

Health Profile Chartbook 2016

Crawford County



2016 Chartbooks

The 2016 Chartbooks provide a snapshot of the health status of the District Health Department #10 jurisdiction. Information is presented by county and when available, comparisons are made to the jurisdiction, to Michigan, and to Healthy People 2020 Objectives.

Data include population, education, race, births and deaths, incidence of disease, injuries, and immunizations. Last year, a Behavioral Risk Factor Survey was conducted in the entire 10 county jurisdiction by an independent research and evaluation firm. This random telephone survey reached between 350 to 622 residents in each county for a total number of respondents of 4,699. A wide range of health behaviors were included:

- Health status indicators, such as perception of general health, satisfaction with life, weight (BMI), and levels of high blood pressure.
- Health risk behaviors, such as smoking, drinking, diet, and physical activity
- Clinical preventative measures, such as routine physical checkups, cancer screenings, oral health, and immunizations
- Chronic conditions, such as diabetes, asthma, and cancer

In addition, DHD#10 is collecting information for the Community Health Improvement Plan. The four main areas of focus in this plan are

- Poverty
- Access to Preventive Care
- Promotion of Healthy Lifestyle and Behavior
- Creation and Maintenance of Healthy Communities

After the data are presented in this Chartbook, the last section will summarize some of the conclusions from the Behavioral Risk Factor Survey and examples of progress completed toward the CHIP goals.

Table of Contents	Page
Demographics	3-4
Poverty	5-7
Leading Causes of Death	8
Years of Potential Life Lost	9
Cardiovascular Disease Mortality	10
Cancer Incidence and Mortality	11-12
Fatal Injuries	13
Sexually Transmitted Diseases:	14
Birth Related Trends	15
Health Status	16
Health Care Access	17
Risk Behaviors	18
Clinical Preventive Practices	19-20
Chronic Conditions	21-22
Immunizations	23-24
County Health Rankings	25
Conclusions	26-27

Demographics

Source: US Census Bureau

- Population, July, 2015 estimate
- Age and race, July, 2015
- Education based on persons age 25 and over, 2011-2015
- Female persons, July, 2015
- Persons per household, 2011-2015
- Language other than English spoken at home (age 5+), 2011-2015
- Disability, under age 65, 2011-2015
- Mean travel time to work (minutes), age 16+, 2011-2015
- Per capita income in past 12 months, 2011-2015
- Population per square mile, 2010

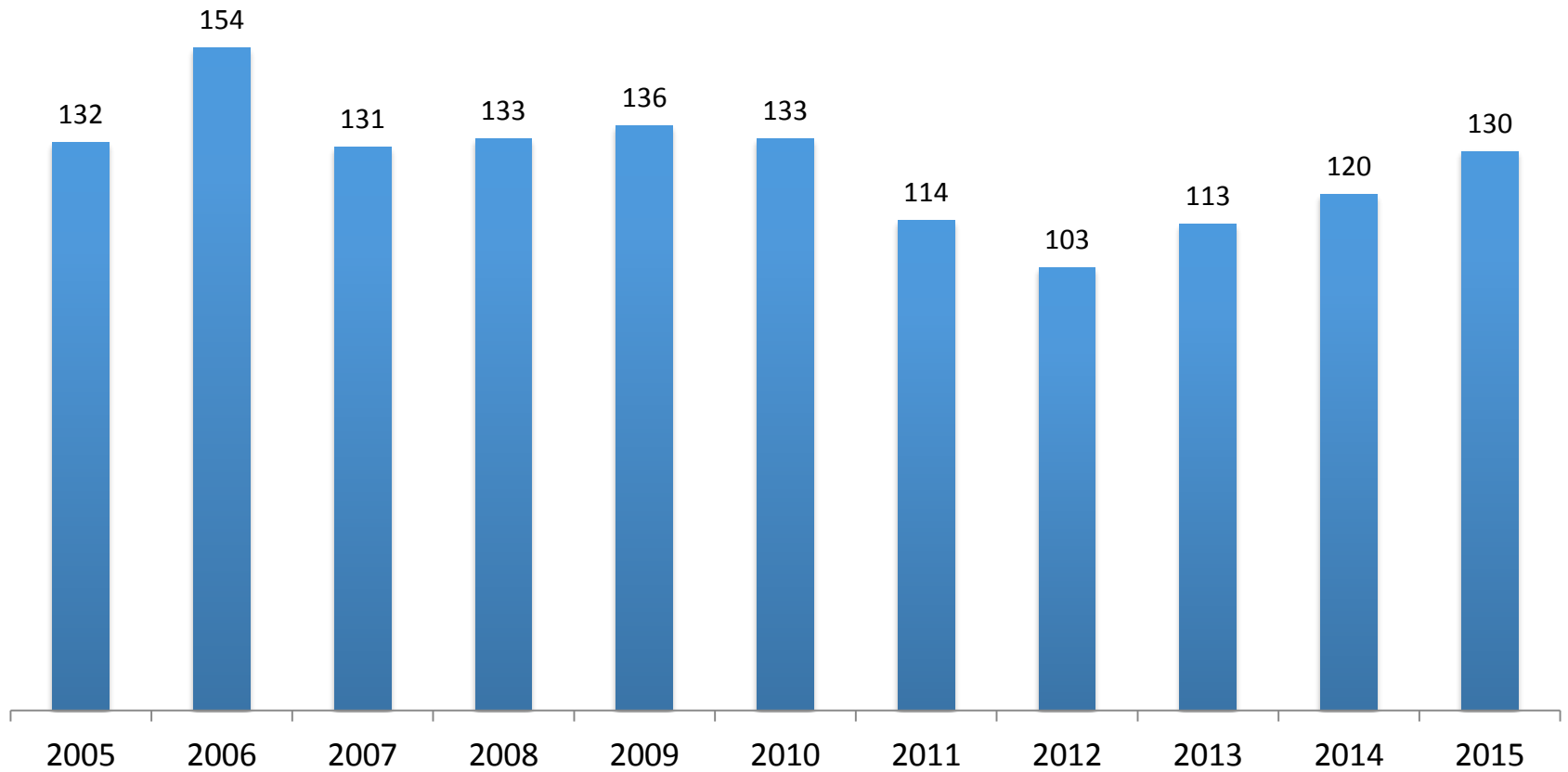
Population:	Crawford	Michigan	Race and Ethnicity:	Crawford	Michigan
Total population	13,801	9,922,576	White	96.7%	79.7%
Persons under 5 years	4.2%	5.8%	Black	0.9%	14.2%
Persons under 18 years	18.3%	22.2%	American Indian/Alaska Native	0.7%	0.7%
Persons 65 years and over	20.8%	15.8%	Asian	0.5%	3.0%
Education:			More than one race	1.3%	2.3%
High school graduates	87.5%	89.6%	Hispanic	1.9%	4.9%
Bachelor's degree or higher	17.2%	26.9%			

	Crawford	Michigan
Gender: females	49.5%	50.8%
Persons per household	2.3	2.52
Language other than English spoken at home	1.8%	9.2%
Disability, under age 65	16.1%	10.3%
Mean travel time to work (minutes)	21.4	24.2
Per capita income	\$22,595	\$26,607
Population per square mile	25.3	174.8

Births

Number of births by year

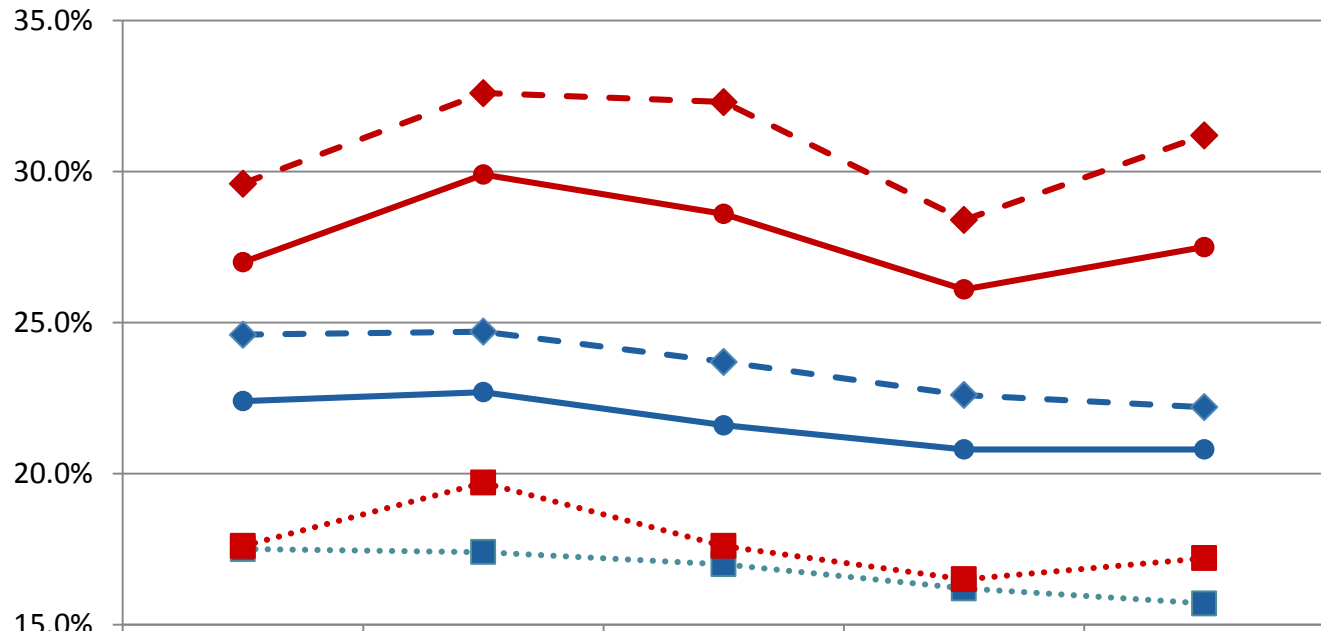
Source: Michigan Department of Health and Human Services



Poverty

Percent living below the poverty level.

Source: US Census Bureau and Small Area Income and Poverty Estimates (SAIPE) website, provided by Michigan League for Public Policy.

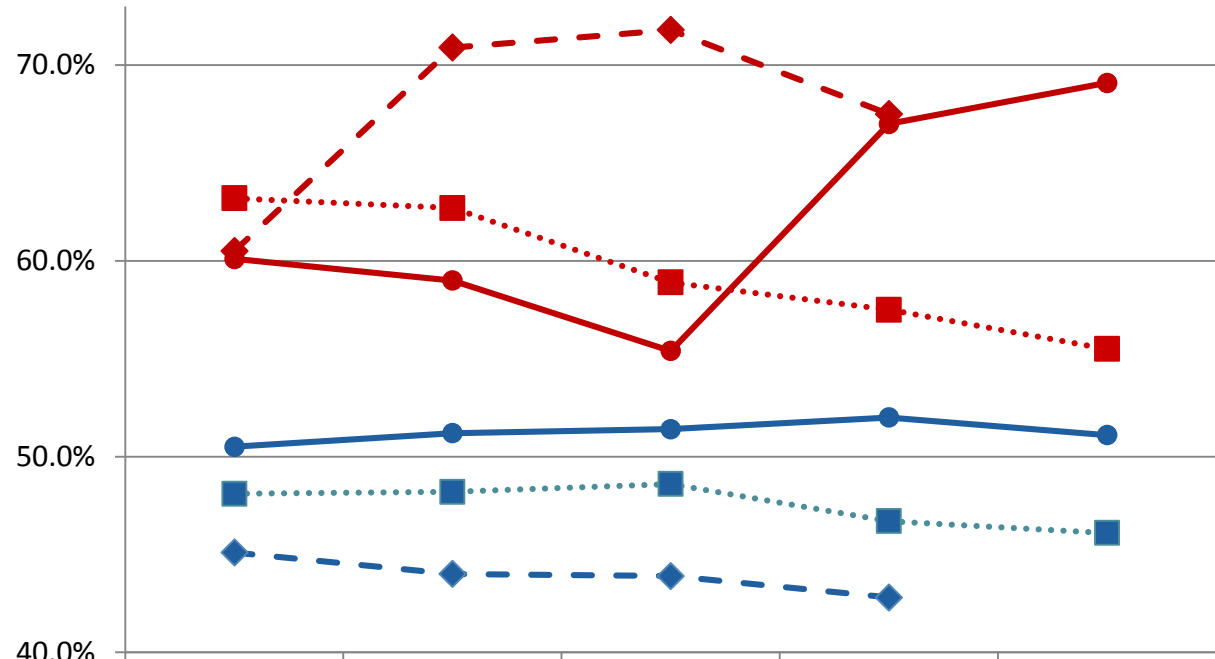


	2011	2012	2013	2014	2015
Michigan - children 0-17	24.6%	24.7%	23.7%	22.6%	22.2%
Crawford - children 0-17	29.6%	32.6%	32.3%	28.4%	31.2%
Michigan - children 5-17	22.4%	22.7%	21.6%	20.8%	20.8%
Crawford - children 5-17	27.0%	29.9%	28.6%	26.1%	27.5%
Michigan - all ages	17.5%	17.4%	17.0%	16.2%	15.7%
Crawford - all ages	17.6%	19.7%	17.6%	16.5%	17.2%

Poverty Indicators

- WIC (Women, Infants, and Children) is determined by the number of children age 0-4 who received benefits in Crawford County. Data reflect the county of service.
- School children eligible for free and reduced price meals is based on family income below 185 percent of poverty.
- Percent of births paid by Medicaid.

Source: Michigan Department of Health and Human Services and the Michigan Department of Education, provided by Michigan League for Public Policy.



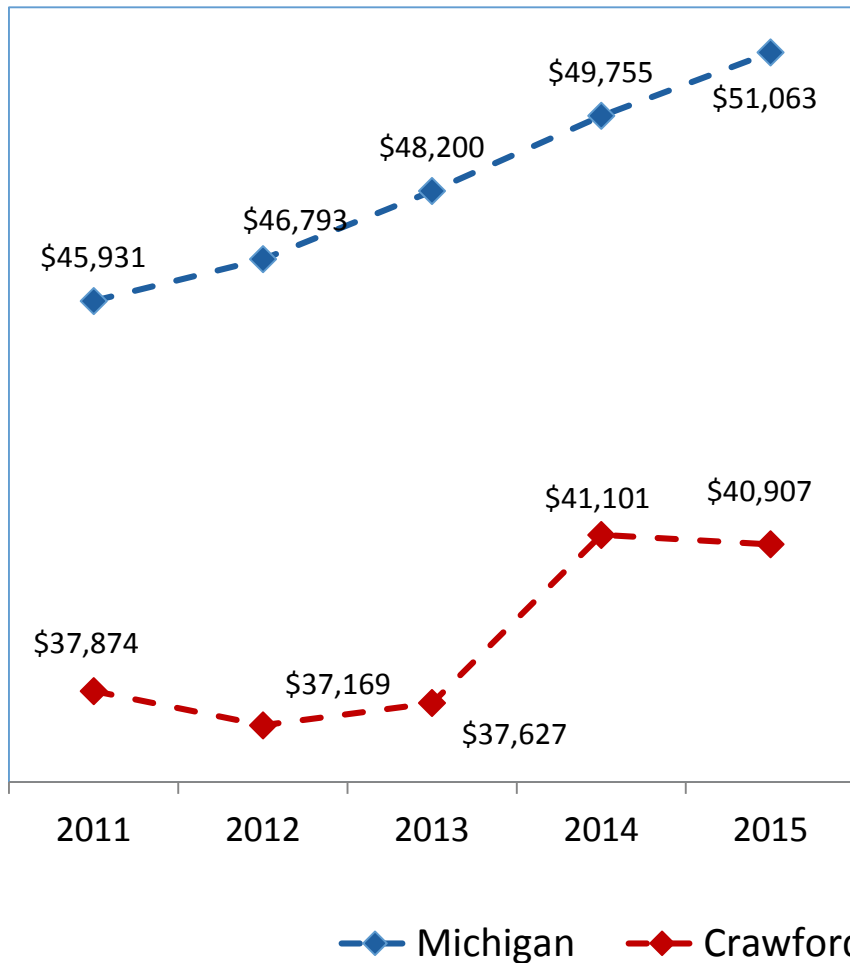
	2011	2012	2013	2014	2015
—◆— Michigan - Medicaid paid births	45.1%	44.0%	43.9%	42.8%	
-◆- Crawford - Medicaid paid births	60.5%	70.9%	71.8%	67.5%	
—●— Michigan - Children receiving WIC	50.5%	51.2%	51.4%	52.0%	51.1%
-●- Crawford - Children receiving WIC	60.1%	59.0%	55.4%	67.0%	69.1%
··■·· Michigan - Free/reduced meals	48.1%	48.2%	48.6%	46.7%	46.1%
··■·· Crawford - Free/reduced meals	63.2%	62.7%	58.9%	57.5%	55.5%

Median Income and Unemployment

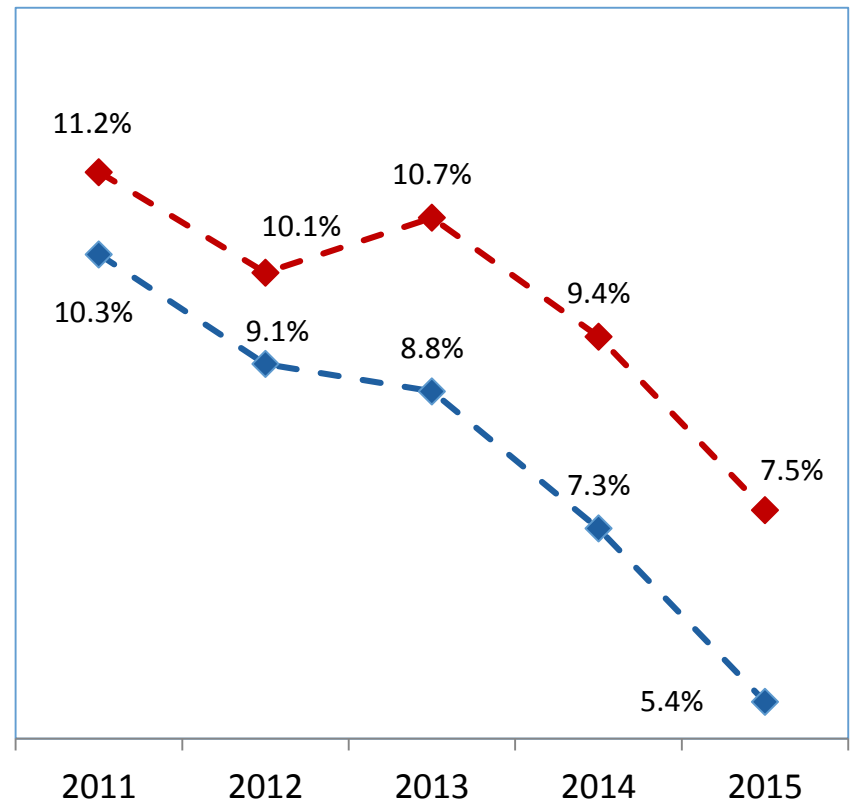
Unemployment is based on the number of unemployed compared to the number in the labor force.

Source: Michigan League for Public Policy provided income data from the US Census Bureau and Small Area Income and Poverty Estimates (SAIPE) and unemployment data from the Bureau of Labor Statistics.

Median Household Income



Unemployment



Leading Causes of Death

Leading causes of death are rates per 100,000 population.

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Source: Michigan Department of Health and Human Services, 2015.

Cause of Death	Michigan	DHD#10	Crawford County
Heart disease	200.3	193.5	207.8
Cancer	173.5	182.7	170.7
Chronic lower respiratory disease	44.2	49.5	*
Accidents	41.2	46.7	*
Stroke	37.8	35.3	*
Alzheimer's	27.0	31.1	*
Diabetes	23.6	22.4	*
Pneumonia/Influenza	15.4	13.4	*
Kidney disease	15.2	12.7	*
Suicide	13.2	14.9	*

Years of Potential Life Lost

- The number of years of potential life lost are rates calculated as the number of years between the age at death and 75 years of age for persons dying before their 75th year.
- Rates are per 100,000 population under 75 years of age.

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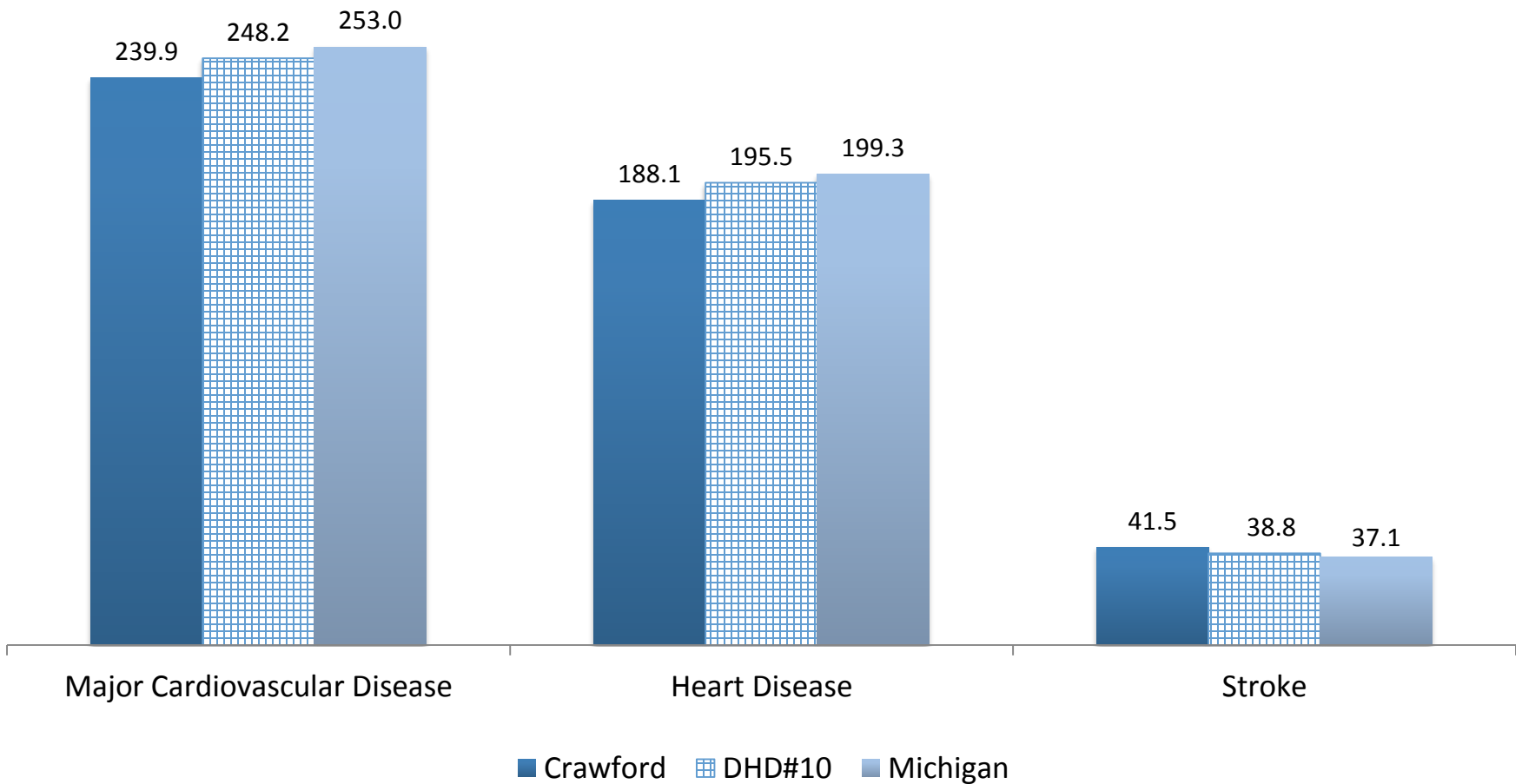
Source: Michigan Department of Health and Human Services, 2014.

Cause of Death	Michigan	DHD#10	Crawford County
Cancer	1,689.6	2,004.1	1931.9
Heart disease	1,305.2	1,342.1	2294.1
Accidents	1,070.5	1,249.1	*
Suicide	425.3	440.4	*
Perinatal	315.6	*	0
Homicide	257.2	*	0
Lower respiratory	234.0	325.0	*
Diabetes	203.4	191.7	*
Liver disease	196.3	195.8	*
Cerebrovascular	168.5	162.5	*

Cardiovascular Disease Mortality

Age adjusted rate per 100,000

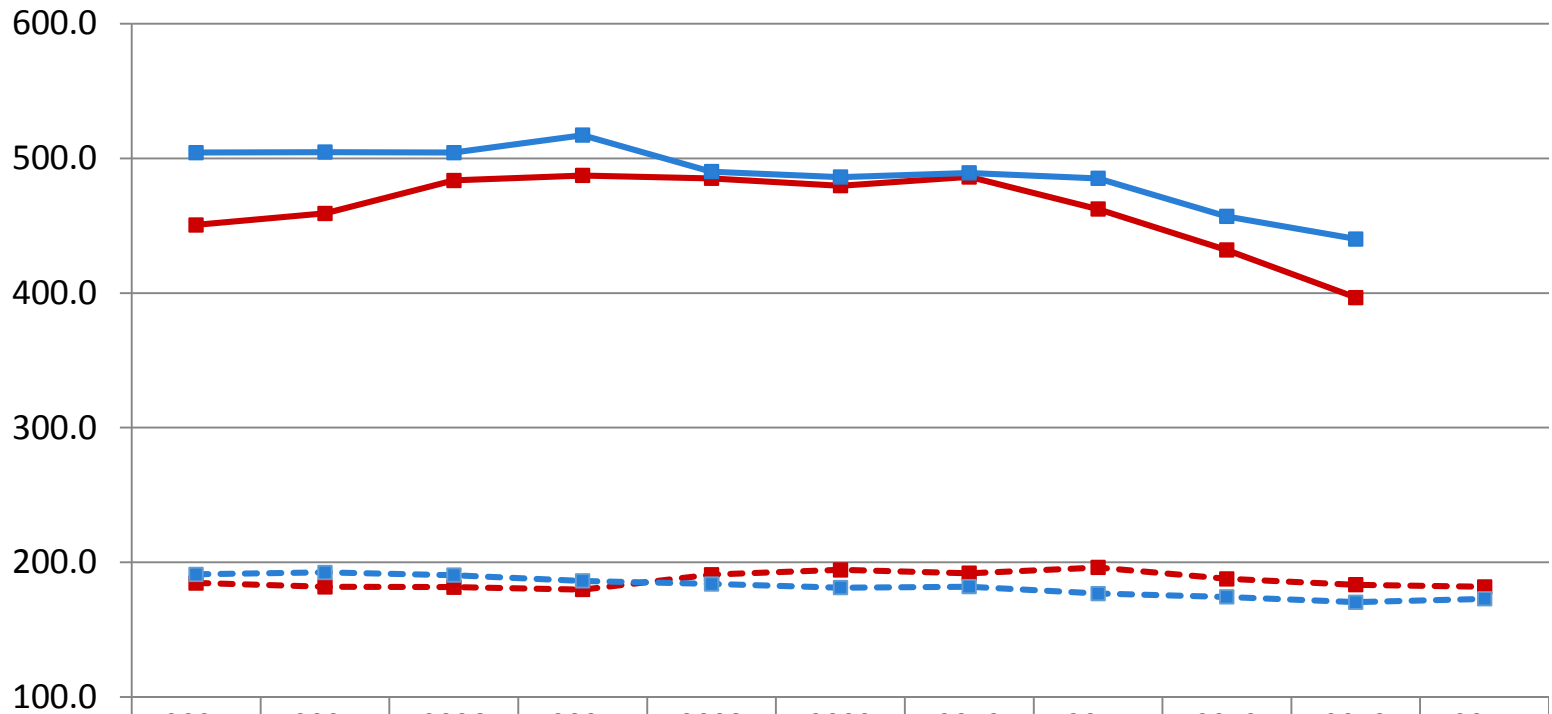
Source: Michigan Department of Health and Human Services, 2012-2014.



Cancer Incidence and Mortality

Age adjusted rates per 100,000 population; county rates are based on five year averages

Source: Michigan Department of Health and Human Services

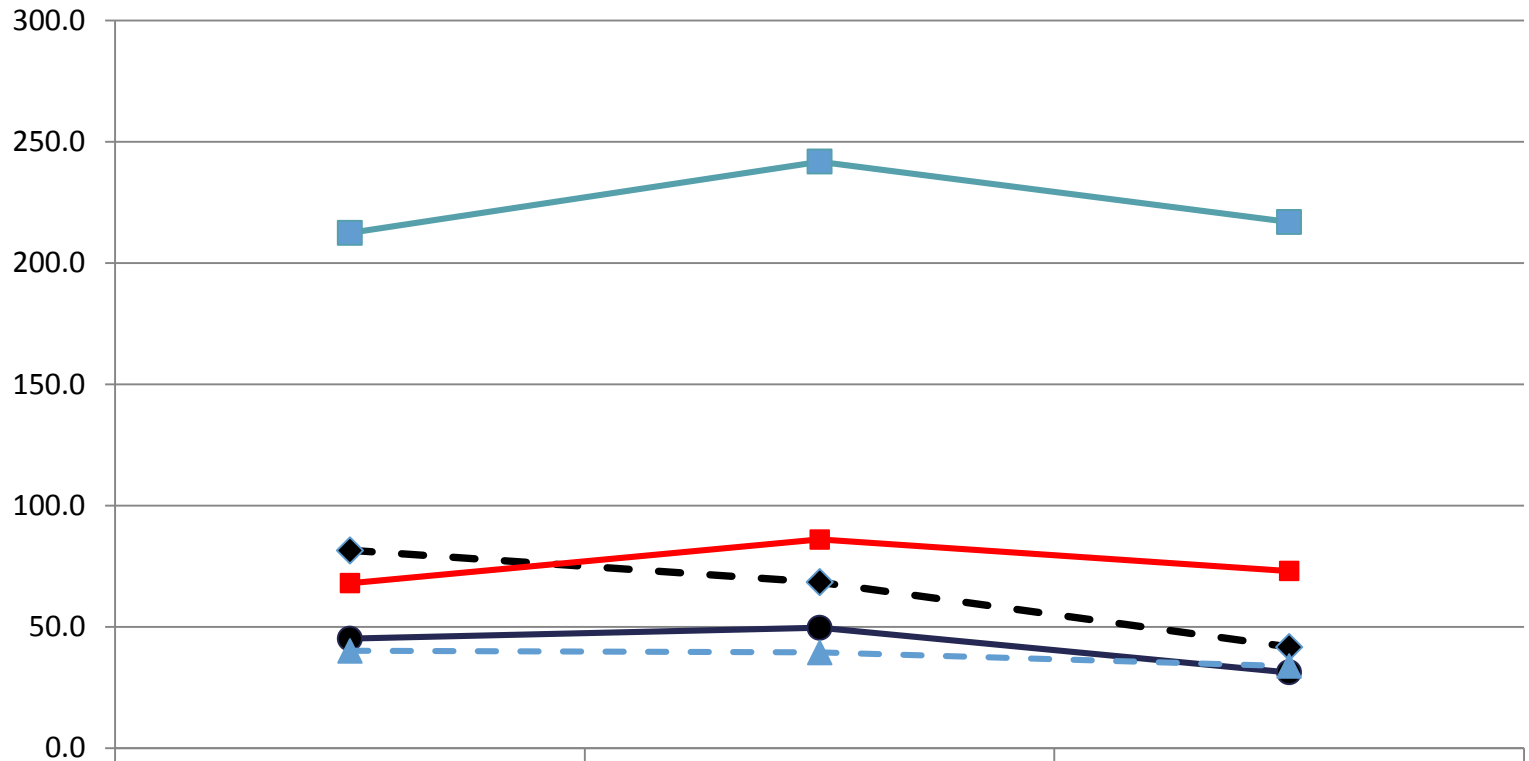


	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
—■— Crawford cases	450.6	459.1	483.6	487.3	485.1	479.7	486.2	462.3	431.9	396.6	
—■— Michigan cases	504.2	504.6	504.3	517.2	490.1	486.1	489.2	485.1	456.8	440.1	
- -■- Crawford deaths	184.7	181.8	181.6	179.8	190.9	194.5	192.0	196.2	187.8	183.4	181.8
- -■- Michigan deaths	191.1	192.5	190.5	186.2	184.0	181.2	182.0	176.9	174.4	170.5	172.9

Cancer Incidence Trends

Age adjusted rate per 100,000

Source: Michigan Department of Health and Human Services



	1999-2003	2004-2008	2009-2013
◆ Prostate	81.5	68.4	41.7
■ Lung	68.0	86.0	73.0
● Breast	45.1	49.6	31.2
▲ Colon	40.1	39.4	33.8
■ All Other Sites	212.4	241.8	216.9

Fatal Injuries

The Healthy People 2020 targets for fatal injuries per 100,000 are as follows:
 Suicide: 10.2 Poisoning: 13.1 Falls: 7.0
 Drowning: 1.1 Burn/fire/flare: 0.86 Firearm related: 9.8
 Motor vehicle traffic crash related: 12.4

Source: Michigan Resident Death files, Data Development Section, Michigan Department of Health and Human Services.

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Fatal Injuries and Rates		Number of fatal injuries		Rates per 100,000 population	
		Annual average 2009-2013	2014	Annual average 2009-2013	2014
Crawford	Unintentional (transport)	4.2	3	*	*
	Unintentional (other)	6.2	5	44.2	*
	Self-inflicted/suicide	1.8	3	*	*
	Assault/homicide	0.4	0	*	*
	Other	0.4	1	*	*
Michigan	Unintentional (transport)	1,062.0	1,031	10.7	10.4
	Unintentional (other)	2,736.0	3,274	27.6	33.0
	Self-inflicted/suicide	1,239.2	1,344	12.5	13.6
	Assault/homicide	659.4	588	6.7	5.9
	Other	454.8	455	4.6	4.6

Sexually Transmitted Diseases: Gonorrhea and Chlamydia

- Gonorrhea: The Healthy People 2020 target for females is no more than 257 incident cases and males no more than 198 incident cases per 100,000 population aged 15-44 years be reported per year.
- Chlamydia: The Healthy People 2020 target for females aged 15-24 attending family planning clinics with the past 12 months and testing positive for chlamydia will be less than 6.7%.

Source: Michigan Sexually Transmitted Disease Section, Michigan Department of Health and Human Services.

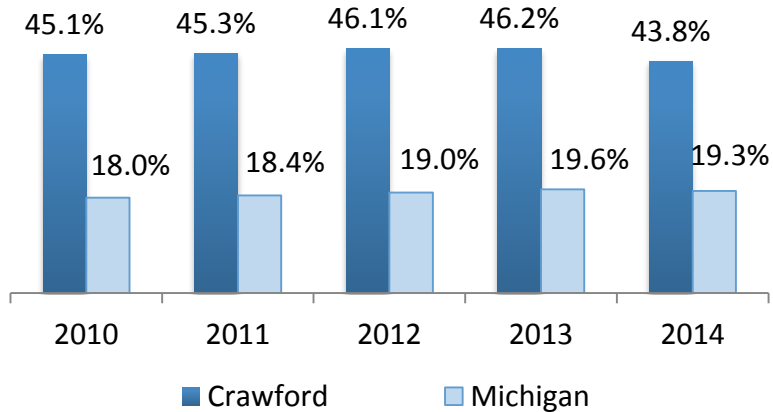
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Gonorrhea						
	Number of Cases			Rate per 100,000		
	2005-2009 average	2010-2014 average	2015	2005-2009	2010-2014	2015
Crawford	0.6	0.6	1	*	*	*
DHD#10	45.6	29.0	48	11.0	11.1	*
Michigan	17,009.2	11,995.6	10,615	120.1	121.3	107.0

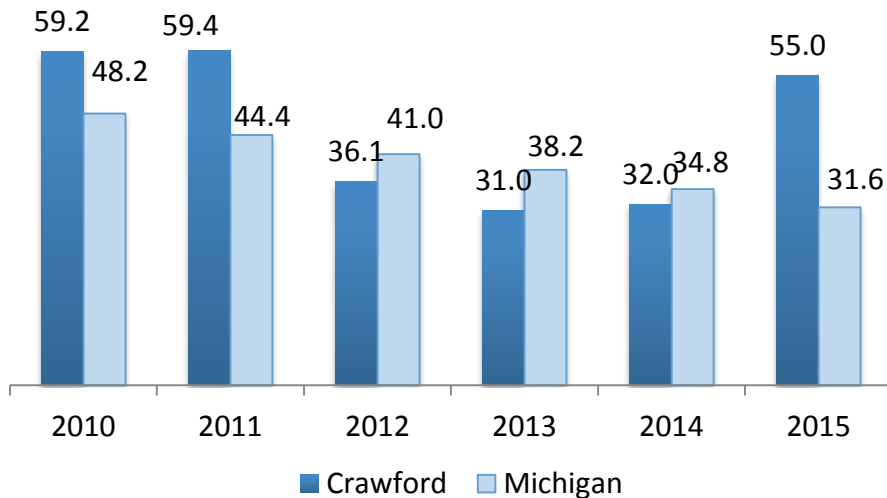
Chlamydia						
	Number of Cases			Rate per 100,000		
	2005-2009 average	2010-2014 average	2015	2005-2009	2010-2014	2015
Crawford	21.2	30.0	42	207.7	215.2	*
DHD#10	433.2	577.4	808	218.7	221.1	309.9
Michigan	42,596.2	47,830.8	47,702	478.9	483.7	480.7

Birth Related Trends

Smoked during pregnancy

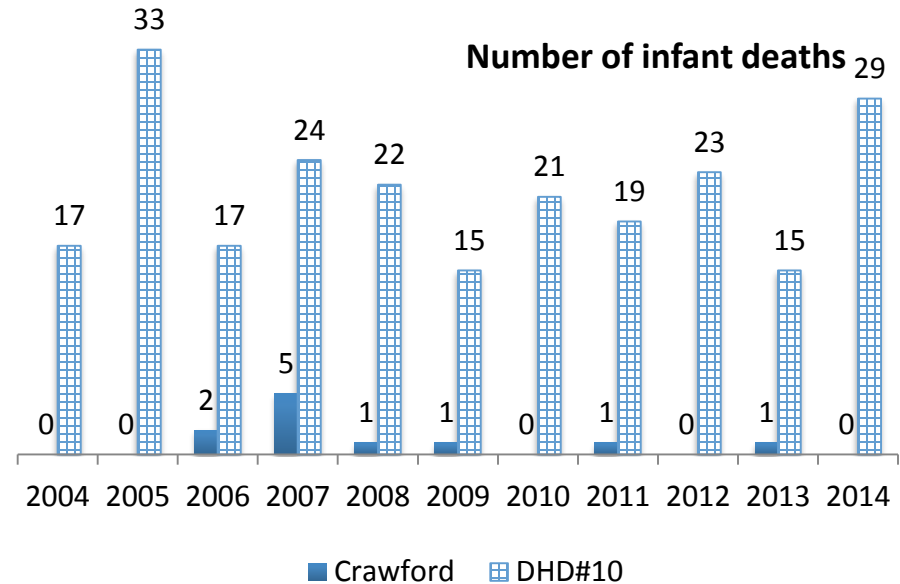


Teen pregnancy rate per 1000, ages 15-19

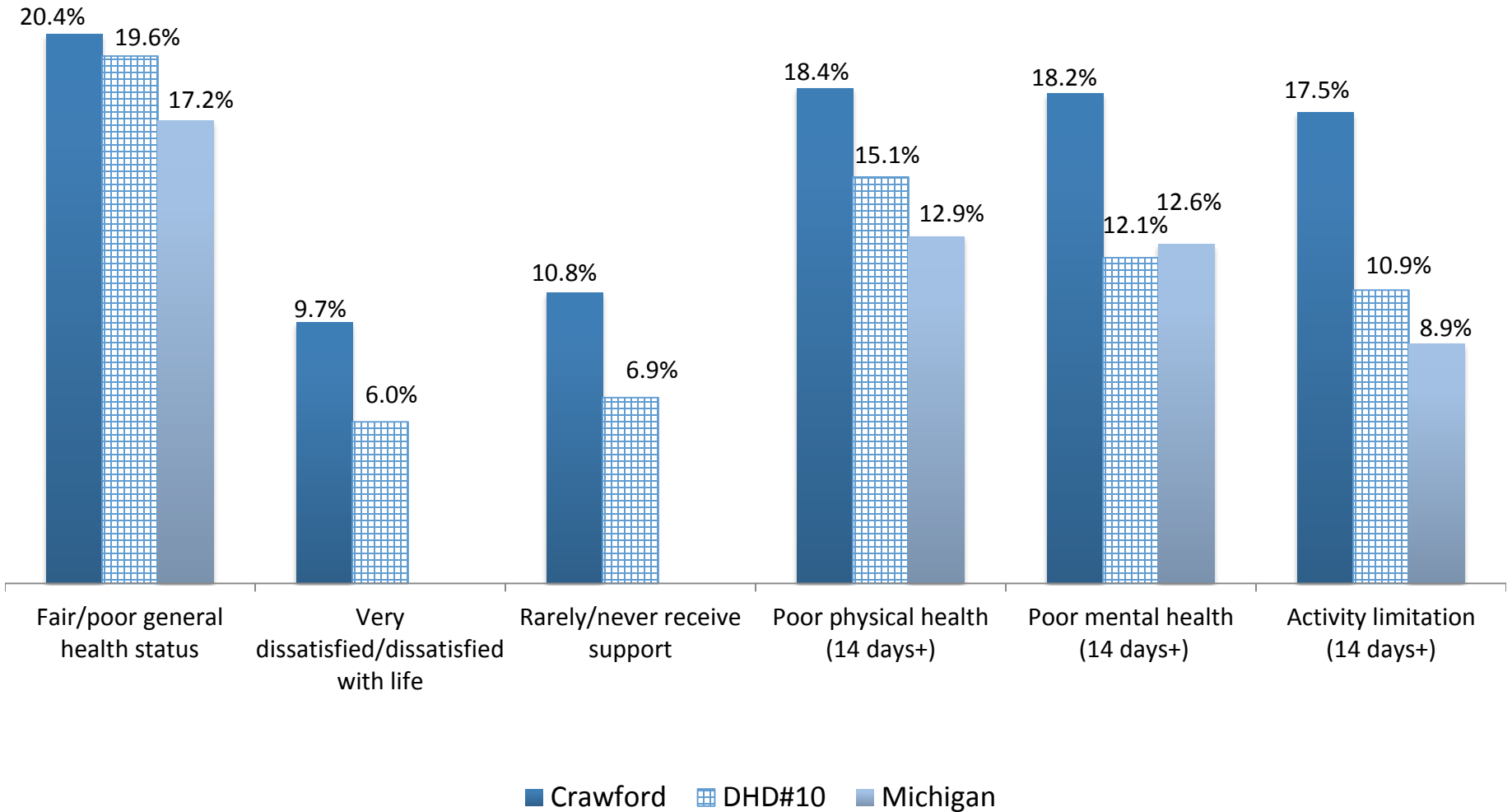


- Smoked while pregnant were those who had a history of smoking, but never quit, plus those who quit at some point between estimated conception and birth date. Three year averages. Healthy People 2020 goal is 1.4%. Source: Michigan Department of Health and Human Services data provided by Michigan League for Public Policy
- Teen pregnancy rates are per 1,000 females ages 15-19 and include live births, abortions, and estimated miscarriages. Healthy People 2020 target for teen pregnancies among 15-17 year olds is 36.2 per 1,000 females; target among 18-19 year olds is 105.9. Source: Michigan Department of Health and Human Services.
- Infant deaths are those occurring to those under one year of age. Source: Michigan Department of Health and Human Services.

Number of infant deaths



Health Status



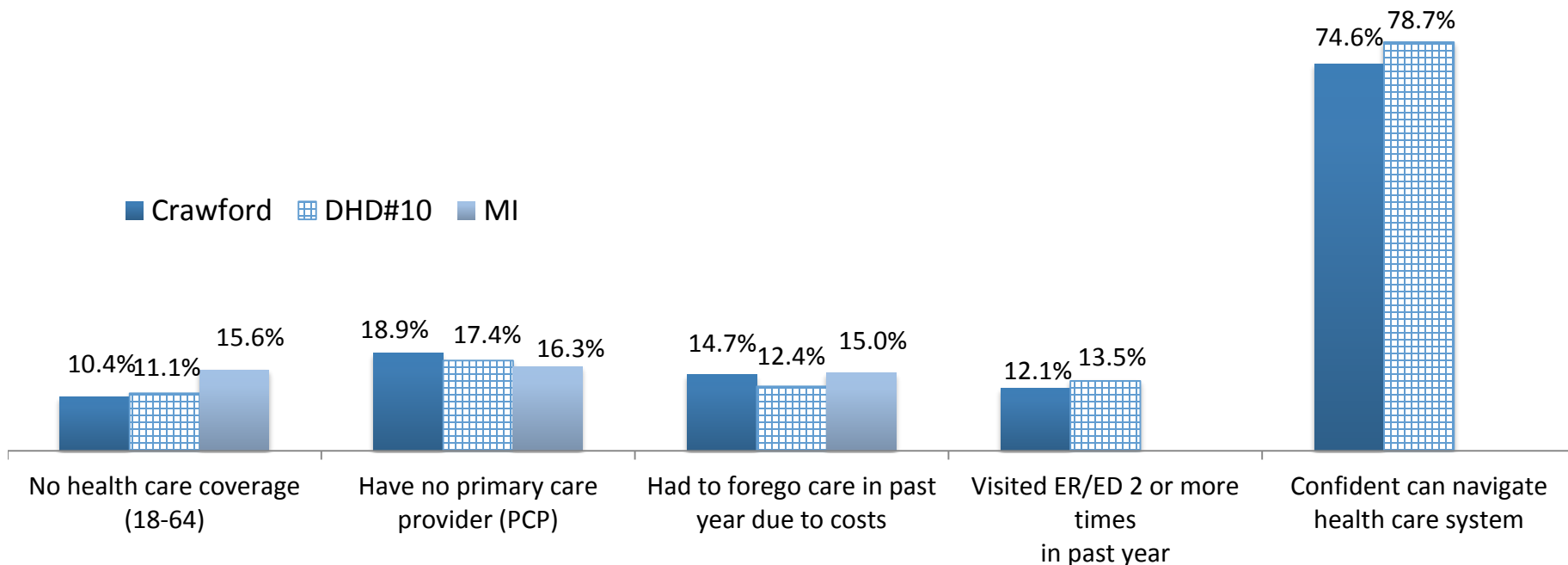
Source: District Health Department #10 Behavioral Risk Factor Survey, 2014-2015 (County and District results)
 Michigan Behavioral Risk Factor Surveillance System, 2014 (Michigan comparison)

Health Care Access

Number of people per health care provider

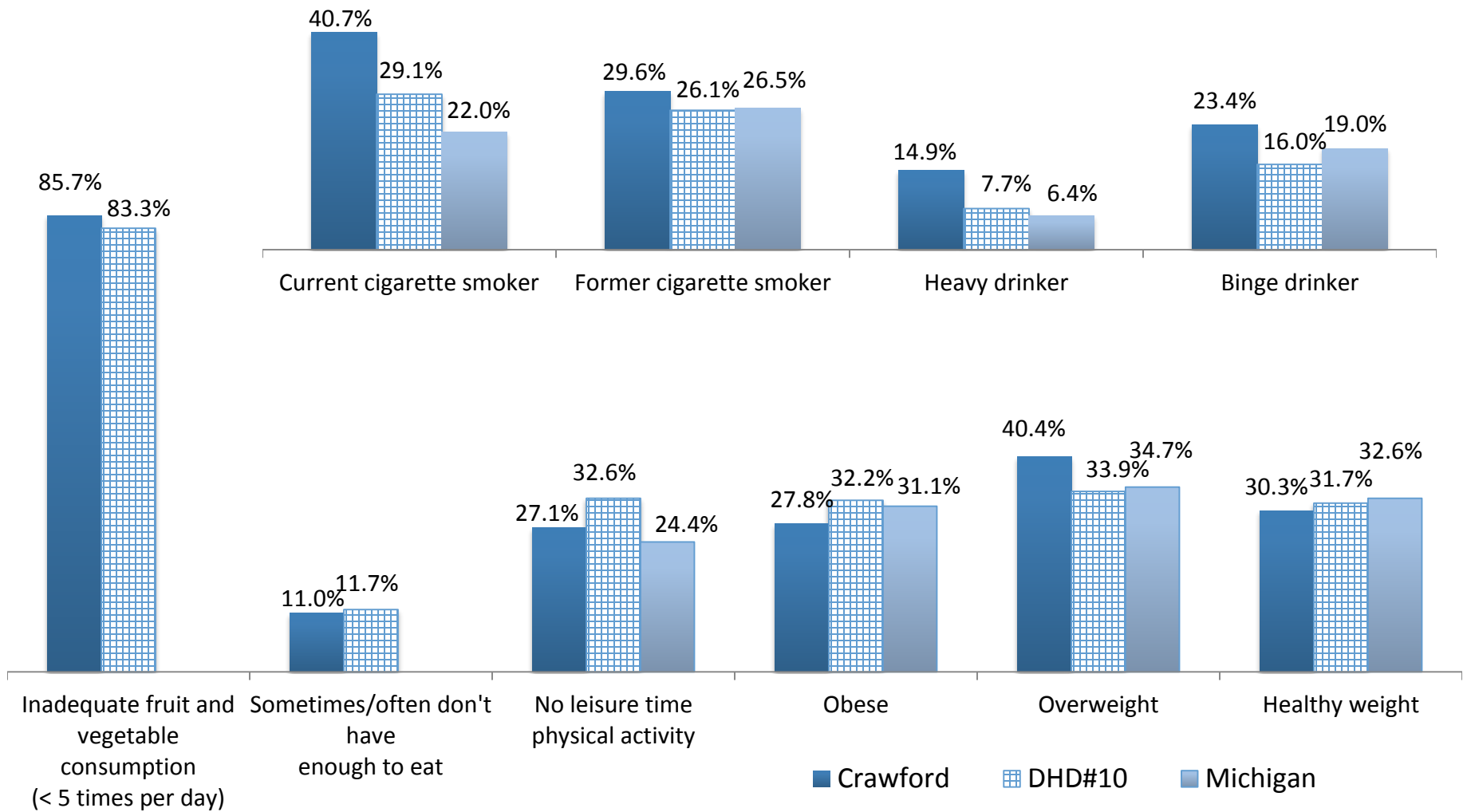
	Crawford	Michigan
Primary care physicians	980:1	1,240:1
Dentists	3,450:1	1,420:1
Mental health providers	920:1	460:1

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. Source: County Health Rankings, 2016.



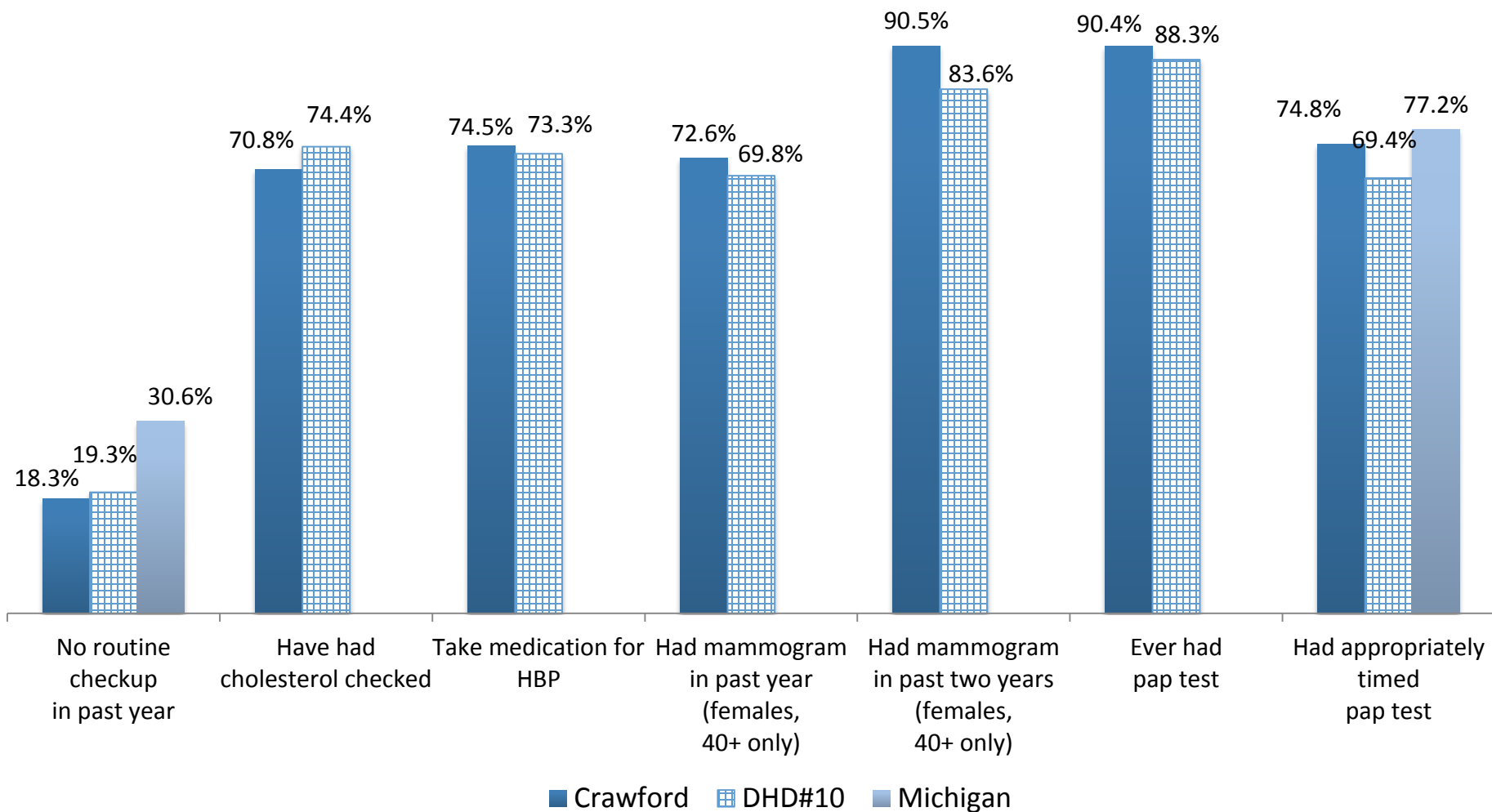
Source: District Health Department #10 Behavioral Risk Factor Survey, 2014-2015 (County and District results)
Michigan Behavioral Risk Factor Surveillance System, 2014 (Michigan comparison)

Risk Behaviors



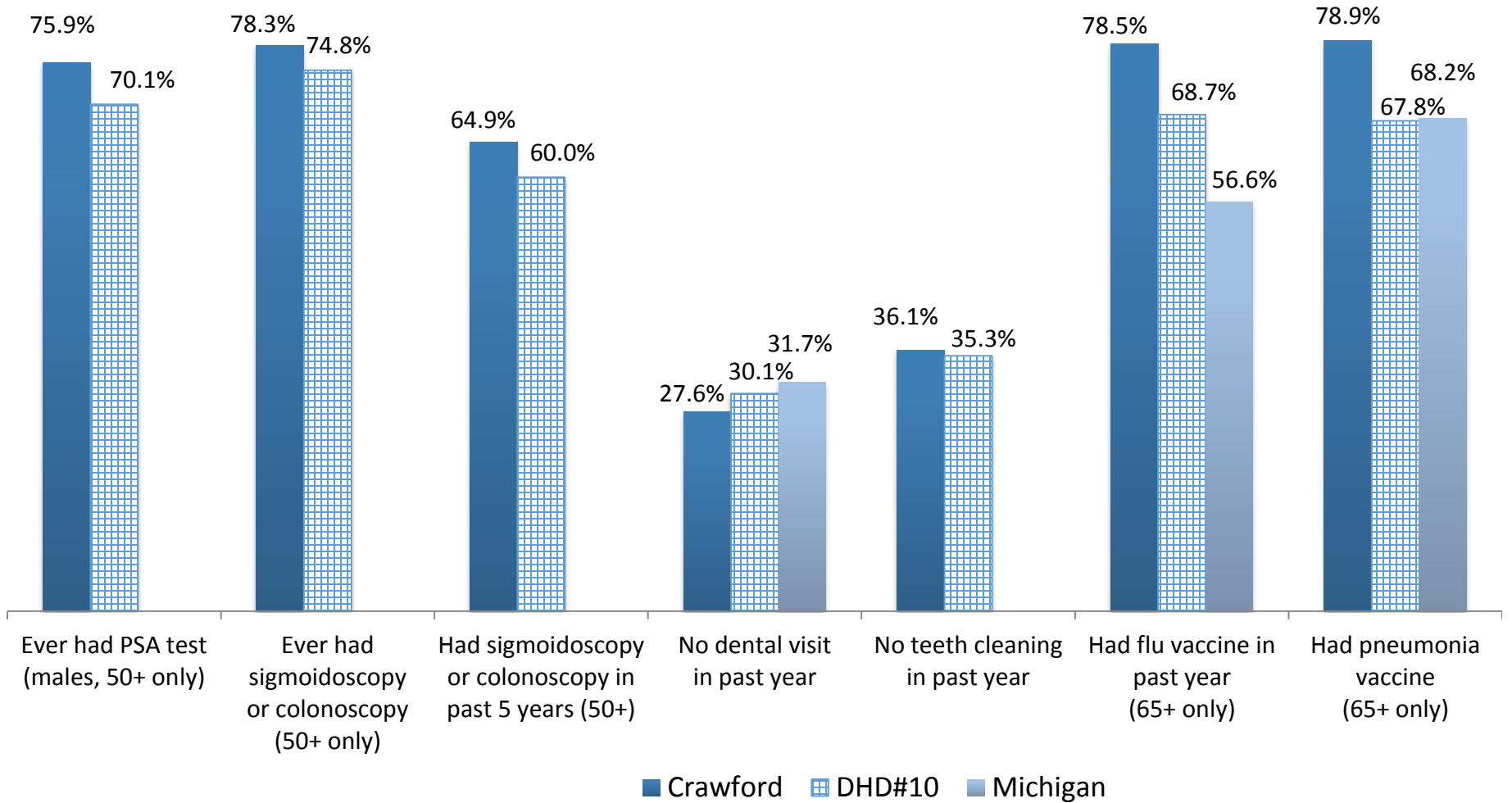
Source: District Health Department #10 Behavioral Risk Factor Survey, 2014-2015 (County and District results)
 Michigan Behavioral Risk Factor Surveillance System, 2014 (Michigan comparison)

Clinical Preventive Practices



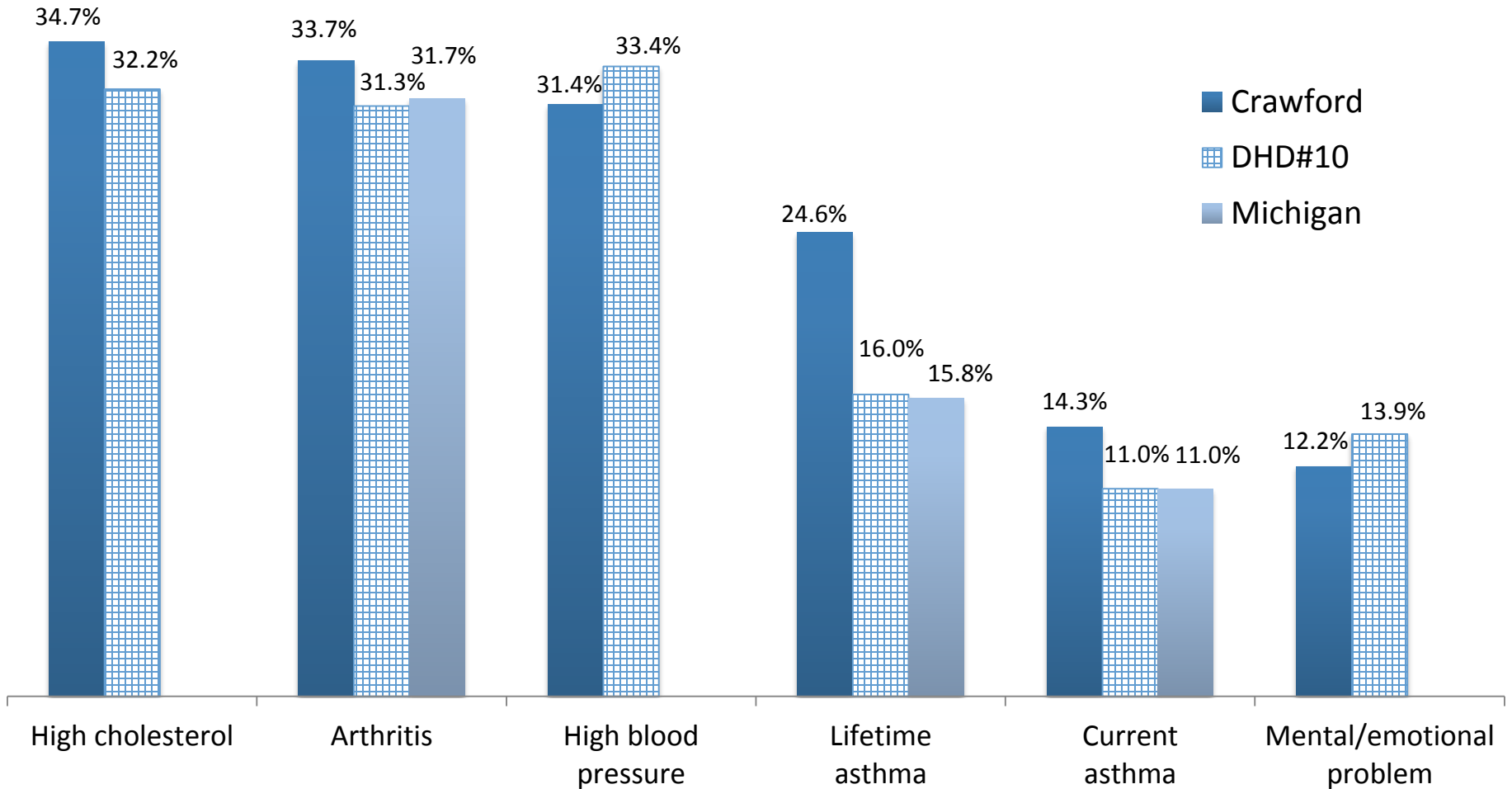
Source: District Health Department #10 Behavioral Risk Factor Survey, 2014-2015 (County and District results)
 Michigan Behavioral Risk Factor Surveillance System, 2014 (Michigan comparison)

Clinical Preventive Practices, continued



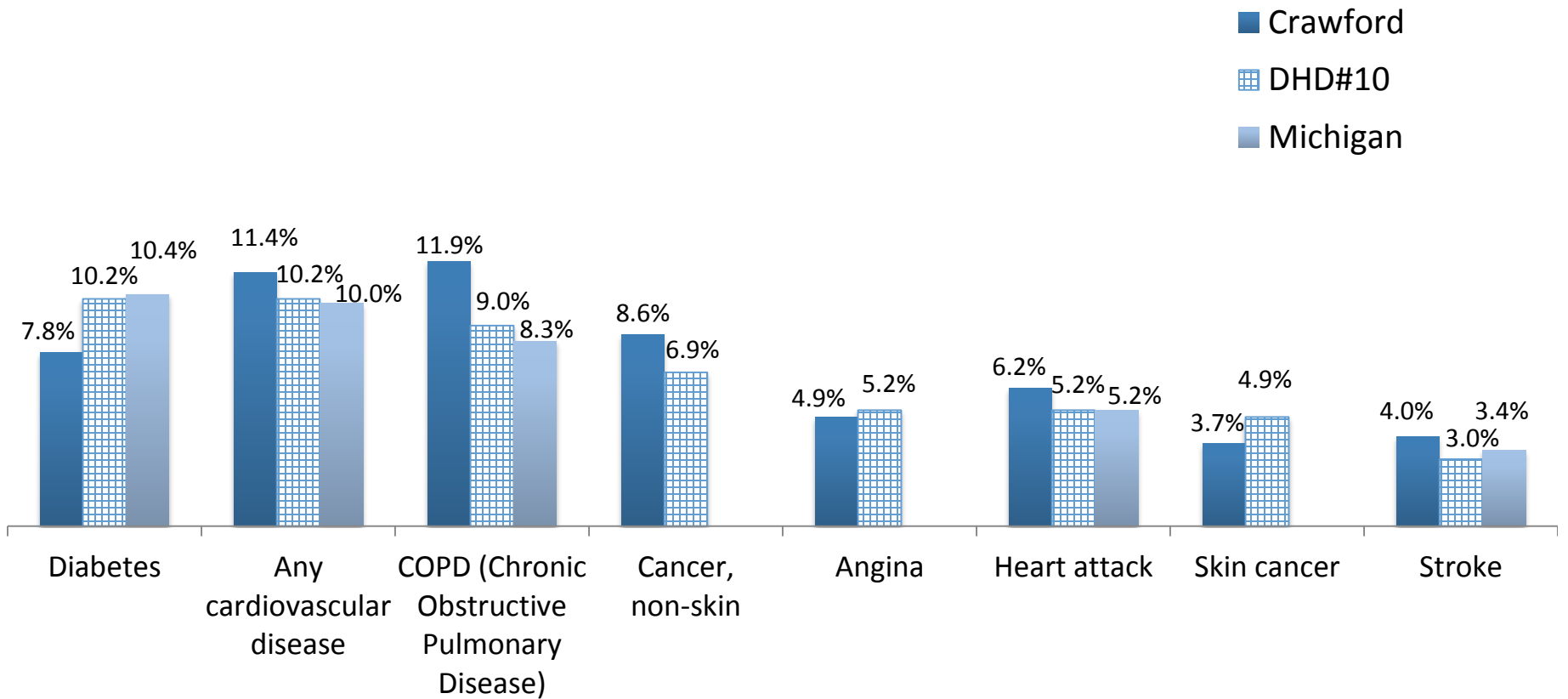
Source: District Health Department #10 Behavioral Risk Factor Survey, 2014-2015 (County and District results)
 Michigan Behavioral Risk Factor Surveillance System, 2014 (Michigan comparison)

Chronic Conditions



Source: District Health Department #10 Behavioral Risk Factor Survey, 2014-2015 (County and District results)
Michigan Behavioral Risk Factor Surveillance System, 2014 (Michigan comparison)

Chronic Conditions, continued

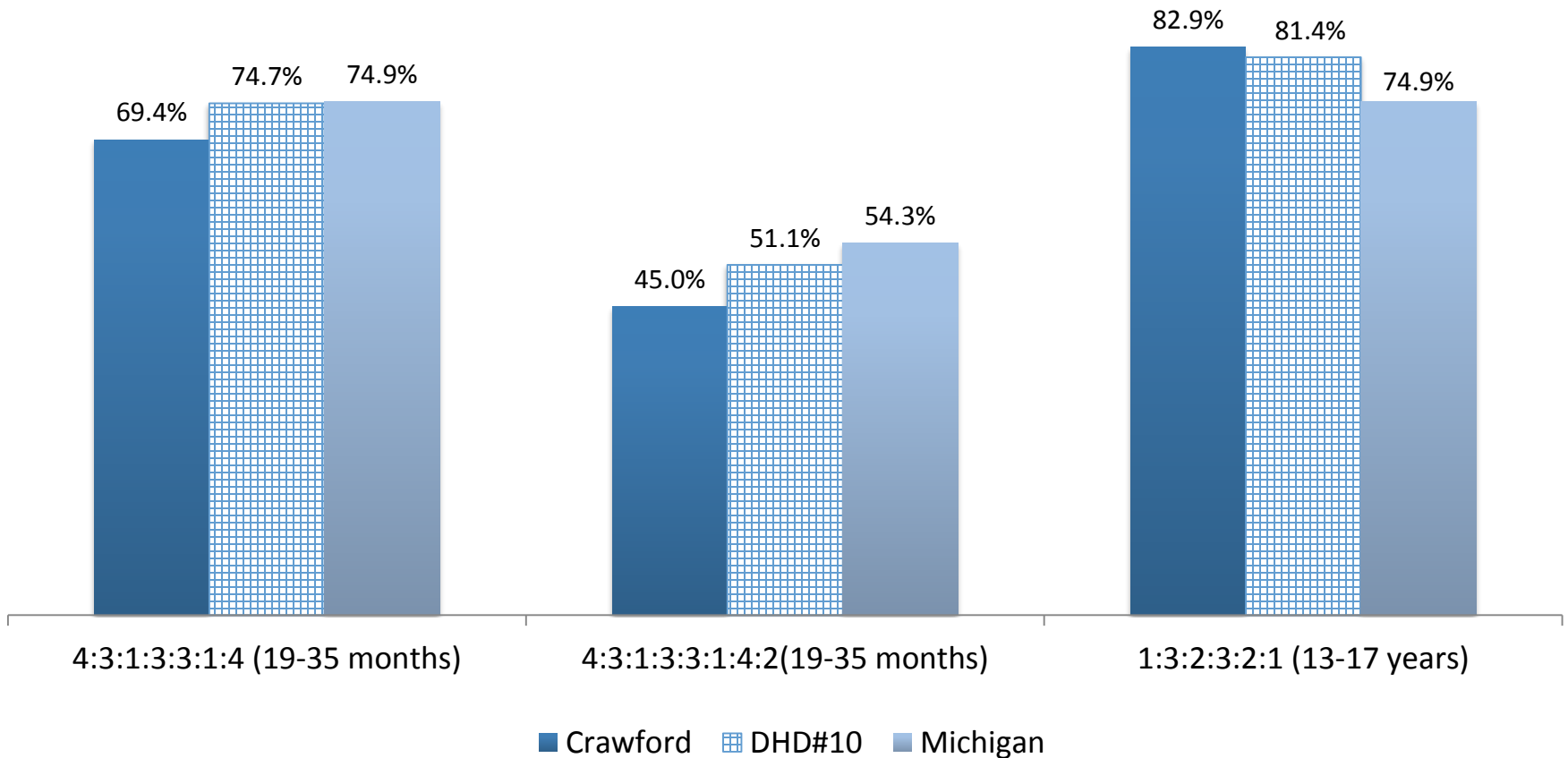


Source: District Health Department #10 Behavioral Risk Factor Survey, 2014-2015 (County and District results)
 Michigan Behavioral Risk Factor Surveillance System, 2014 (Michigan comparison)

Childhood Immunizations

- 4:3:1:3:3:1:4 includes 4 doses of DTaP, 3 polio, 1 MMR, 3Hib, 3 Hepatitis B, 1 varicella, and 4 PCV7/13. This is the percent of 19-35 month old children who have received these immunizations.
- 4:3:1:3:3:1:4:2 includes the above vaccines with the addition of 2 doses of Hepatitis A. This is the percent of 19-35 month old children who have received these immunizations.
- 1:3:2:3:2:1 includes 1 Tdap, 3 IPV, 2 MMR, 3 HepB, 2 Varicella, and 1 Meningococcal. This is the percent of 13-17 year olds who have received these immunizations.

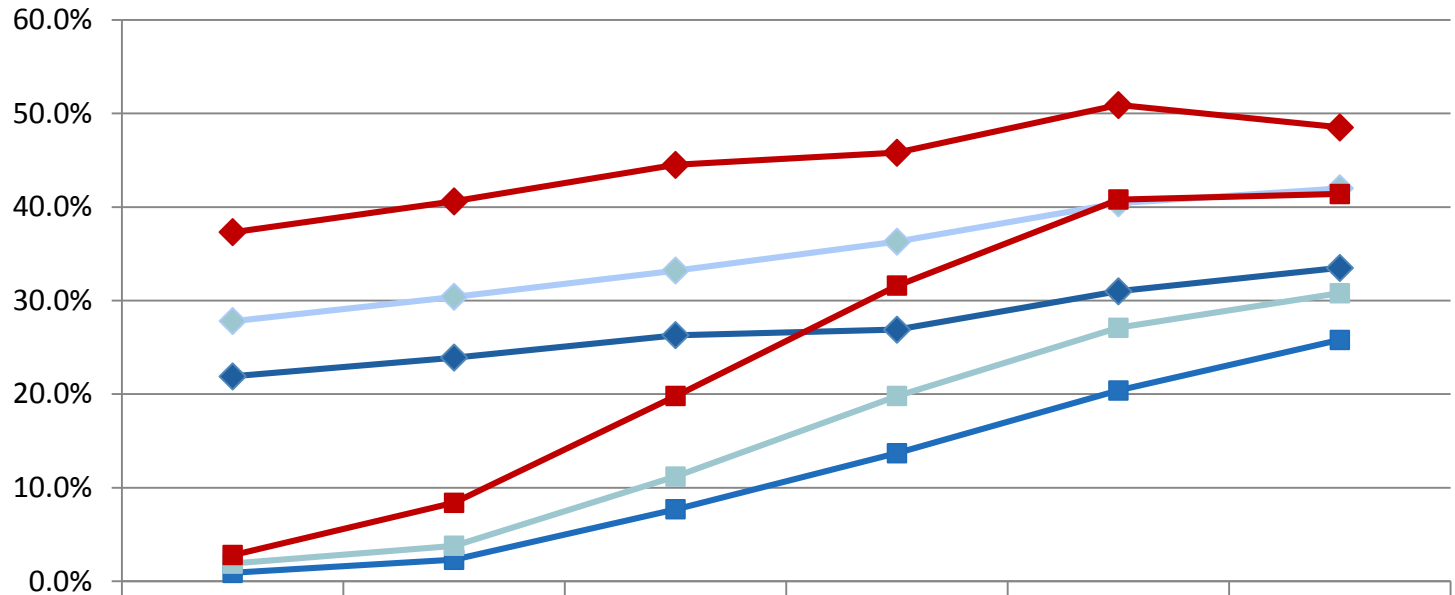
Source: MCIR (Michigan Care Improvement Registry) data, December 31, 2015.



HPV Compliance Rates

Percentages are based upon those males and females, ages 13-17, who have received the HPV series.

Source: MCIR (Michigan Care Improvement Registry).



	January 2012	January 2013	January 2014	January 2015	January 2016	January 2017
Michigan - Females	21.9%	23.9%	26.3%	26.9%	31.0%	33.5%
Michigan - Males	0.9%	2.3%	7.7%	13.7%	20.4%	25.8%
DHD10 - Females	27.8%	30.4%	33.2%	36.3%	40.4%	42.0%
DHD10 - Males	1.9%	3.8%	11.2%	19.8%	27.1%	30.8%
Crawford - Females	37.3%	40.6%	44.5%	45.8%	50.9%	48.5%
Crawford - Males	2.8%	8.4%	19.8%	31.6%	40.8%	41.4%

County Health Rankings 2017

“County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states.”

www.countyhealthrankings.org

Overall Ranking	Influencing Factors	Components	Ranking (out of 83 counties)
Health Outcomes			71
Represents how healthy a county is, using factors of how long people live and how healthy they feel while they are alive (quality of life)	Length of Life	Premature death	73
	Quality of Life	Poor or fair health; poor physical health days; poor mental health days; low birth weight	62
Health Factors			28
Represents what influences the health of a county	Health Behaviors	Smoking; obesity; food environment; physical activity; excessive drinking; alcohol impaired driving deaths; sexually transmitted infections; teen births	27
	Clinical Care	Uninsured; ratios of physicians, dentists and mental health providers to population; preventable hospital stays; diabetic monitoring; mammography screening	10
	Social and Economic Factors	Education; unemployment; poverty; children in single-parent households; social associations; violent crime; injury deaths	66
	Physical Environment	Air pollution; drinking water violations; severe housing problems; driving alone to work and long commute	13

Conclusions: BRFS

Behavioral Risk Factor Survey Findings

The district-wide BRFS findings show both strengths and opportunities for improvement in the health status of our communities

Strengths

- Most enjoy good to excellent general health, physical health, and mental health
- Adequate social and emotional support
- Large majority have health care coverage and a primary care provider (PCP)
- Most have had no problems receiving needed medical care
- Binge drinking lower than Michigan and US
- Most buy fresh fruits/vegetables locally and feel fresh produce is readily available in their community
- Strong majority have routine physical checkups and health screening/tests, such as mammograms
- Vast majority receiving information on how to manage diabetes, heart attack, angina/CHD, COPD
- Majority of adults aged 65+ immunized against pneumonia and flu

Opportunities for Improvement

- DHD#10 area lags behind Michigan and/or US on most indicators measured
- One in five with fair to poor general health
- Physical health and activity limitation worse than MI
- Nearly one in three obese; one in three overweight but not obese
- Nearly three in ten are current smokers
- Prevalence of heavy drinking higher than MI/US
- Nearly one-third not engaging in leisure time physical activity
- Inadequate fruit/vegetable consumption
- Three in ten have not visited the dentist in past year
- One in three have hypertension
- One in ten have diabetes; one in five over age 55 have diabetes
- Higher prevalence than MI and/or US on chronic conditions such as asthma, heart attacks, heart disease, and cancer
- Nearly one-third have high cholesterol

Conclusions: CHIP

Community Health Improvement Plan (CHIP) Successes

Significant progress has been made in 2016 toward our Community Health Improvement Plan goals. The information provided in the Chartbooks is essential in identifying areas of need in our communities as well as providing baseline measurements to determine if goals have been reached. The following are examples of the progress achieved in each of the four areas:

Poverty

- Number of residents with health insurance has increased from 80% in 2012 to 90% in 2016.

Access to Preventive Care

- In collaboration with community partners, preventive health screenings have been conducted in all ten counties.
- WIC Oral Screening/Fluoride Varnish Programs have been implemented in all ten counties.
- STD clinics have been established in all ten counties.
- HPV immunization rates for females age 13-17 have increased from 27.8% in 2012 to 42.0% in 2016 and rates for males increased from 1.9% to 31.0%, reaching the 2018 goal.

Promotion of Healthy Lifestyle and Behavior

- Rates of obesity and overweight decreased from 70.2% in 2012 to 69.5% in 2016.
- No leisure time physical activity decreased from 26.1% in 2012 to 24.0% in 2016, reaching the 2018 goal of 24.8%.
- Walking challenges, worksite programs, and healthy eating policies were provided throughout the ten county area.
- Tobacco use by pregnant women decreased from 30.1% in 2012 to 27.1% in 2016, reaching the 2018 goal of 29.2%. Tobacco use in the jurisdiction met the 2018 goal of 24.6%; the 2012 baseline rate was 25.3% and the 2016 rate was 23.5%.

Creation and Maintenance of Healthy Communities

- There have been at least ten new venues or policies supporting physical activity within the jurisdiction and meeting the 2017 goal.
- The 2018 goal is to increase the percentage of homes with approved new/replacement wells within the health jurisdiction annually to 30.4%. The rate in 2012 was 27% and the rate in 2016 was 32%, meeting the goal.
- The Michigan Health Endowment Fund awarded \$100,000 to DHD#10 to increase access to healthy foods.
- Local community health coalitions have now been established in all ten counties and the Regional Northwest Michigan Chronic Disease Prevention Coalition has been re-established to address high rates of chronic diseases across the jurisdiction.