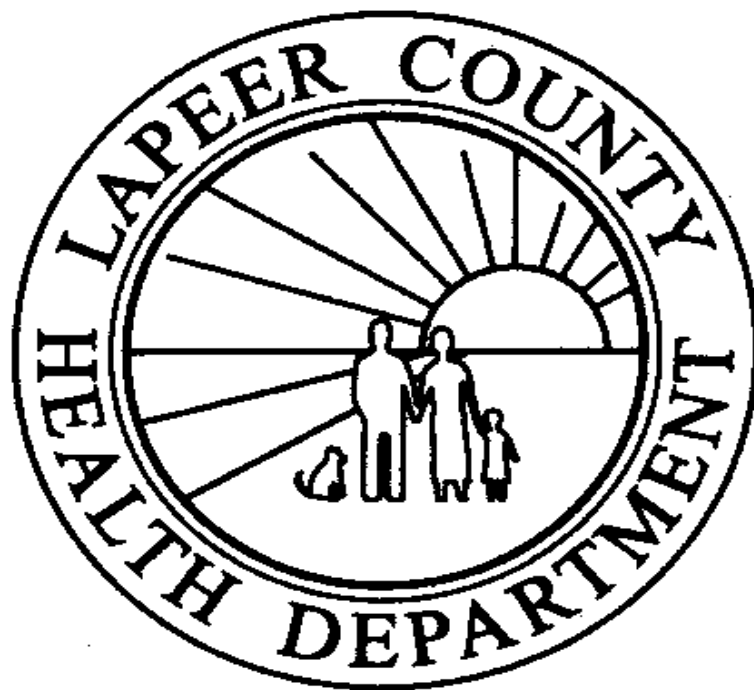


**LAPEER COUNTY  
COMMUNITY HEALTH  
ASSESSMENT  
2010-2012**



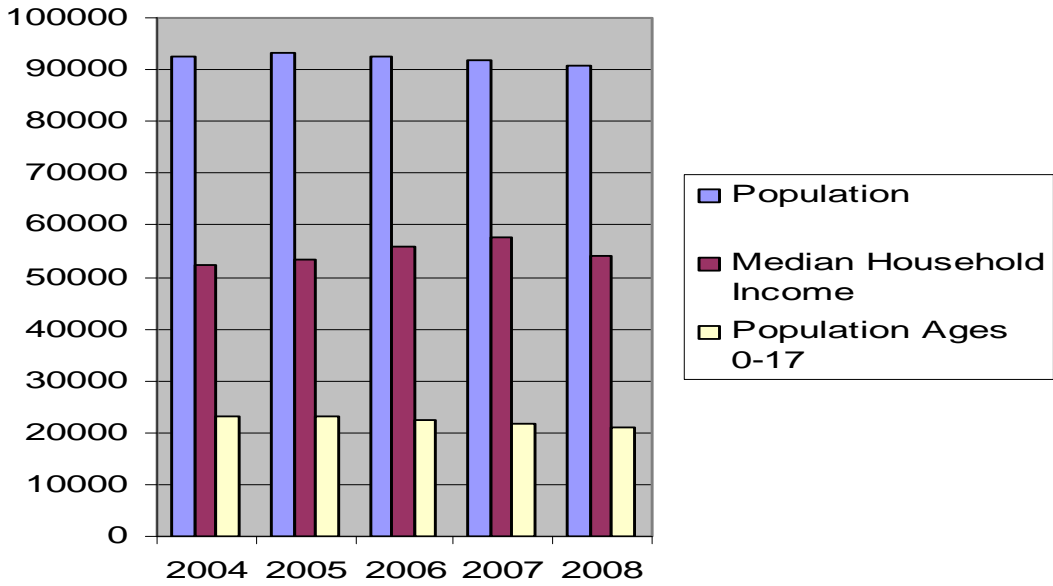
# Lapeer County Community Health Assessment 2010-2012

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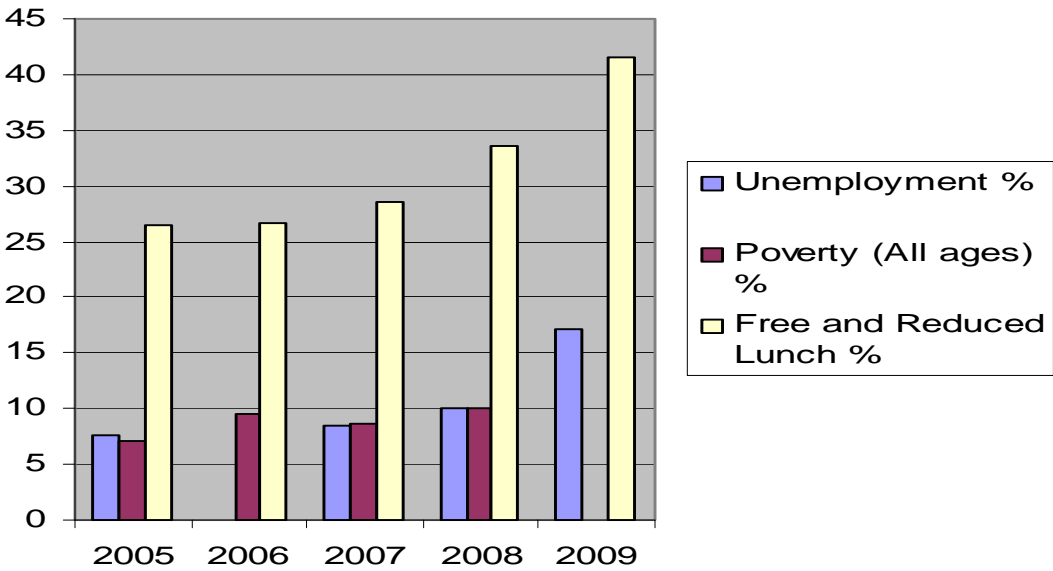
# Lapeer County Demographics

	Lapeer County	Michigan
Population, 2010 Census	88,319	9,883,640
Population, % change 2000 to 2010	.5%	-.6%
Land area (square miles)	654.20	56,803.82
Persons per square mile (2010)	135.0	174.0
Persons under 5 years, percent, 2010	5.2%	6.0%
Persons under 18 years, percent, 2010	24.2%	23.7%
Persons 65 years and over, percent, 2010	13.3%	13.8%
Female persons, percent, 2010	49.6%	50.9%
White persons, percent, 2010	95.5%	78.9%
Black persons, percent, 2010	1.0%	14.2%
American Indian and Alaska Native persons, percent, 2010	.5%	.6%
Asian persons, percent, 2010	.3%	2.4%
Persons reporting two or more races, percent, 2010	1.4%	2.3%
Persons of Hispanic or Latino origin, percent, 2010	4.1%	4.4%
White persons not Hispanic, percent, 2010	93.0%	76.6%
Living in same house 1 year & over, 2005-2009	89.6%	85.4%
Foreign born persons, percent, 2005-2009	2.8%	6.0%
Language other than English spoken at home, pct age 5+, 2005-2009	4.5%	9.0%
High school graduates, percent of persons age 25+, 2005-2009	88.2%	87.4%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	17.5%	24.5%
Veterans, 2005-2009	7,857	751,248
Mean travel time to work (minutes), workers age 16+, 2005-2009	34.5	23.7
Housing units, 2010	36,332	4,532,233
Homeownership rate, 2005-2009	84.7%	74.6%
Housing units in multi-unit structures, percent, 2005-2009	8.4%	17.8%
Median value of owner-occupied housing units, 2005-2009	171,800	147,500
Households, 2005-2009	33,193	3,860,160
Persons per household, 2005-2009	2.69	2.53
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$25,502	\$25,172
Median household income, 2009	\$51,290	\$45,254
Persons below poverty level, percent, 2009	9.4%	16.1%

### Lapeer County 2004-2008

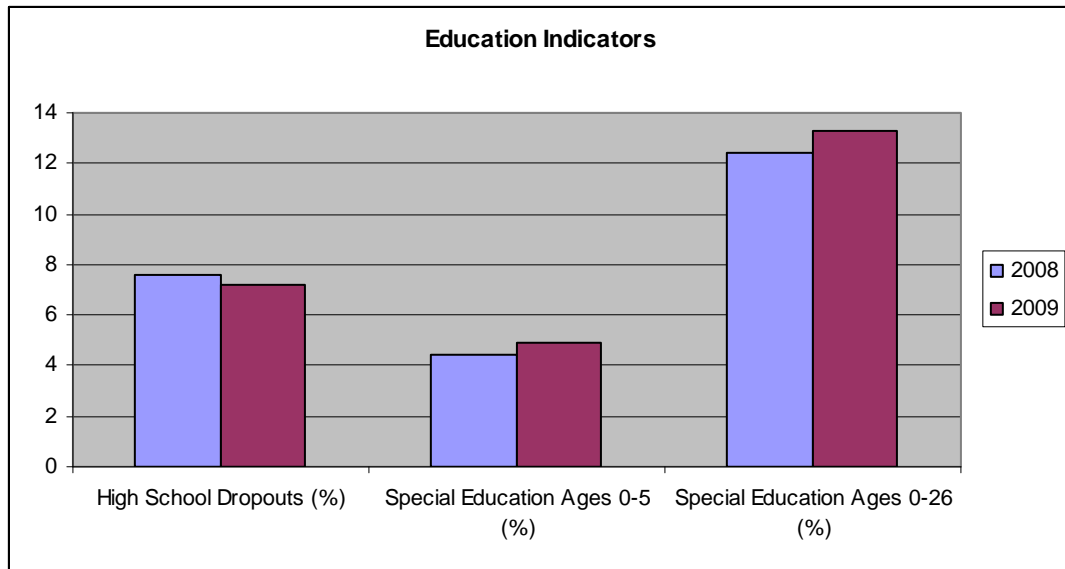


### Lapeer County Socioeconomic Indicators 2005-2009



	Lapeer County	Error Margin	National Benchmark *	Michigan
High school graduation	85%		92%	77%
Some college	56%		68%	62%
Children in poverty	14%	11-17%	11%	19%
Inadequate social support	15%	11-20%	14%	20%
Single-parent households	21%		20%	32%
Violent crime rate	180		100	536

Source: County Health Rankings 2011



Source: Kid's Count Census Data

<http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=MI&group=DataBook&loc=24>

## Lapeer County Health Data

Health data are available from a number of sources. Vital statistics from the Michigan Department of Community Health provide information related to maternal and child health data such as births, infant mortality and prenatal care.

Vital statistics also help paint a picture of the primary causes of mortality and morbidity, along with health factors and behaviors that could be improved to reduce premature disease and death.

The County Health Rankings project is conducted by the University of Wisconsin with support from the Robert Wood Johnson Foundation and provides a comparison of Lapeer County health with other Michigan counties.

	Lapeer County	Error Margin	National Benchmark*	Michigan
Poor or fair health	13%	10-17%	10%	15%
Poor physical health days	3.2	2.5-4.0	2.6	3.5
Poor mental health days	2.7	2.0-3.3	2.3	3.7
Physical Environment				
Air pollution-particulate matter days	3		0	5
Air pollution-ozone days	1		0	3
Access to healthy foods	73%		92%	73%
Access to recreational facilities	12		17	10

Snapshot 2011: Lapeer : [www.countyhealthrankings.org/michigan](http://www.countyhealthrankings.org/michigan)

\*Rankings: Michigan Counties are ranked 1-82 with 1 reflecting the healthiest county. Note: Some fluctuation in indicator values are expected to occur from year to year and may not constitute a trend.

Indicator	2010 *	2011*
<b>Overall Health Outcomes</b>	<b>11</b>	<b>13</b>
<b>Overall Health Factors</b>	<b>45</b>	<b>39</b>
<b>Mortality (Premature Death)</b>	<b>11</b>	<b>16</b>
<b>Morbidity (Illness &amp; Disability)</b>	<b>9</b>	<b>11</b>

Smoking	53	59
Poor Diet and Exercise Habits (BMI > 30)	55	70
Unhealthy Alcohol Use (alcohol related motor vehicle deaths and self-reported binge drinking)	55	51
Access to Health Care (% of population under age 65 without health insurance and # of primary care providers/population)	69	68
Education	34	26
Family & Social Support	18	8
Community Safety (violent crime rate per 100,000 population)	25	27

Overall, Lapeer County ranked 13 of 82 (with 1 being the healthiest) in Michigan for Health Outcomes. In 2010, Lapeer County was ranked #11. Health Outcomes is a measure of premature death and disability. However, the Health Factors indicator, which helps to rank factors that influence health, show that Lapeer County residents are unhealthier in some categories compared to other residents of the State of Michigan.

Adult Smoking (ranked 59 of 82) Poor Diet & Exercise Habits (ranked 70 of 82), and Unhealthy Alcohol Use (ranked 51 of 82). These are all higher for Lapeer County residents than for residents of other Michigan Counties.

However, Lapeer County ranked #8 of 82 on Family and Community Support measures and #27 of 82 in Community Safety, which likely reflects the close-knit qualities of residents and groups in Lapeer County.

## Mortality

### Selected Mortality Statistics, 2007-2009 Three-Year Averages

Mortality Rates (rate per 100,000 population)	Lapeer	Michigan
AIDS	-	1.7 ±0.1
Alcohol-Induced	6.7 ±2.8	7.1 ±0.3
Alzheimer's Disease	22.8 ±6.4	23.2 ±0.5
Cancer	195.9 ±17.0	184.8 ±1.5
Chronic Liver Disease	11.6 ±3.8	9.4 ±0.3
Chronic Lower Respiratory Disease	50.4 ±9.0	45.5 ±0.7
Diabetes-Related	70.4 ±10.5	79.7 ±1.0
Heart Disease	235.0 ±19.8	216.4 ±1.6
Assault (Homicide)	-	6.8 ±0.3
Infant mortality	7.8 ±3.3	7.6 ±0.3
Kidney Disease	24.7 ±6.5	15.2 ±0.4
Pneumonia & Influenza	17.9 ±5.6	15.3 ±0.4
Septicemia	*	9.3 ±0.3
Stroke	53.7 ±9.5	41.7 ±0.7
Intentional Self-harm (Suicide)	10.0 ±3.8	11.2 ±0.4
Unintentional Injury	29.4 ±6.7	35.4 ±0.7

Source: Michigan Department of Community Health, Division of Vital Records and Health Statistics

## Suicides

	< 20	21-35	36-60	60+
2009	1	2	4	2
2010	0	1	9	3

Source: Lapeer County Medical Examiner's Office: Lapeer County Health Department

## Heroin and Other Drug-Related Deaths

	Total	Heroin
2009	13	Unknown
2010	13	7

Source: Lapeer County Medical Examiner's Office: Lapeer County Health Department

**Infant Deaths, Live Births and Infant Death Rates  
Lapeer County Residents, 2003-2009**

Single Year			
Year	Infant Deaths	Live Births	Infant Death Rate
2003	6	1,045	5.7 ±4.6
2004	1	1,056	*
2005	3	987	*
2006	7	926	7.6 ±5.6
2007	5	967	*
2008	5	865	*
2009	11	848	13.0 ±7.6

**Births**

Maternal Characteristics	Lapeer	Michigan
% Under 20 years	9.1	10.1
% First births	36.6	40.1
% Fourth and higher order births	13.2	11.7
% Less than 12 years of education	12.3	15.9
% Cesarean delivery rate	31.8	32.0
% Smoked while pregnant	24.2	18.2
% Unmarried	36.9	41.5
% Group-B Strep present during pregnancy	13.9	17.0
% Received prenatal care during first trimester	73.8	73.5
% Weight gained while pregnant less than 16 pounds	15.4	13.0
% Weight gained while pregnant for singleton moms was low	18.5	19.1
% Weight gained while pregnant for singleton moms was excessive	43.9	43.6
% WIC food during pregnancy	45.4	43.1
% Breast feeding planned or initiated	41.5	33.2
% Maternal HIV test performed	56.1	58.6

**Characteristics of the Mother or Infant, as a Percentage of Live Births  
Lapeer County and Michigan Residents, 2009**

Infant Characteristics	Lapeer	Michigan
% Low birthweight	8.6	8.4
% Very low birthweight	2.0	1.7
% Preterm	9.9	9.8
% Singleton births	96.3	96.3
Male/female ratio	113.1	105.3

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

**Very low weight births** are less than 1,500 grams.

**Preterm births** are infants born prior to 37 completed weeks of gestation.

**Singleton birth** is a single birth delivery.

**Male/female ratio** is the number of male resident live births divided by the female resident live births x 100.

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

Weight gain is considered **low** or **excessive** if it falls below or above the IOM recommended range of weight gain. See "[Weight Gain During Pregnancy: Reexamining the Guidelines](#)" for details.

**Source:** Michigan 2009 Resident Birth files,  
Division for Vital Records & Health Statistics, Michigan Department of Community Health .  
Last updated: 2/10/2011

**Selected Natality Statistics, 2007-2009  
Three-Year Averages**

Natality Rates and Percents	Lapeer	Michigan
Abortion rate	5.6 ±0.6	11.8 ±0.1
% Births with adequate prenatal care	70.7 ±1.7	70.2 ±0.1
Teen pregnancy rate	32.8 ±3.5	53.6 ±0.4
% Low weight births	7.8 ±1.0	8.5 ±0.1

**Data Provided by:** Michigan League for Human Services (Lapeer County)

**Births to Mothers Who Smoked During Pregnancy (Percent)** Showing most recent 5 years

2003	2004	2005	2006	2007
18.6%	18.5%	18.2%	16.9%	17.7%

**Births to Mothers With < 12 Years of Education (Percent)** Showing most recent 5 years

2003	2004	2005	2006	2007
12.9%	12.9%	12.9%	12.4%	13.6%

**Births to Mothers with No Diploma or GED - New Birth Certificate (2-year average) (Percent)**

2009: 11.9%
-------------

**Births to Teens Ages 15-19 (Number)** Showing most recent 5 years

2004	2005	2006	2007	2008
87	82	81	78	74

**Births to Unwed Mothers (Percent)** Showing most recent 10 yrs

2005	2006	2007	2008	2009
28.6%	28.6%	30.4%	31.7%	34.1%
2000	2001	2002	2003	2004
22.6%	22.8%	23.7%	26.3%	27.7%

**Births With Less than Adequate Prenatal Care (Percent)** Showing most recent 5 years

2003	2004	2005	2006	2007
14.0%	15.5%	16.8%	17.5%	18.9%

<b>Teen Pregnancies Ages 15-19 (Number)</b> Showing most recent 5 years				
2004	2005	2006	2007	2008
136	128	123	118	110

### Maternal Child Health Indicators

The number of live births in Lapeer County has been consistently falling. From 2004-2009 the birth rate fell 19.7%. This is nearly double the State of Michigan decrease of 10.6% for this period.

The reasons for this decrease are not clear, although Michigan was the only state that experienced a decrease in residency per the 2010 U.S. Census. Enrollment in Lapeer County Schools is down considerably over the past few years suggested that young families are leaving the County, perhaps to seek work out of state.

### Clinical Care & Health Insurance

	Lapeer County	Error Margin	National Benchmark*	Michigan
Uninsured adults	15%	12-18%	13%	14%

#### **Children Ages 19-35 Months With All Immunizations (Percent)**

2008	2009
62.1%	57.7%

#### **Children Ages 0-18 Insured by Medicaid (Percent)** Showing most recent 5 years

2005	2006	2007	2008	2009
24.1%	26.2%	26.7%	30.1%	34.1%

<b>Children Ages 0-18 Insured by MIChild (Percent)</b> Showing most recent 5 years				
2005	2006	2007	2008	2009
1.9%	1.9%	1.7%	1.8%	2.1%

<b>Children Ages 0-18 With Health Insurance (Percent)</b>		
2000	2006	2007
93.2%	93.3%	92.5%

<b>Children Ages 0-4 Receiving WIC (Percent)</b>	
2008	2009
48.7%	64.9%

	Michigan	Lapeer County	Error Margin
Immunizations Among Adults Aged 65 Years+			
<b>Flu Vaccine in Past Year</b>	69.9	<b>50.7</b>	37.1-64.2
Ever Had Pneumonia Vaccine	65.9	59.1	44.6-72.1

Source: Michigan BRFSS combined 2007-2009 data

# Health Behaviors

## Obesity

Lapeer County WIC Participants ages 2-5	Obese	Overweight
2007	12.8 %	17.2%
2006	11.0%	15.2%
2005	13.1%	15.8%

Source: WIC 2011 Annual Report

	Lapeer County	Error Margin	National Benchmark*	Michigan
Adult smoking	25%	20-31%	15%	22%
Adult obesity	32%	27-37%	25%	31%
Excessive drinking	21%	16-27%	8%	19%
Motor vehicle crash death rate	17	14-20	12	13

Source: County Health Rankings 2011

## City of Lapeer Community Assessment 2009

### Health Issues Identified

- The economy creates issues for Lapeer citizens including a great concern for the health of children and adults
- Heart Disease and Stroke exceed state averages
- Pregnant women smoking rates continue to climb from 16.2%(2004-06) to 19.8% (2007)
- Obesity rates reflect state averages in both children and adults
- Many children are physically fit, yet many more lack minimal endurance/stamina
- Heart Disease is the leading cause of death and the most common hospital discharge diagnosis
- Lung and bronchial cancer combined are the 2nd highest cancer incidence and the highest in cancer deaths
- The top 4 causes of death can be impacted by appropriate diet, regular exercise and smoking cessation

### Conclusions and Recommendations

#### Lapeer is Lacking:

- An external motivational opportunity for citizens to make healthier decisions in walking, eating and smoking
- A commitment by key officials in the city, business, school, and health to focus on creating and/or offering citizen's healthier life choices
- An Employer/Employee involvement programs that focus on healthier life choices
- The embracing of healthy lifestyle by residents of the city

### Conclusions

- ❑ Lapeer citizens have many healthful alternatives available but the resources are not adequately utilized
- ❑ Programs together have a diverse rather than concentrated focus and may have too many objectives to effectively address significant changes in the population's overall health
- ❑ There appears to be no global community plan or efforts addressing the issues of population-based healthfulness

## DATA ANALYSIS: STAKEHOLDERS AND WORKGROUPS

1. Lapeer County Community Collaborative (LCCC)
2. Lapeer County Community Foundation Visioning Committee (LCCFVC)
3. Lapeer County Great Start Collaborative

### **Lapeer County Community Collaborative**

Lapeer County enjoys exceptional collaborative and cooperative relationships with organizations across the County. The Lapeer County Community Collaborative (LCCC) acts as an oversight group to review, monitor and address emerging community issues. Data, such as the Kid's Count data, Child Death Review Team data, economic, housing and poverty data and health data are reviewed annually as new reports are available.

Subgroups of the LCCC include Senior Coalition, Emergency Planning, Great Parents/Great Start, Housing and Literacy. Subcommittees have also been formed over the past 4 years to address Access to Health Care, Suicide, Infant Mortality and Heroin related deaths. These groups were formed at the request of the Lapeer County Health Department, based on real-time mortality numbers from the Medical Examiner's office and evidence of lack of access to health care.

### **Access to Care**

The Health Issues Committee met in May, 2009. At that time needs that were identified by the committee included increased mental health (particularly psychiatrist) needs, transportation for STD testing and treatment, dental care and medical services in general and the general lack of medical services available for the working poor. Consultation occurred with Hamilton Clinic (FQHC) in Flint. Initially the discussion centered around possibilities to improve transportation to the Flint clinics. Further discussion led to the option to open a clinic in Lapeer County. An application was submitted to the US Department of Health and Human Services in November, 2010 to expand services to Lapeer County.

### **Infant Mortality**

In the winter of 2010, it was noted that Lapeer County had seen 6 infant deaths within a 4 month period. The Lapeer County Child Death Review Team recommended convening a committee to further review the causes of these deaths and implement a plan. These deaths were all related to positional asphyxiation. In March, a committee, consisting of representatives from the Medical Examiner's Office, Great Start Collaborative, Community Collaborative, Lapeer Regional Medical Center and the Health Department was convened to review the data and discuss community educational efforts to address this issue. The "Back to Sleep" campaign was utilized to

reach families through local print media, childbirth education classes, WIC, MIHP and Great Start avenues. An educational session for community agency staff who provide direct services to pregnant women and young families was held in June, 2009.

### Suicide

During the winter of 2010, the Medical Examiner's office noted a significant increase in suicides in Lapeer County. With a historic baseline of 1 or 2 suicides per year, 9 suicides were reported for 2009, and 6 suicides were reported for the first 3 months of 2010. The majority of these suicides were among middle-aged men. A group of stakeholders, including CMH, the Medical Examiner, Health Department and Community Collaborative Coordinator attended Suicide Prevention Technical Assistance Training in May, 2010 and the Lapeer County Suicide Prevention Task Force was formed. The Medical Examiner's office compiled detailed risk data on each suicide case, which was reviewed by the Task Force and plans were put in place to address the current case demographics. Community training was provided for agencies and the interested public in August, 2010 and in-dept training (ASSIS) was provided for mental health and other professionals in September, 2010. Activities are ongoing.

### Heroin-Related Deaths

In October, 2010, the Medical Examiner's, Prosecutor's and Sheriff's offices noted a significant increase in heroin-related deaths. At least ten occurred in 2010. On March 30, 2011 a task force, including representatives from the Sheriff's office, Prosecutor's office, Medical Examiner's office, CMH and Health Department Substance Abuse Division (AICC) convened to develop a plan to increase public awareness of this problem. A speaker's panel, which included a former heroin addict the prosecutor was working with, was put in place. On May 5, 2011, this panel presented at a "Networking Lunch" meeting at the Health Department with over 50 people from various agencies, schools, parents, etc. attending. The panel has also presented to a number of community groups and schools. Posters, flyers and brochures have been developed for distribution and the task force is ongoing.

## **Lapeer County Community Foundation Visioning Committee**

### **Obesity and Physical Inactivity**

The Lapeer County Community Foundation Visioning Committee (LCCFVC) was formed after the Foundation Board convened a meeting of broad stakeholders in June, 2007 to identify community issues. Four areas of concerns were identified, including Government, Education, Economy, Health Care and Transportation. A Visioning Health Care Committee was formed in response to concerns related primarily to lack of access to health care and a lack of information on healthy behaviors, the importance of health screening and the need to take personal responsibility for health for many Lapeer County residents.

Data from the 2011 County Health Rankings was shared with this committee in June, 2011. A considerable amount of energy around the topic of nutrition and physical inactivity was evident. At the same time, the City of Lapeer has been involved in several walkability efforts. At this time there are plans to hold further meetings to develop plans to address these issues.

In August, 2011, the committee discussed possible options to move forward with this issue. The committee decided to invite a wide array of stakeholders to a "Health Summit" on September 21, 2011 to determine activities currently underway in the County and seek input regarding next steps.

### **Lapeer County Influenza Summit**

Immunization rates for both Lapeer County children and adults are below the state average. **Influenza rates among adults 65+ are believed to be at 50.7 (Michigan rate 69.9). Children aged 6 months-4 years showed the next highest rate of 25.9-31.6% complete. In the past year, pharmacies have increasingly become providers of flu vaccines for adults.**

**In an effort to engage all stakeholders and improve influenza vaccine coverage throughout the county, the Health Department convened an Influenza Summit on June 29, 2011. Providers discussed last season's efforts and next year's plans. The group discussed possible avenues to improve coverage levels. As a result, the Health Department will gather information about influenza vaccine sites throughout the county. This information will be compiled and promoted via the print media and Health Department website. The Health Department will also establish an influenza email list serve to be used to provide compiled vaccine availability information and internet links to promotional materials.**

**There are plans to convene a local Influenza Summit annually.**

## Community Action Plans & Interventions

Community Action Plans are developed primarily by the collaborative groups convened to address each issue. An overview of the plans and interventions is listed under each subgroup, above.

In addition, written plans can be found in the appendix to this document for:

- 1) Lapeer County Community Foundation Visioning Committee Plan
- 2) Suicide Prevention Plan

## Data Sources

- a. Population
- b. State of Michigan Vital Records  
<http://www.michigan.gov/mdch/0,1607,7-132-2944---,00.htm>
- c. Healthy Lapeer Assessment: 2009
- d. County Health Rankings: Lapeer County, MI: 2010; 2011
- e. Behavioral Risk Factor Survey (Michigan) 2009  
[http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5104\\_5279\\_39424---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5104_5279_39424---,00.html)
- f. Kid's Count: 2009; 2010  
<http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=MI&group=DataBook&loc=24>

WIC: 2008 Annual Report with Trends 2003-07 [www.michigan.gov/wic](http://www.michigan.gov/wic)

**Visioning Health Care Committee Meeting  
MINUTES**

**Monday, May 23, 2011  
11:00 a.m.**

Present: Stephanie Simmons, Chairperson  
Bart Buxton  
Dahna Loeding  
Patricia Lucas  
Bob Sprague  
Ashley White

I. Call to Order

The meeting was called to order at 11:05 a.m.

II. Minutes of the December 6, 2011 Meeting

The minutes of the December 6, 2011 meeting were accepted as mailed.

III. Update of 2011 Goals

- A. Expand the opportunity for health care access for all citizens of Lapeer County  
Lapeer Regional Medical Center is working on a project in coordination with the Michigan Hospital Association to get the word out about MiChild program.
  
- B. Better educate people in the community about health care  
Ms. Simmons distributed a study entitled "2011 Health Ranking Statistics for Lapeer County Health Department". The data covers a period of 7-8 years. It discusses health factors such as obesity, alcohol and smoking.

The committee discussed the most logical way to deal with obesity, alcohol and smoking in Lapeer County. Discussed using media and having round table discussions to address health factors. The next step is to launch publicly.

Teaching healthy lifestyles is important. Discussed the effectiveness of teaching kids between 8 and 12 years old.

The committee felt that it would be important to go out into the community to ask people what they want at a forum to discuss wellness.

A town hall was discussed which would focus on health initiatives based on recent health ratings, specifically on obesity, alcohol and smoking. This is a way to hear from the people that are interested.

Get consensus from Visioning Implementation Committee to adopt what is being proposed. Develop strategy based on what we learned in getting information out into the community. In order to shape change, must have ongoing initiatives that are valued.

Discussed doing a smoke out – admission could be the cost of a pack of cigarettes. Discussed sponsoring an obesity walk. Educate community on risks of smoking and obesity. Creating programs that are sustainable will be critical to the success of the program.

Discussed a program called six weeks to wellness, a program that the Lapeer County Health Department implemented a few years ago. This could be a great launch. The program encapsulates exercise and not drinking or smoking. Ms. Simmons will research the program and report back to the group.

Mr. Sprague brought up the autism rate in Lapeer County and discussed ways to build awareness.

V. Adjourn

The meeting was adjourned at 12:20 p.m.

The next meeting is scheduled on August 4, 2011 at 11:00 a.m. at Lapeer Regional Medical Center.





