



# St. Clair County

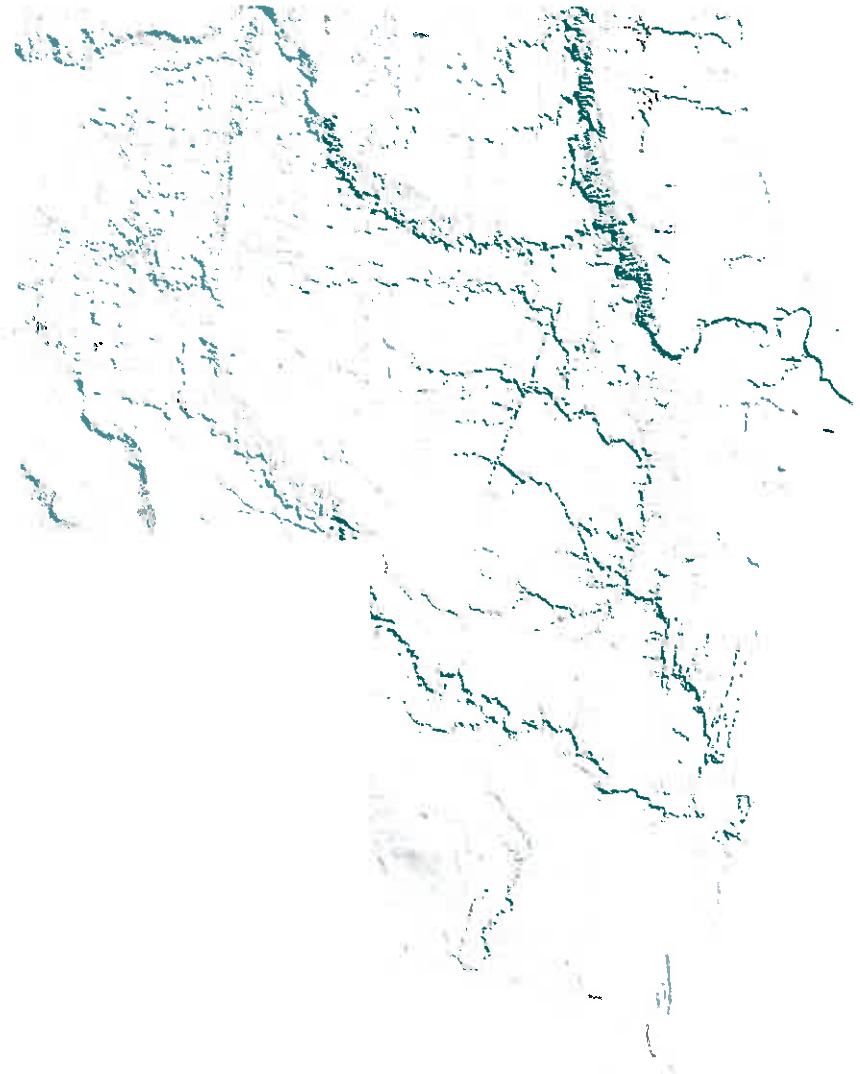
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Located in southeast Michigan, St. Clair County shares its borders with Macomb County to the south, Lapeer County to the west, and Sanilac County to the north. The eastern edge of St. Clair County stretches from the northern tip of Lake St. Clair and follows the St. Clair River all the way up to the southern corner of Lake Huron. Home to the Blue Water Bridges, St. Clair County is a gateway to Canada and boasts one of the busiest waterways in the world. St. Clair County's population has grown slowly but steadily over the last decade and is expected to continue to rise. At the 2000 Census, St. Clair County had 164,235 residents.<sup>1</sup> By the year 2025, it is forecast that St. Clair County will be home to just over 208,000 residents.<sup>2</sup> The population of St. Clair County remains over 95 percent White, despite a small growth among the Black and Hispanic populations in the last twenty years.

According to the 2000 Behavioral Risk Factor Surveillance Survey (BRFSS), 87 percent of St. Clair County's residents have graduated high school; of these, 30 percent have gone on to earn some college credit and another 16 percent have earned a bachelor's degree or higher.

With the exception of those in Port Huron — the "central city" of St. Clair County — the population of the county lives in largely rural areas. Patterns of land use in 1995 showed that out of St. Clair County's 740 square miles, just over 55 percent (256,863 acres) was classified as cultivated land and another 32 percent (148,172 acres) was classified as woodlands, shrub, grassland and wetlands. Together, commercial and office, industrial and institutional, and transportation and utilities comprised only 2.5 percent (11,455 acres) of St. Clair County's land use.<sup>3</sup>

For health care, residents of St. Clair County can depend on its three hospitals, 43 nursing and residential care facilities, 53 social assistance centers, and 246 ambulatory health care service establishments. Together, health care services in St. Clair County employ over 6,800 people, making it the third largest employment group in the county. Other top employment sectors in the county include manufacturing (12,500 employees), retail trade (8,200 employees), and accommodation and food services (4,800 employees).<sup>4</sup>



<sup>1</sup> *Population, St. Clair County*, St. Clair County Metropolitan Planning Commission.

<sup>2</sup> *Households, St. Clair County*, Southeast Michigan Council of Governments. Available online at [www.semcong.org](http://www.semcong.org). December 7, 2000.

<sup>3</sup> *Land Use and Land Cover, St. Clair County*, Southeast Michigan Council of Governments. Available online at [www.semcong.org](http://www.semcong.org). December 7, 2000.

<sup>4</sup> *1998 County Business Patterns, St. Clair, Michigan*, U.S. Census Bureau. Available online at <http://tier2.census.gov/>. January 26, 2001.

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\* Additional information is available in chart and/or table form by contacting:  
Susan Amato, Health Education and Planning Division, St. Clair County Health  
Department.



# Alcohol Related Problems

## Measurement:

- 1) Alcohol related motor vehicle fatalities.
- 2) Adults who have had at least one drink in the past month.
- 3) Adults who have driven when they've had too much to drink.

## Why Indicator is Important

Each year, 100,000 U.S. deaths are related to alcohol consumption. After smoking and diet/activity, alcohol consumption is the third leading cause of preventable mortality.<sup>1</sup> Long-term heavy drinking affects the heart by increasing the risk of high blood pressure, heart arrhythmias, heart muscle disorders, and stroke. It causes cancers, especially of the esophagus, mouth, throat and larynx. Heavy drinking also greatly increases the risk of cirrhosis of the liver and other liver problems. Alcohol use is a common factor in many traffic crashes, falls, fires and drownings. It is also associated with high-risk sexual behavior and is linked to domestic abuse, child abuse, homicide and suicide.<sup>2</sup> Alcohol use also depresses the immune system, making one more susceptible to infectious diseases.<sup>3</sup>

Mothers who drink while pregnant put their children at serious risk. Fetal Alcohol Syndrome (FAS) has been described as "the leading known environmental cause of mental retardation in the Western World."<sup>4</sup> Children born with FAS may have life-long problems with emotional behavior, learning and memory, coordination, speech, and hearing.<sup>5</sup>

St. Clair County residents were asked several alcohol-related questions in the 2000 BRFSS. Nearly 60 percent (58.8) of respondents reported that they had at least one drink of alcoholic beverages in the past month. On days that respondents drank, they reported consuming an average of three drinks. However, nearly 40 percent (37.3) reported having five or more drinks on an occasion at least once during the past month. This rate is 14 percent higher than the state average and is 28 percent higher than the national average.

Alcohol use contributes considerably to traffic crashes and fatalities, yet more than one in 20 adults (5.3 percent) who responded to the St. Clair County 2000 BRFSS reported that they had driven when they had too much to drink at least once in the last month. In St. Clair County in 1998, an exceptionally high rate — 50 percent — of traffic fatalities involved alcohol. Over the last 10 years, an average of 36.1 percent of St. Clair County's traffic fatalities have been alcohol involved. In

1999, 339 of the 5,443 crashes (6.2 percent) in St. Clair County involved alcohol use. Out of the 83 counties in Michigan, St. Clair County ranked **first** during 1994-1998 in "Under Age 21 Had Been Drinking Crash Frequency and Rate per Crash."<sup>6</sup> Also during 1994-1998, St. Clair County ranked **third** in the state in "Had Been Drinking Crash Injury Frequency and Rate per Crash," including all those who had been killed or received an injury in an alcohol related crash.<sup>7</sup> In addition to being deadly, alcohol related crashes are expensive. The National Highway Transportation Safety Administration (NHTSA) estimates that alcohol is a factor in 67 percent of Michigan crash costs. In 1996, alcohol related crashes in Michigan cost the public \$4.5 billion in monetary costs and quality of life losses (about \$458 for every Michigan resident).<sup>8</sup> This translates into an estimated \$73 million in costs for St. Clair County.

## Goals

The American Heart Association and the American Cancer Society both recommend that those who drink do so in moderation, no more than one or two drinks per day. A drink is defined as 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of distilled spirits. It is important to note that this number is not an average; it is not considered moderate drinking if one has four or five drinks one day and zero the next day. While moderate drinking may help heart function in middle-aged adults, it may increase cancer risk, especially for women. Also, because of the risk of alcohol addiction and all other health and safety risks, the benefits of not drinking continue to outweigh the benefits of alcohol consumption for most people.<sup>9</sup> Children and teens, women who are pregnant or are considering pregnancy, and those with health problems that can be made worse by alcohol (for example, those with ulcers or those taking certain medications), should never drink alcohol.<sup>10</sup>

National goals for alcohol consumption include reducing the number of alcohol related motor vehicle deaths and crashes, reducing cirrhosis deaths, and reducing the number of binge drinkers. *Healthy People 2010* aims to reduce the number of adults exceeding the recommended guidelines for moderate drinking to only 50 percent of men and women (*Objective 26-13*).<sup>11</sup>

## Community Assets

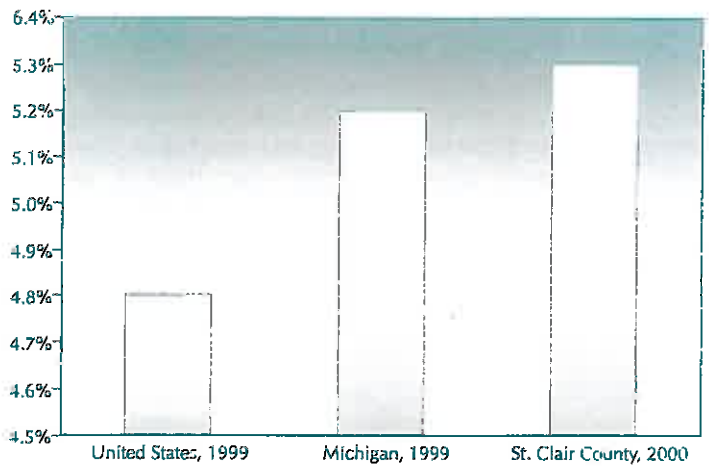
What community assets exist to address this indicator? Examples include: a

number of alcohol related support groups meet in churches, hospitals, and schools throughout St. Clair County such as Al-Anon, Ala-teen, Alcoholics Anonymous (AA), Adult Children of Alcoholics, and Mothers Against Drunk Driving (MADD). All have local chapters offering support to those dealing with alcohol problems.

Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.

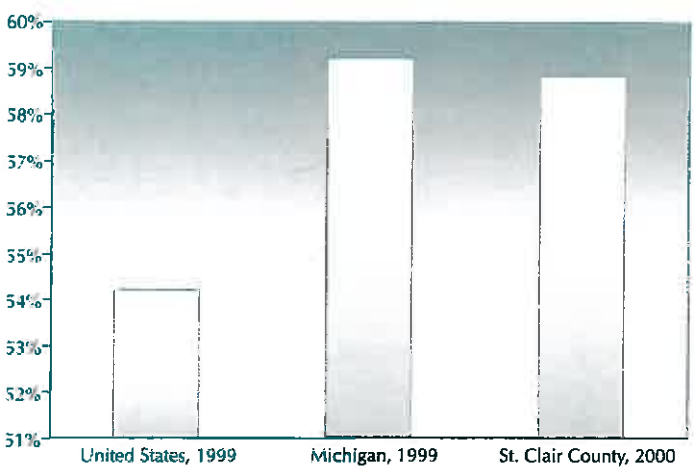
<sup>1</sup> McGinnis and Foege. "Actual causes of Death in the United States." JAMA, vol. 270, No. 18, 1993.  
<sup>2,11</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.  
<sup>3,4,9</sup> Alcoholism and Alcohol Related Problems. National Council on Alcohol and Drug Dependence. Available online at [www.ncadd.org](http://www.ncadd.org). August 2000.  
<sup>5</sup> NIAA, "Fetal Alcohol Syndrome," Alcohol Alert No. 13, 1991.  
<sup>6</sup> 1994-1998 County Ranking: Killed, A-Injury, and B-Injury Combined (KAB)-Youth (under age 21) Had Been Drinking Crash Frequency and Rate per Crash. Michigan Traffic Crash Facts for County/Communities, Office Of Highway Safety Planning, Michigan State Police, 1998.  
<sup>7</sup> 1994-1998 County Ranking: Killed, A-Injury, B-Injury Combined (KAB)-Had Been Drinking Crash INJURY Frequency and Rate per Crash. Michigan Traffic Crash Facts for County/Communities, Office Of Highway Safety Planning, Michigan State Police, 1998.  
<sup>8</sup> Impaired Driving in Michigan-Costs. National Highway Transportation Safety Association. Available online at [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov). August 2000.  
<sup>10</sup> U.S. Department of Agriculture, DHHS. *Nutrition and Your Health: Dietary Guidelines for Americans*, 4<sup>th</sup> ed. Washington, DC: Government Printing Office, 1995.

### Percentage of Adults Who Have Driven When They've Had Too Much to Drink at Least Once in the Past Month



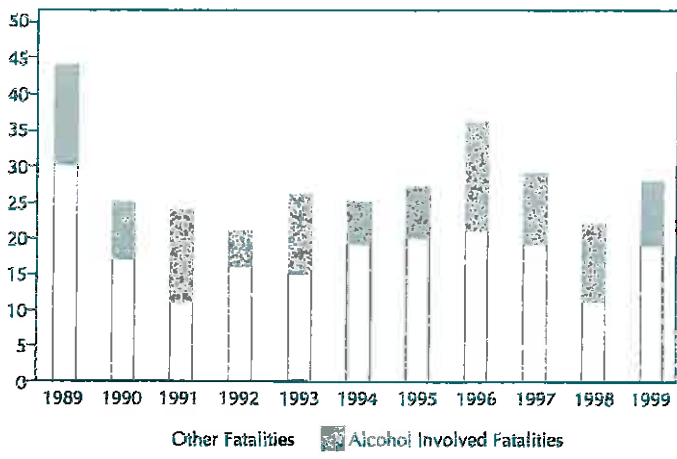
Source: 1999 CDC BRFSS, 2000 St. Clair County BRFSS

### Percentage of Adults Who Have Had at Least One Drink of Alcoholic Beverages in the Past Month



Source: 1999 CDC BRFSS, 2000 St. Clair County BRFSS

### Motor Vehicle Fatalities, St. Clair County, 1989 - 1999



Source: Michigan State Police

# Smoking

- Measurement:**
- 1) *Percent of current smokers.*
  - 2) *Lung Cancer incidence.*
  - 3) *Age-adjusted Lung-Cancer incidence.*

## Why Indicator is Important

Tobacco use is directly linked to a wide number of health problems. Among other things, smoking causes heart disease, a variety of cancers, and chronic lung disease. Smoking kills over 430,000 Americans a year, making it responsible for one out of every five U.S. deaths. From 1989-1998 an average of 127 cases of lung cancer were diagnosed each year in St. Clair County, and an average of 98 people died each year from this disease.<sup>1</sup> Health problems from smoking are also expensive. Smoking related medical expenses cost the U.S. economy over \$50 billion each year.<sup>2</sup> Still, millions of U.S. adults continue to smoke.

In St. Clair County, 36 percent of adults report using tobacco — and nearly 30 percent (29.4) report smoking cigarettes on a daily basis. Smoking is a problem that affects everyone — not just those who smoke. In the United States, it is estimated that 3,000 non-smokers die each year of lung cancer caused by exposure to second-hand smoke.<sup>3</sup> St. Clair County residents who responded to the 2000 BRFSS reported that they were exposed to second-hand smoke for an average of two hours every day. Second-hand smoke can also worsen asthma and other respiratory conditions in both children and adults. Additionally, using tobacco while pregnant may cause various birth defects and even mental retardation.<sup>4</sup> Smoking during pregnancy can cause spontaneous abortions, low birth weight, and sudden infant death syndrome (SIDS). In St. Clair County in 1999, nearly one out of four mothers (24.0 percent) smoked while they were pregnant. This rate is more than 50 percent higher than the statewide average (15.6 percent).<sup>5</sup>

Cigarette smoking remains the most important source of preventable sickness and premature death in the United States. While the number of former smokers continues to rise, cigarette smokers who want to quit have no easy task. Nationally, while as many as 70 percent of smokers say they want to stop smoking, only about

2.5 percent succeed. In St. Clair County, 88 percent of current smokers reported in the 2000 BRFSS that they had thought about quitting smoking, and 54 percent said they had been advised to do so by their doctor. Those who had attempted to quit had done so on average of 12 times since they began smoking. Even though the nicotine found in cigarettes meets the criteria of an addictive drug, smoking cessation is possible — and the benefits of quitting cannot be underestimated.<sup>6</sup> The American Lung Association maintains that those who quit smoking can experience health benefits less than an hour after their last cigarette. These benefits range from a drop in blood pressure (20 minutes after quitting) to a stroke risk that is equal to those who have never smoked (5-15 years after quitting).<sup>7</sup>

Cigarettes should not be replaced with chewing tobacco or cigars because all forms of tobacco contain some toxins. Chewing tobacco causes cancers of the mouth and tooth loss, and cigars cause cancers of the esophagus, lung, mouth and larynx.<sup>8,9</sup>

## Goals

National goals for smoking include increasing the numbers of smokers trying to quit to 75 percent (*Objective 27-5*). In 1997, 43 percent of adult smokers stopped smoking for a day or longer because they were attempting to quit. *Healthy People 2010* also aims for reducing the percentage of people who smoke to only 12 percent of the population (*Objective 27-1*).<sup>10</sup>

## Community Assets

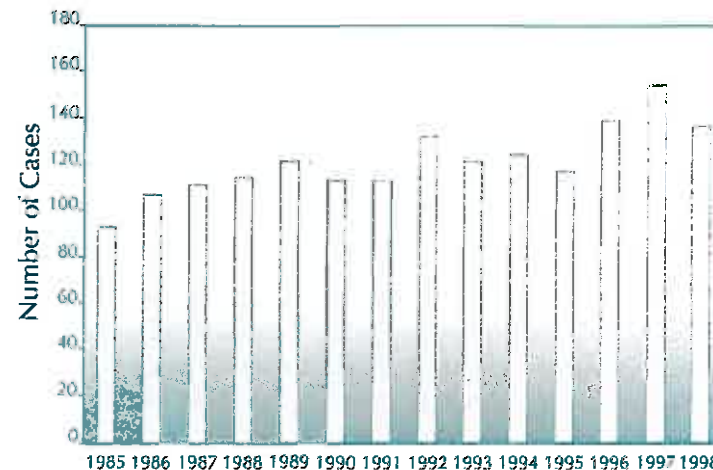
What community assets exist to address this indicator? Examples include: several area hospitals continue to offer Smoking Cessation and Freedom from Smoking classes. St. John River District Hospital also hosts a Breathe's Club for those with chronic lung problems. This program is sponsored in cooperation with the American Lung Association.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*



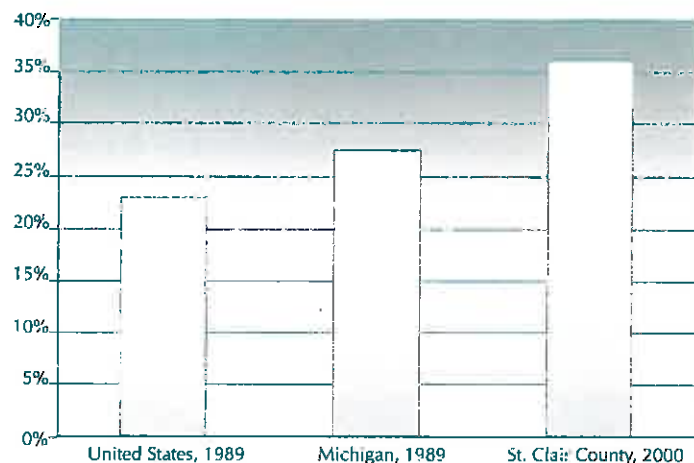
- <sup>1</sup> *Invasive Lung Cancer Incidence and Mortality Trends, St. Clair County Residents, 1985-1998.* Division for Vital Records and Health Statistics, Michigan Department of Community Health.
- <sup>2</sup> CDC. Medical-care expenditures attributable to cigarette smoking — United States, 1993. *Morbidity and Mortality Weekly Report* 43(26): 469-472, 1994.
- <sup>3</sup> U.S. Environmental Protection Agency (EPA). *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders.* EPA Pub. No. EPA/600/6-90/006F. Washington, DC: U.S. Environmental Protection Agency, 1992.
- <sup>4</sup> HHS. *The Health Consequences of Involuntary Smoking. A Report of the Surgeon General.* Rockville, MD: HHS, Public Health Service, CDC, Center for Health Promotion and Education, Office on Smoking and Health, 1986.
- <sup>5</sup> *Selected Birth Characteristics. St. Clair County and Michigan, Michigan 1999 Resident Birth Files,* Division for Vital Records and Health Statistics, Michigan Department of Community Health.
- <sup>6</sup> American Lung Association. *Trends in Cigarette Smoking.* December 1999.
- <sup>7</sup> American Lung Association. *What are the Benefits of Quitting Smoking?* Available online at [www.lungusa.org](http://www.lungusa.org). August 2000.
- <sup>8</sup> HHS. *The Health Consequences of Using Smokeless Tobacco. A Report of the Advisory Committee to the Surgeon General.* NIH Publication No. 86-2874. Bethesda, MD: HHS, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health, 1986.
- <sup>9</sup> HHS. *The Health Consequences of Smoking: Cancer.* A Report of the Surgeon General. Rockville, MD: HHS, Public Health Service, Centers for Disease Control, Center for Health Promotion and Education, Office on Smoking and Health, 1982.
- <sup>10</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.

## Lung Cancer Incidence St. Clair County 1985 - 1998



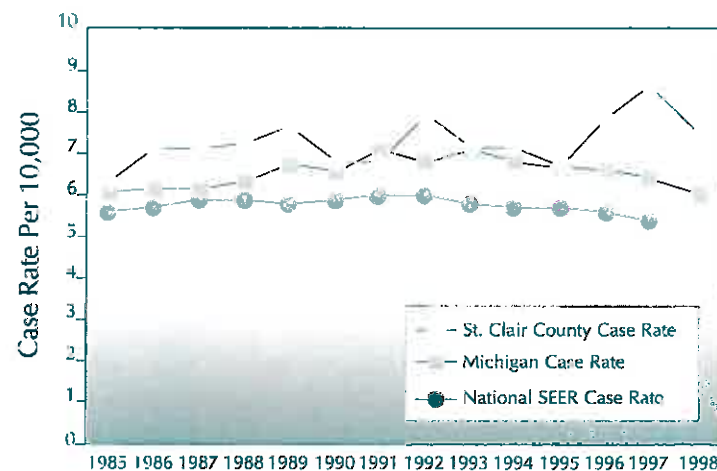
Source: Division of Vital Records and Health Statistics, Michigan Department of Community Health

## Percentage of Current Adult Smokers



Source: National and State Level Data, CDC BRFSS, 2000 St. Clair County BRFSS

## Age-Adjusted Lung Cancer Incidence Rates per 10,000 Residents, 1985 - 1998



Source: Division for Vital Records and Health Statistics, Michigan Department of Community Health National Cancer Institute



# Breast Cancer

**Measurement:**

- 1) Women who have not received a mammogram.
- 2) Breast Cancer incidence.
- 3) Age-adjusted Breast Cancer incidence.

## Why Indicator is Important

After skin cancer, breast cancer is the most common cancer among women in the United States. It is estimated that 175,000 new cases of this disease will be diagnosed in the U.S. each year.<sup>1</sup> In St. Clair County, age-adjusted rates of breast cancer incidence are slightly below the state and national rates, but many women are still at risk for this disease. From 1985 to 1998, on average, nearly 100 women were diagnosed with this type of cancer each year in St. Clair County. Over this same time period, an average of 24 women died in St. Clair County each year from breast cancer.<sup>2</sup>

The greatest risk of developing breast cancer comes with aging. While all women over age 40 are at risk, most breast cancers occur in women over age 50, and women over 60 are especially at risk. Some research has also linked other conditions to an increased breast cancer risk, including:

- Personal or family history of the disease
- Diagnosis of other benign (non-cancerous) conditions in the breast
- Breasts that are at least 75 percent "dense tissue"
- Exposure to radiation therapy during childhood
- Late childbearing (after age 30) or no childbearing
- Early menstruation (before age 12) or late menopause (after age 55)
- Extended use of hormone replacement therapy or birth control pills.
- Excessive alcohol use
- Obesity, high-fat diet, and inactivity

Many of these risk factors increase the amount of time a woman's body is exposed to the female hormone *estrogen*. The longer a woman's body is exposed to this hormone, the greater the chance she has of developing breast cancer. However, in most cases, doctors cannot explain why some women develop breast cancer and others do not. Most women with known risk factors will not develop cancer, and most women who develop cancer have no risk factors beyond the risk that comes with aging. Therefore, the best defense against breast cancer remains early detection.<sup>3</sup>

Regular screening mammograms and clinical breast exams are the best ways to detect breast cancer. Women of all ages are also encouraged to perform monthly breast self-exams. However, for women over 40, these self-exams should not be substituted for mammograms. Mammograms can detect tumors and other breast changes before they can be felt. The National Cancer Institute and the American Cancer Society recommend that all women in their forties and older have mammograms on a regular basis. The American Cancer Society also recommends that women between the ages of 20 and 39 have clinical breast exams every three years, and women over 40 have them on a yearly basis. Women with a family history of breast cancer or other risk factors should talk to their doctors about when to begin screening.<sup>4</sup> In the 2000 BRFSS, female St. Clair County residents were asked if they had ever had a mammogram or a clinical breast exam. Responses indicate that women in St. Clair County are taking early detection seriously: more than 85 percent (86.3) of all women reported having had a clinical breast exam (78 percent of these within the past year) and 62 percent of all women had gotten a mammogram at some point in their lives (70 percent of these within the past year). Women in St. Clair County over age 40 are even exceeding national goals for mammogram screening; nearly 80 percent (78.1) have received a mammogram in the past two years.

## Goals

The U.S. Department of Health and Human Services hopes to continue to increase the proportion of women age 40 and over who have received a mammogram in the preceding two years. By 2010, they hope to see 70 percent of women age 40 and over receiving regular mammograms (*Objective 3-13*).<sup>5</sup>

## Community Assets

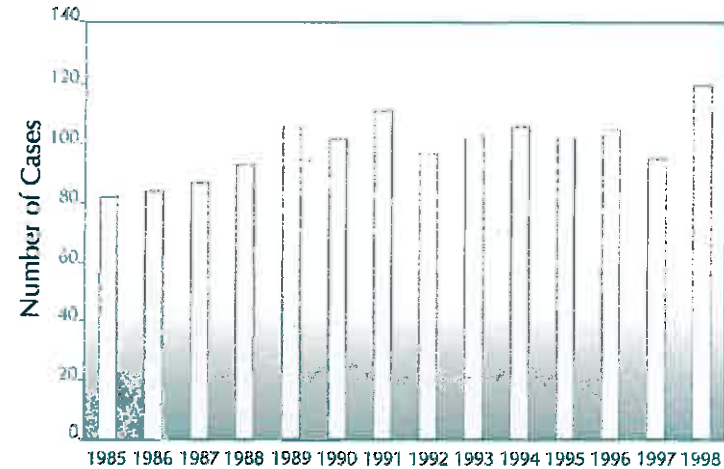
What community assets exist to address this indicator? Examples include: breast cancer support groups are offered in several area hospitals, including Mercy Hospital in Port Huron. Additionally, St. John River District Hospital participates in the American Cancer Society's *Tell-A-Friend* campaign to promote annual mammograms. They also provide a free Breast Screening Day during Breast Cancer

Awareness Month. The Huron County Health Department offers free breast exams and mammograms for women 40 to 64 years of age who qualify based on income. Several of the exam sites for the free screenings are located in St. Clair County.

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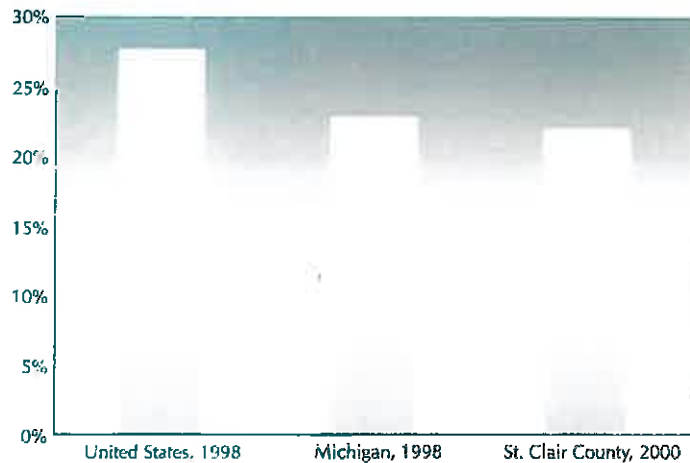
- <sup>1,5</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.
- <sup>2</sup> *Invasive Breast Cancer Incidence and Mortality Trends, Female St. Clair County Residents, 1985-1998*. Michigan Resident Cancer Incidence and Death Files, Division for Vital Records and Health Statistics, MDCH.
- <sup>3</sup> Cancer Net. *Risk Factors for Breast Cancer*. National Cancer Institute, National Institute of Health. Available online at <http://cancer.net.ncl.nih.gov>. August 2000.
- <sup>4</sup> American Cancer Society. *Can Breast Cancer be Found Early?* Available online at [www3.cancer.org](http://www3.cancer.org). December 2000.

## Breast Cancer Incidence St. Clair County 1985 - 1998



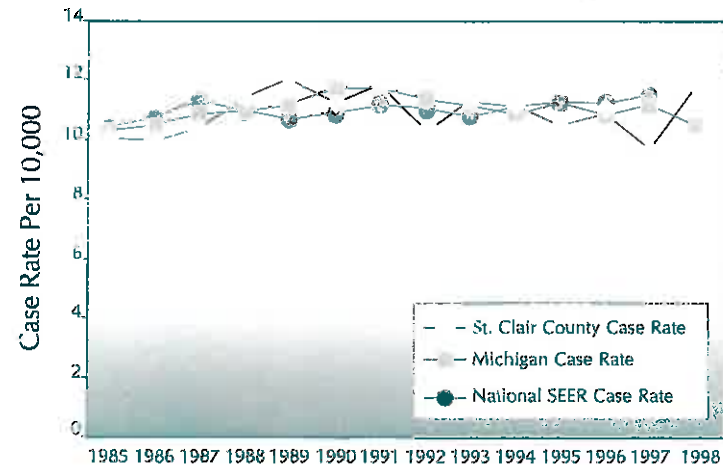
Source: Division of Vital Records and Health Statistics, Michigan Department of Community Health

## Percentage of Women Over Age 40 Who Have Not Received a Mammogram Within Two Years



Source: National and state Data — CDC, Yearly BRFSS, St. Clair County 2000 BRFSS

## Age-Adjusted Breast Cancer Incidence Rates per 10,000 Female Residents, 1985 - 1998



Source: Division for Vital Records and Health Statistics, Michigan Department of Community Health National Cancer Institute

# Cervical Cancer

**Measurement:** 1) Percent of women who have not had a Pap Smear in the past three years.  
2) Percent of women who have never had a Pap Smear.

## Why Indicator is Important

Cervical cancer, a cancer of the female reproductive system, is the ninth leading cause of cancer death among U.S. women.<sup>1</sup> In 1999, the National Cancer Institute estimated that 12,800 cases of this type of cancer would occur in the United States, and that 4,800 women would die from this disease. Although cervical cancer rates peak in women aged 20 to 30, older women are more likely to die of cervical cancer than younger women. While death rates from this kind of cancer are declining nationwide, certain population groups have not seen this progress. African-American women continue to experience a death rate from cervical cancer that is more than twice that of Whites.<sup>2</sup>

Risk factors for cervical cancer include infections caused by the sexually transmitted human papilloma virus (HPV); a sexual history that begins before age 16 or that includes many partners; cigarette smoking; HIV infection; and having infrequent (or no) Pap tests.<sup>3</sup> There is considerable evidence supporting the use of the Pap test as a screen for cervical cancer. Receiving regular Pap tests helps ensure accuracy; since cervical cancers may grow very slowly, if something abnormal is missed in one screening, it can be detected the next time. Additionally, the FDA has recently approved new technologies designed to make Pap test screening even more reliable. Women who receive regular Pap tests are much more likely to be diagnosed with a problem before it becomes serious. If detected and treated early, the likelihood of surviving cervical cancer is almost 100 percent. This means that nearly all of cervical cancer deaths could be avoided if all women followed recommended guidelines for cervical cancer screening.<sup>4</sup>

Female respondents to the St. Clair County 2000 BRFSS seem to be following these recommendations: over 90 percent (92.3) of them have had a Pap smear; and of these, nearly 70 percent (69.4) were within the past year.

## Goals

The American Cancer Society recommends that all women who are sexually active or have reached the age of 18 receive a Pap test and pelvic exam once a year. It is currently estimated that about 15 percent of U.S. women aged 18-64 have not had a Pap test in the past three years.<sup>4</sup> *Healthy People 2010's* goal is that 90 percent of women age 18 and over will have had a Pap test in the preceding three years (*Objective 3-11*). Additionally, *Healthy People 2010* aims to reduce the number of deaths from cervical cancer to only 2.0 per 100,000 women (*Objective 3-4*).<sup>6</sup>

## Community Assets

What community assets exist to address this indicator? Examples include: St. John River District Hospital continues to offer educational information and lectures on women's health issues, including cervical cancer. Free pelvic exams and Pap smears are offered at several area hospitals in conjunction with the Huron County Health Department, and are available to those who qualify based on income. Education on sexually transmitted diseases including HPV is provided by health educators from St. Clair County Health Department in most county school districts.

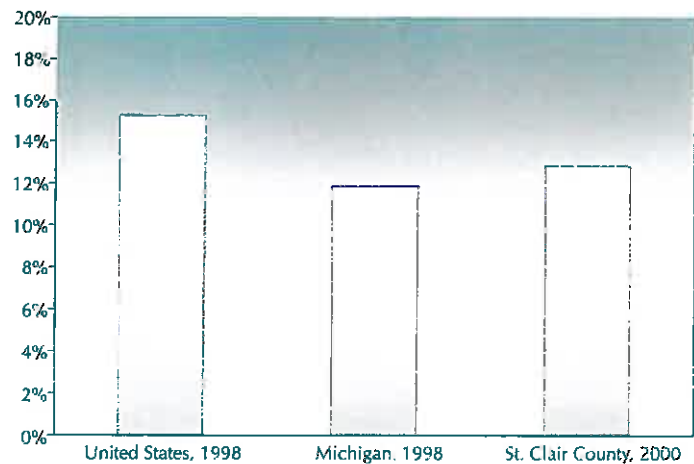
*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

<sup>1</sup> Nanda, Kavita et al. "Accuracy of the Papanicolaou test in screening for and follow-up of cervical abnormalities: A systematic review." *Annals of Internal Medicine*, vol. 132, May 16, 2000.

<sup>2,3,5</sup> *Cervical Cancer: Background*. National Cancer Institute, National Institutes of Health. Available online at [www.rex.nci.nih.gov](http://www.rex.nci.nih.gov). September 2000.

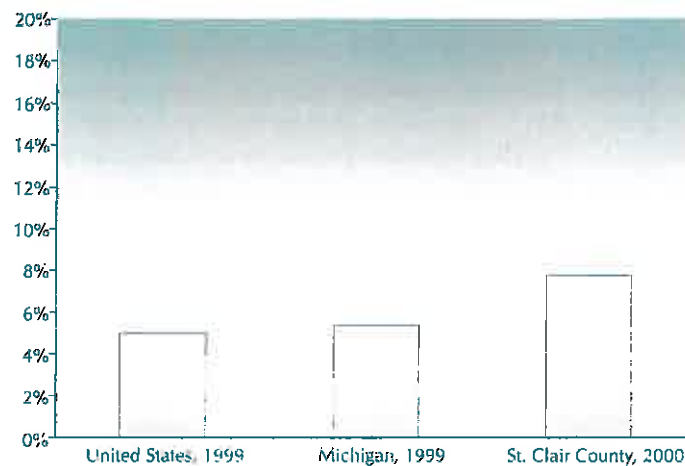
<sup>4</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.

### Percentage of Women Who Have Not Had a Pap Smear in the Past Three Years



Source: Michigan and U.S. Data, CDC BRFSS, 2000 St. Clair County BRFSS

### Percentage of Women Who Have Never Had a Pap Smear



Source: Michigan and U.S. Data, CDC BRFSS, 2000 St. Clair County BRFSS



# Prostate Cancer

**Measurement:** 1) *Prostate Cancer incidence.*  
2) *Age-adjusted Prostate Cancer incidence.*

## Why Indicator is Important

After skin cancer, prostate cancer is the most common cancer among men in the United States. More than 75 percent of cases are diagnosed in men aged 65 and older. African-American men have a higher incidence rate and mortality rate from this disease than White men. St. Clair County has age-adjusted rates of prostate cancer incidence slightly below the state and national rates. However, national incidence rates for this type of cancer appear to be increasing. Some researchers suggest this may be due to increased detection and diagnosis. Prostate cancer growth is stimulated by male hormones, and those with high levels of these hormones may be at increased risk for the disease. Also, prostate cancer appears to run in families. The possibility of other risk factors, such as diet and lifestyle, are still being researched.

In the St. Clair County 2000 BRFSS, over 50 percent (51.7) of all male respondents reported that they had been screened for prostate cancer (had a Prostate-Specific Antigen (PSA) test), and the majority of these men (76.8 percent) had been screened within the year. The numbers of those being tested increased with age; about 74 percent of men over age 40 and about 88 percent of men over age 50 had received a PSA test. Still, because preventive screening strategies for all men have

not yet been conclusively proven to reduce the risk of prostate cancer, men who fall into high risk categories (African-Americans, older men, and those with family history of cancer) should consult their doctors about what they can do to prevent this disease.<sup>1</sup>

## Goals

Goals for appropriate Prostate Cancer screening are in the process of being developed.

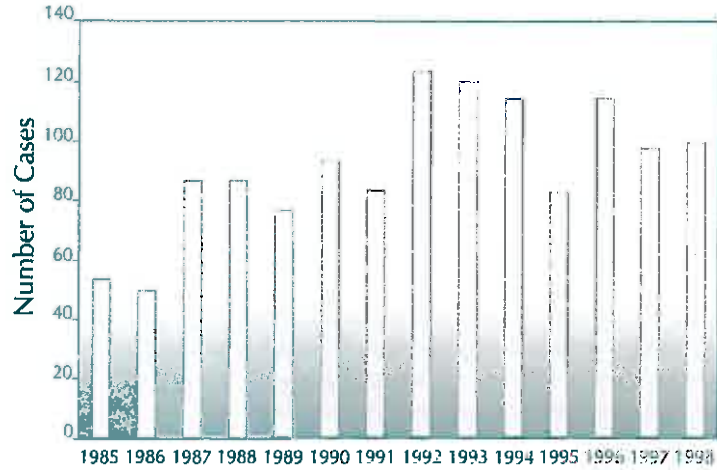
## Community Assets

What community assets exist to address this indicator? Examples include: the 2000/2001 Project Healthy Living in St. Clair County offered many free tests including the blood test for Prostate-Specific Antigen (PSA). Area hospitals also offer testing and counseling for prostate cancer. Support groups for cancer patients meet in various locations throughout the county. For the first time in St. Clair County, Seed Implant or Brachytherapy treatment — high-dose radiation to localized prostate cancer — is available as an option to surgery for men diagnosed with early-stage prostate cancer.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

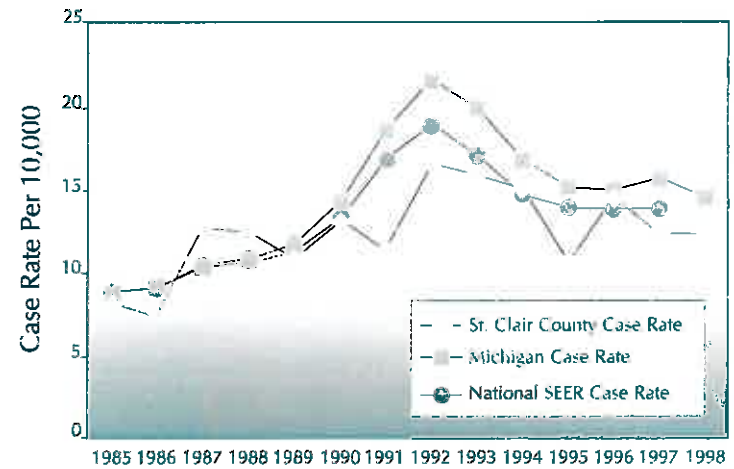
<sup>1</sup> Cancer Net. *Who is at Risk for Prostate Cancer?* National Cancer Institute, National Institute of Health. Available online at <http://cancernet.nci.nih.gov>. August 2000.

## Prostate Cancer Incidence St. Clair County 1985 - 1998



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

## Age-Adjusted Prostate Cancer Incidence Rates per 10,000 Male Residents, 1985 - 1998



Source: Division for Vital Records and Health Statistics, Michigan Department of Community Health National Cancer Institute

# Colorectal Cancer

**Measurement:**

- 1) Colorectal Cancer incidence.
- 2) Age-adjusted Colorectal Cancer incidence.
- 3) Percent of adults who have ever had advanced Colorectal Cancer Screening.

## Why Indicator is Important

Cancers of the colon and rectum are one of the most commonly diagnosed cancers among both men and women. In St. Clair County, the age-adjusted rates of colorectal cancer incidence are slightly above the state and national rates. In 1998, 131 people were diagnosed with colon cancer in St. Clair County, and 36 people died from this disease.<sup>1</sup>

Like most cancers, the risk of developing colorectal cancer increases as a person ages. However, colorectal cancer can occur at younger ages and is thought to be associated with a high-fat, low fiber diet. Other risk factors include a personal or family history of cancer, the presence of benign (non-cancerous) polyps on the inner wall of the colon and rectum, and a history of inflammatory bowel disease.<sup>2</sup>

Research is still being conducted on risk factors and prevention of this disease. Some studies suggest that a healthy lifestyle and a diet low in fat and high in fruits and vegetables are the best ways to avoid colorectal cancer. There is also evidence that the early detection and removal of precancerous polyps can reduce colorectal cancer deaths by as much as 20 percent in people aged 45 to 80 years.<sup>3</sup>

In St. Clair County, about one quarter (24.2 percent) of the respondents to the 2000 BRFSS said they had a proctoscopic exam, or sigmoidoscopy, in their lifetime. Of these, 32 percent had the screening within the past year. Those with risk factors should ask their doctors about screening procedures for this type of cancer.

## Goals

By 2010, the U.S. Department of Health and Human Services would like to see at least 50 percent of adults over age 50 receiving a colorectal cancer screening examination (*Objective 3-12*). In 1998, only about 34 percent of adults had received either a blood test or a sigmoidoscopy.

## Community Assets

What community assets exist to address this indicator? Examples include: the 2000/2001 Project Healthy Living, co-sponsored by the United Way of St. Clair County helped to provide free and low cost health screening (including Colorectal Cancer Kits) to St. Clair County residents. St. John River District Hospital offers educational lectures on various cancer topics, including colon cancer, and hosts a cancer support group. For the past three years, Mercy Hospital has actively promoted colorectal cancer prevention and offered free self-assessment tools to encourage those at high-risk to obtain regular preventive screening.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

- <sup>1</sup> Colorectal Cancer Incidence and Mortality Trends, St. Clair County Residents, 1985-1998. Michigan Cancer Incidence and Death Files, Division for Vital Records and Health Statistics, MDCH.
- <sup>2</sup> Cancer Net. Colorectal Cancer: Who's at Risk? National Cancer Institute, National Institute of Health. Available online at <http://cancernet.nci.nih.gov>. August 2000.
- <sup>3</sup> Kronborg, O. et al. "Randomized study of screening for colorectal cancer with faecal-occult blood test." *Lancet* 348 (9640): 1467-1471, 1996.

## Percentage of Adults Who Have Ever Had an Advanced Colorectal Cancer Screening

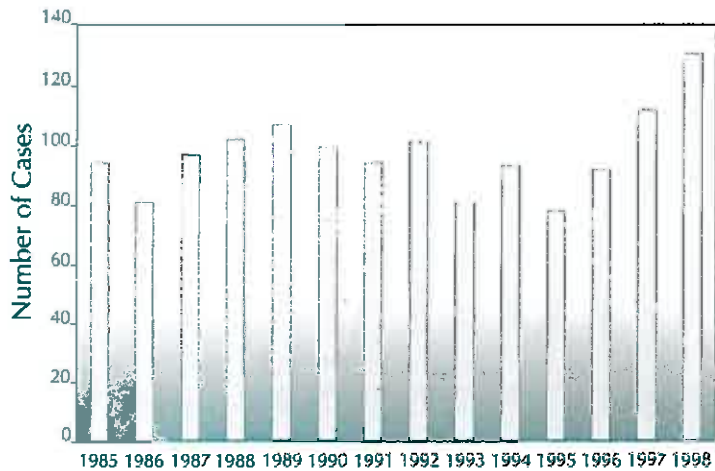


<sup>1</sup> "Have you ever had a sigmoidoscopy or colonoscopy?"

<sup>2</sup> "Have you ever had a proctoscopic exam, or sigmoidoscopy?"

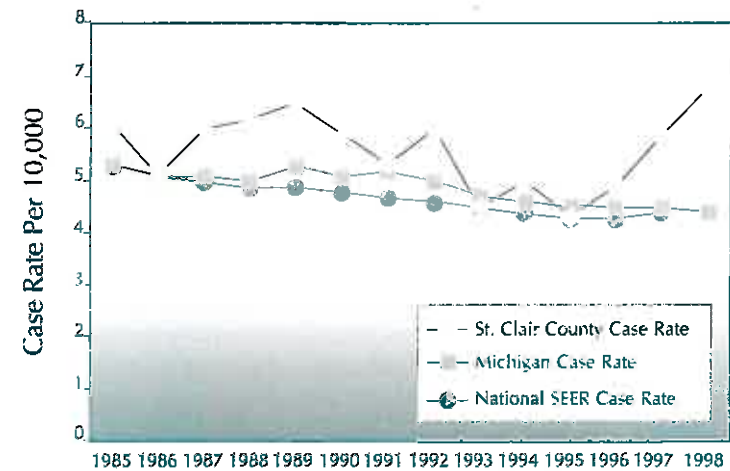
Source: National and State Data — CDC, Yearly BRFSS, 2000 St. Clair County BRFSS

## Colorectal Cancer Incidence St. Clair County 1985 - 1998



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

## Age-Adjusted Colorectal Cancer Incidence Rates per 10,000 Residents, 1985 - 1998



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



# Depression

**Measurement:** 1) *Percent of adults who have felt depressed, sad or blue in the past month.*

## Why Indicator is Important

Depression is a recognized illness. Far beyond normal feelings of sadness or loss, clinical depression is a persistent condition that can significantly interfere with one's ability to function in daily life. While causes of depression are not always known, some symptoms may be triggered by stressful life events. Other research suggests depression runs in families. Symptoms of clinical depression include sad mood, loss of interest in once enjoyable activities, change in appetite or weight, change in sleep patterns, feelings of worthlessness or guilt, and recurrent thoughts of death or suicide.

Residents in St. Clair County who responded to the 2000 BRFSS reported that they felt blue, sad, or depressed for an average of three days in the past month. In most cases, occasionally feeling this way does not mean someone is depressed. However, when someone is clinically depressed, these symptoms may linger for weeks, months or even years.

Sometimes, signs of depression are dismissed by those who are afraid or ashamed to seek help. Those who do seek help can recover: more than 80 percent of people with depression improve when they receive treatment in the form of medication and/or therapy.<sup>1</sup> While about 12 percent of respondents to the St. Clair County BRFSS reported that they thought they needed help for depression during the past year, only about half of these people (5.6 percent) actually got help.

Help can be found in many places; five percent report they are currently seeing a doctor for a mental health reason, and five percent say they are currently speaking with a community member. Unfortunately, when left untreated, depression can severely disrupt all areas of one's life. In the worst cases, depression may even contribute to suicide.<sup>2</sup>

The World Health Organization reports that major depression is the leading cause of disability among adults in developed nations, including the United States.<sup>3</sup> About 12 percent of women and seven percent of men will have a depressive illness in any given year.<sup>4</sup> These rates are higher for certain populations; for example, older people in nursing homes may experience depression rates as high as 15 to 25 percent.<sup>5</sup> While not all suicides are related to depression, it may be a factor in many cases. In 1998, suicide was the ninth leading cause of death in Michigan and the tenth leading cause of death in St. Clair County.<sup>6</sup>

## Goals

National goals for depression include increasing the percentage of people who are receiving treatment for their depression to 50 percent (*Objective 18-9*). Currently, it is estimated that less than 25 percent of those with depression receive treatment. *Healthy People 2010* also hopes to reduce the suicide rate to 6.0 deaths per 100,000 population (*Objective 18-1*).<sup>7</sup> In St. Clair County in 1998, 12 deaths (a rate of 7.5 per 100,000) were attributed to suicide.<sup>8</sup>

## Community Assets

What community assets exist to address this indicator? Examples include: programs such as Port Huron Hospital's "National Depression Screening Day" included interviews with mental health professionals. St. John River District Hospital offers a winter and spring program, titled "Defeating Depression", and also holds occasional lectures on such topics as Health and Stress Management. For those seeking support, several groups for people and families dealing with mental illness continue to meet in the Port Huron area. St. Clair County Community Mental Health submits educational public service announcements to area media and offers programs on depression and other mental health topics throughout the year.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

<sup>1</sup> National Institute of Mental Health. Depression Facts, 1999. Available online at [www.nimh.nih.gov](http://www.nimh.nih.gov). November 23, 1999.

<sup>2,4</sup> *The Invisible Disease—Depression*. National Institute of Mental Health. Available online at [www.nimh.nih.gov](http://www.nimh.nih.gov). August 2000.

<sup>3</sup> Murray, C.J.L., and Lopez, A.D. *The Global Burden of Disease*. Cambridge, MA: Harvard University Press, 1996.

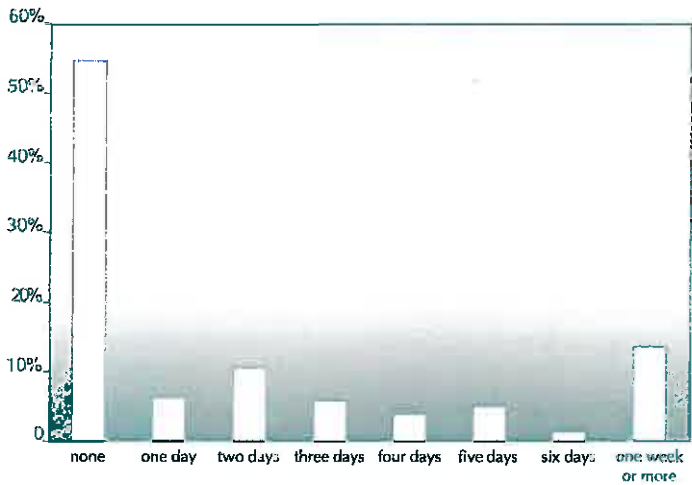
<sup>5</sup> National Institutes of Health Consensus Development Panel on Depression in Late Life. "Diagnosis and treatment of depression in late life." *Journal of the American Medical Association* 268:1018-1024, 1992.

<sup>6</sup> *Leading Causes of Death and Cause-Specific Rates, St. Clair County, Michigan and U.S. Residents, 1998* Michigan Resident Death File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

<sup>7</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.

<sup>8</sup> *Leading Causes of Death and Cause-Specific Rates, St. Clair County, Michigan and U.S. Residents, 1998* Michigan Resident Death File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

### Percentage of Adults Who Have Felt Depressed, Sad, or Blue, in the Past Month, By Number of Days, St. Clair County Residents



Source: 2000 St. Clair County BRFSS

**Measurement:** 1) *Estimated number of adults diagnosed with diabetes, Michigan and St. Clair County.*

## Why Indicator is Important

Diabetes is the seventh leading of cause of death in the United States and Michigan, but it was the fifth leading cause of death in St. Clair County in 1998.<sup>1</sup> Nationwide, 2,200 people are diagnosed with diabetes each day. It is estimated that of the 10.5 million people who have this disease, almost 5.5 million are unaware of their condition.<sup>2</sup> The Southeast Michigan Diabetes Outreach Network (SEMDON) estimates that nearly 5,900 people in St. Clair County are living with diabetes; of this number, approximately 3,120 are unaware of their disease.<sup>3</sup>

About 7.5 percent of respondents to the 2000 St. Clair County BRFSS reported that they had been diagnosed with diabetes; of these, nearly a third (31.8%) had been diagnosed only during a pregnancy.

Diabetes is categorized into two main types. Type I diabetes occurs mainly in children and teens and requires the administration of insulin injections. Type II diabetes usually occurs in adults over age 45 and results in the body's inability to produce enough insulin or use it effectively. Type II diabetes accounts for 90-95 percent of all diabetes cases. Complications of diabetes include blindness, kidney disease, impotence, nerve disease and amputations. Further, those with diabetes are two to four times more likely to suffer a stroke and two to four times more likely to have heart disease.<sup>4</sup>

There is no "cure" for diabetes. However, treatment and management of this disease can be achieved. Of those residents who reported a diabetes diagnosis in the 2000 BRFSS, 34.2 percent were on insulin, 57.5 percent were on oral medications, and 55.4 percent were on a special diet. Almost 75 percent (74.3) reported following their doctor's orders for managing their diabetes "always" or "almost always." Diabetes continues to be among the top 10 causes of preventable hospitalizations, or those hospitalizations that could be avoided with the proper manage-

ment of a condition. Between 1991-1997, St. Clair County averaged 149 preventable hospitalizations for diabetes each year.<sup>5</sup>

The incidence of Type II diabetes can be reduced by maintaining a lifestyle that includes physical activity, proper nutrition, screening for cholesterol levels and avoiding excess weight gain. Those who are over age 60, those with a family history of diabetes, those who are inactive or overweight, and members of certain racial and ethnic groups are most at risk for developing diabetes. While Type II diabetes can be prevented, people at risk must be willing to make necessary lifestyle changes. Without this effort, the number of diabetes cases is expected to continue to rise.<sup>6</sup>

## Goals

Goals for diabetes include increased education and prevention of diabetes diagnoses and deaths. *Healthy People 2010* hopes to reduce the number of new diabetes cases to 2.5 per 1,000 persons per year (*Objective 5-2*). It is currently estimated that 3.1 new cases of diabetes are diagnosed per 1,000 persons each year.<sup>7</sup>

## Community Assets

What community assets exist to address this indicator? Examples include: St. John River District Hospital, Mercy Hospital, and Port Huron Hospital offer various state-certified individual and group classes and support groups. All hospitals sponsor annual Diabetes Seminars. County-wide, awareness is building for increased screening and education for juvenile diabetes. Port Huron Hospital also offered a Pediatric Diabetes Clinic (sponsored by the Michigan Masons) and support group for children with diabetes and their parents. Through the Peoples' Clinic for Better Health, adult diabetics without health insurance can attend a Diabetes Self-Management Program, offered through Mercy Hospital.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

<sup>1</sup> *Leading Causes of Death and Cause-Specific Rates, St. Clair County, Michigan and U.S. Residents, 1998* Michigan Resident Death File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

<sup>2</sup> Clark, C. "How should we respond to the worldwide diabetes epidemic?" *Diabetes Care* 21:475-476, 1998.

<sup>3</sup> Diabetes in St. Clair County, SEMDON. Estimates based on information from the Behavioral Risk Factor Surveillance System (BRFSS), 1995-1997.

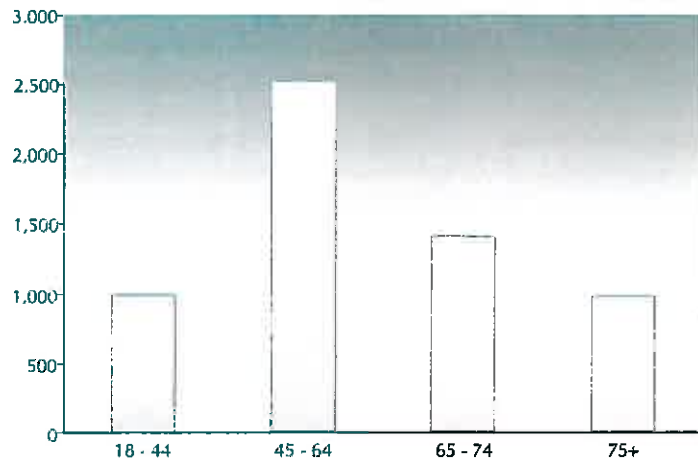
<sup>4</sup> *Diabetes Facts and Figures*. American Diabetes Association. Available online at [www.diabetes.org](http://www.diabetes.org). August 2000.

<sup>5</sup> *Preventable Hospitalizations, St. Clair County Residents, 1998*. Michigan Resident Inpatient Files, Division for Vital Records and Health Statistics, MDCH.

<sup>6</sup> Centers for Disease Control and Prevention. *Diabetes Surveillance, 1997*. Atlanta, GA: U.S. Department of Health and Human Services, 1997.

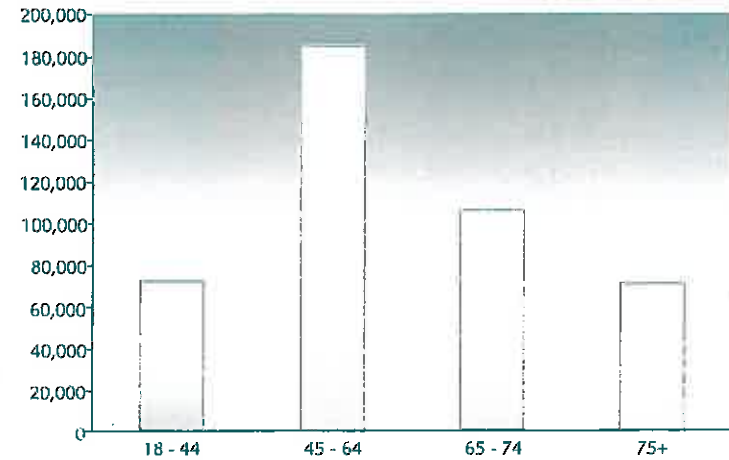
<sup>7</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.

Estimated Number of Adults Diagnosed with Diabetes, by Age Group, St. Clair County Residents, 1998



Source: Southeast Michigan Diabetes Outreach Network.

Estimated Number of Adults Diagnosed with Diabetes, by Age Group, Michigan Residents, 1998



Source: Southeast Michigan Diabetes Outreach Network.



**Measurement:** 1) Number of adults who do not exercise.  
2) Barriers to physical activity.

## Why Indicator is Important

Physical activity is an essential part of a healthy lifestyle. In fact, *not* being physically active is almost as much a risk factor for certain diseases as smoking or having high blood pressure. Those who engage in some sort of physical activity generally live longer than those who are sedentary. Being physically active will also substantially reduce one's risk of developing heart disease, diabetes, and colon cancer.<sup>1</sup> Those who are physically active can expect to build stronger bones, muscles, and joints, feel less anxious or depressed, reduce the threat of obesity or high blood pressure, and maintain a greater level of functional independence throughout their lives.<sup>2</sup>

Fortunately, physical activity does not have to be strenuous to achieve positive health results. Even moderate levels of physical activity can decrease one's risk of developing coronary heart disease, the leading cause of death in the United States and St. Clair County. Unfortunately, more than 60 percent of adult Americans do not achieve recommended amounts of physical activity, and 25 percent are not active at all.<sup>3</sup>

About 83 percent of St. Clair County residents who responded to the 2000 BRFSS said that they participate in some form of physical activity, and 54 percent reported that they had exercised at a moderate intensity for at least 30 minutes for three or more days in the previous week. Of those who exercised, the most popular activities were walking (46.4%), aerobics (6.6%), biking (4.8%), and running/jogging (4.0%).

## Goals

*Healthy People 2010* has several goals relating to physical activity. One such goal is that at least 30 percent of adults engage in regular, moderate physical activity for

at least 30 minutes per day (*Objective 22-2*). Another goal is to reduce the proportion of adults who engage in no physical activity to only 20 percent (*Objective 22-1*).<sup>4</sup>

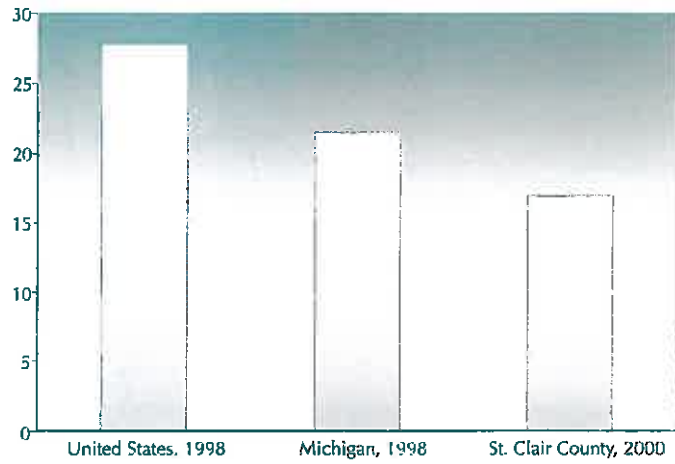
## Community Assets

What community assets exist to address this indicator? Examples include: organizations such as Mercy Hospital and the YMCA co-sponsor an exercise program for older adults to help them learn how movement can benefit their bodies. St. John River District Hospital offers exercise classes including Step Aerobics, Total Body Toning, Tai Chi, and Yoga. Port Huron Hospital also offers Tai Chi and Yoga classes, as well as senior exercise classes in their "55 Plus" program. The Youth Fitness Improvement Group in St. Clair County has had recent success with its "Feelin' Good Mileage Club" at Washington Elementary School and the local YMCA. Adults, children, and seniors have also participated in local Walk Michigan events. Programs on weight loss and nutrition are available throughout the county, including local chapters of TOPS (Take Off Pounds Sensibly) and Weight Watchers. Mercy Hospital's Center for Health Management sponsors a weight loss program which includes moderate exercise. Various walkways and bike trails are located throughout St. Clair County to offer access to regular physical exercise.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

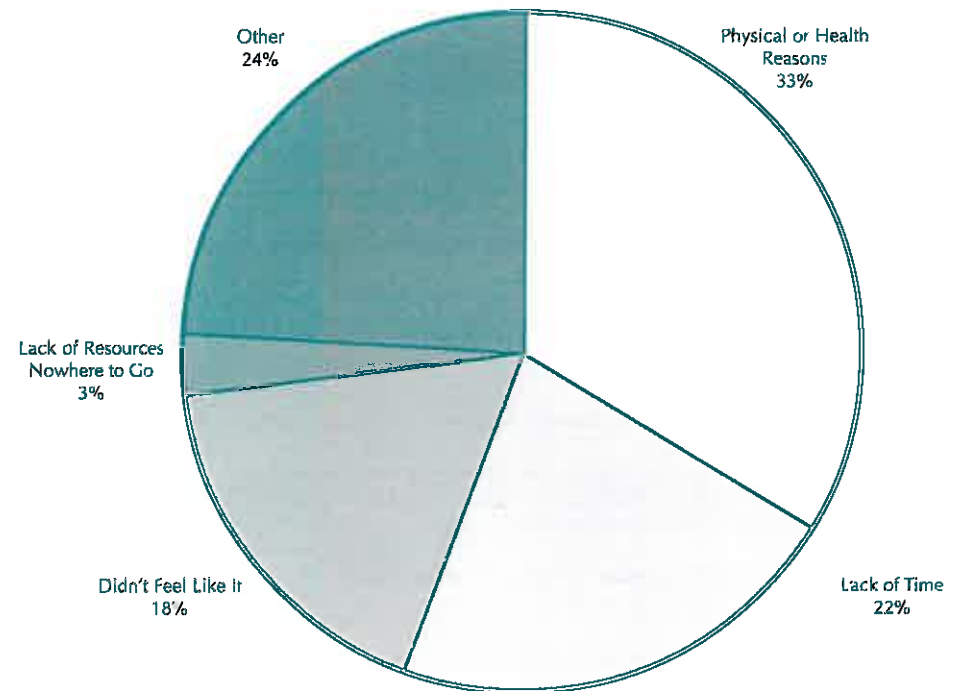
- <sup>1</sup> U.S. Department of Health and Human Services. *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996.
- <sup>2</sup> LaCroix, A.Z. et al. "Maintaining mobility in late life. II. Smoking, alcohol consumption, physical activity, body mass index." *American Journal of Epidemiology* 137(8):858-869, 1993.
- <sup>3</sup> *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1999.
- <sup>4</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.

### No leisure Time Exercise



Source: CDC BRFSS.  
2000 St. Clair County BRFSS

### What Kept You from Being More Physically Active Over the Past Six Months?



Source: 2000 St Clair county BRFSS

# Health Insurance

**Measurement:** 1) *Percent of adults uninsured.*

## Why Indicator is Important

Health insurance is an important indicator of the health of a community for two reasons. First, having health insurance is often a major factor in one's ability to access certain health services, and to provide one with a regular source of care, or a "medical home." Second, since health insurance is linked to other life circumstances such as employment, retirement, and participation in government programs, there is a strong possibility that, for many people, health insurance status will change over time.<sup>1</sup> Those who are uninsured are less than half as likely as people with health insurance to receive preventive care or to have a primary care provider.<sup>2</sup> Other evidence shows that those who are uninsured for extended periods of time are more at risk for premature death, even if they are hospitalized.<sup>3</sup>

Over 88 percent (88.8) of St. Clair County residents reported having health insurance in the 2000 BRFSS. While this sounds good, it still means that 11.2 percent — or about one in nine — of St. Clair County residents are uninsured. About seven percent of respondents said that they had been without health insurance at one point in the past 12 months. Of those residents who had not seen a doctor in the past year, seven percent gave "no insurance" as the main reason why they had not gone. While over 80 percent (81.7) of residents surveyed say that they have a particular doctor's office or clinic that they usually go to for health care — in other words, they have a "medical home" — 21 percent of residents who do not have a usual source of health care give "no insurance" as the main reason.

## Goals

The U.S. Department of Health and Human Services aims for a health insurance coverage rate of 100 percent (Objective 1-1). As of 1997, only about 86 percent of the population was covered by health insurance.<sup>4</sup>

## Community Assets

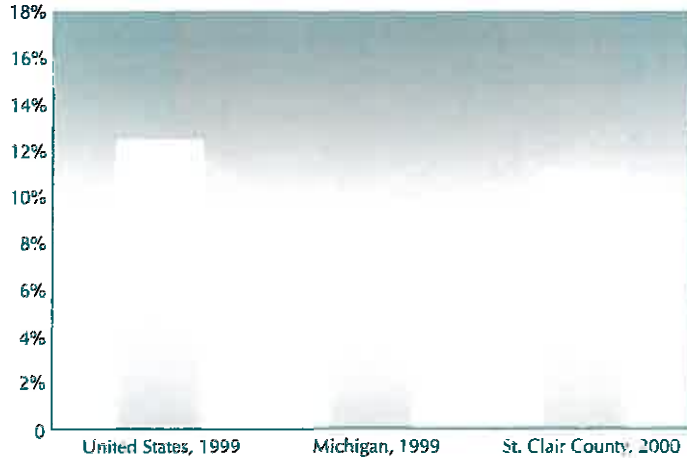
What community assets exist to address this indicator? Examples include:

insurance counseling is offered for those dealing with Medicare or other supplemental insurance difficulties in the Port Huron area. The Economic Opportunity Committee of St. Clair County (EOC) offers a Prescription Program for individuals under 60 years of age who do not have prescription insurance coverage. This program provides free or low-cost prescription services to those who are eligible.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

- <sup>1</sup> Bennefield, Robert. "Who Loses Coverage and For How Long?" *Current Population Reports, Household Economic Studies*, August 1998.
- <sup>2</sup> Centers for Disease Control and Prevention. Health insurance coverage and receipt of preventative health services — United States, 1993. *Morbidity and Mortality Weekly Report* 44: 219-225, 1995.
- <sup>3</sup> Reinhardt, U.E. "Coverage and access in health care reform." *New England Journal of Medicine* 330: 1452-1453, 1994.
- <sup>4</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.<sup>19-213</sup>

Percentage of Adults without Health Insurance



Source: CDC 1999 BRFSS, 2000 St. Clair County BRFSS

# Preventable Hospitalizations

**Measurement:** 1) *Preventable Hospitalizations, St. Clair County.*

## Why Indicator is Important

Preventable hospitalizations are those where non-hospital care, such as physician visits or home health care, can prevent the onset of an illness or assist in managing a chronic disease or condition. Therefore, numbers of preventable hospitalizations may reflect lack of access to preventive services or a full continuum of care. Often, numbers of preventable hospitalizations may be greater for those in racial and ethnic minorities, or for low-income populations.<sup>1</sup>

Preventable hospitalizations are comprised of both acute and chronic diagnoses. The majority of preventable hospitalizations for acute conditions are for bacterial pneumonia, kidney/urinary infection, and dehydration. The leading chronic conditions include congestive heart failure, chronic obstructive pulmonary disease, angina, and asthma. Other conditions may involve some degree of nutritional deficiency.

In St. Clair County in 1998, the leading cause of preventable hospitalization was congestive heart failure, representing almost one in five (18 percent) of all preventable hospitalizations. Bacterial pneumonia was a close second and represented 16 percent of all preventable hospitalizations in 1998. Other top conditions, in order, were chronic obstructive pulmonary disease (10 percent), dehydration (6 percent), and kidney/urinary infections (5 percent).

## Goals

*Healthy People 2010* has targeted asthma, diabetes, and pneumonia and influenza for reductions in preventable hospitalization (*Objective 1-9*).<sup>2</sup> For example, pediatric asthma admissions are hoped to decrease to a national rate of 17.3 per 10,000 population. Encouragingly, with 168 asthma admissions in 1998, St. Clair County's rate of admissions for that year was only 10.5 per 10,000 residents. However, *Healthy People 2010* also aims for uncontrolled diabetes admissions to decrease to a rate of 5.4 per 10,000 residents. In 1998, there were 165 admissions (a rate of 10.3 per 10,000 residents) for diabetes in St. Clair County.<sup>3</sup>

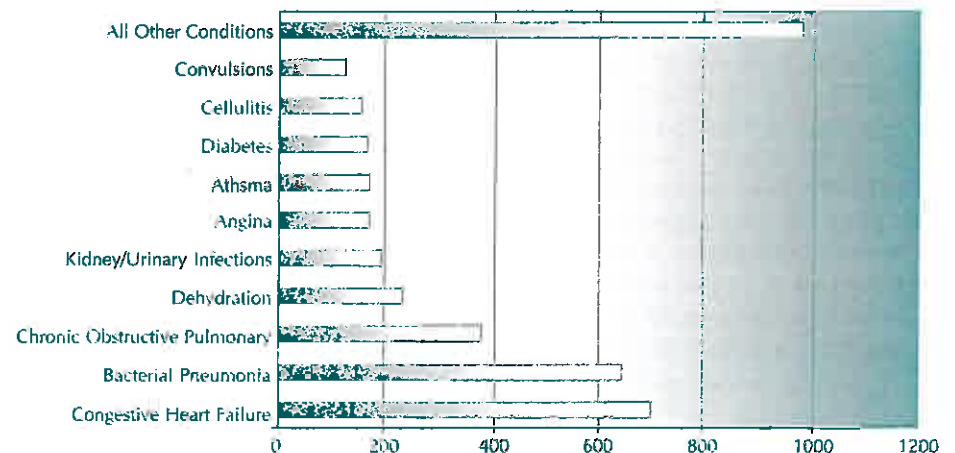
## Community Assets

What community assets exist to address this indicator? Examples include: Blue Cross/Blue Shield, Medicare, Medicaid, and other managed care organizations have established strict guidelines for appropriate hospital admission, that all hospitals follow. Several health education programs to assist residents in the management of chronic conditions are available throughout St. Clair County.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

- 1 Pappas, G., et al. Potentially avoidable hospitalizations: inequalities in rates between U.S. socioeconomic groups." *American Journal of Public Health* 87:811-816, 1997.
- 2 U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.
- 3 *Preventable Hospitalizations, St. Clair County Residents, 1998*. Michigan Resident Inpatient Files, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

## Preventable Hospitalizations, St. Clair County, 1998



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



# Heart Attack

**Measurement:** 1) *Percent of adults who have had their cholesterol checked in the past five years.*  
2) *Heart disease mortality rates.*

## Why Indicator is Important

Heart disease is the leading cause of death in St. Clair County and the United States. From 1989 to 1998, an average of 466 people died each year in St. Clair County due to heart disease. Heart disease is a broad category that may include congestive heart failure, angina, congenital defects, and heart attacks. Heart attacks occur when the blood supply to the heart muscle is severely reduced or stopped. Sometimes, this is caused by a blood clot; other times, it is caused by plaque buildup (fatty deposits) on the lining of the coronary arteries. Heart attacks often occur suddenly, and if not quickly treated, can be fatal.<sup>1</sup>

In the United States, about 1.1 million people experience a heart attack each year.<sup>2</sup> Based on hospital discharge data, 342 men and 212 women were diagnosed with a heart attack in St. Clair County in 1998. Over 80 percent (80.1) of these diagnoses occurred in the 55 and over age group. During that same year, residents of St. Clair County recorded nearly 1,000 hospital discharges for cardiac surgeries, including 221 bypass procedures, 105 angioplasties, and over 400 pacemaker implants. In addition, nearly 350 people were treated for a heart attack without surgical intervention.<sup>3</sup>

Of those residents who responded to the St. Clair County BRFSS, about four percent (4.3) had been told by a doctor that they had coronary heart disease, and about five percent (5.3) had once been told that they had a heart attack.

Some risk factors for heart disease and heart attack can not be controlled; age, family history, and gender all play a role. Men are at a greater risk of heart attack throughout their lives, but at older ages, women are more likely to experience a fatal heart attack. Fortunately, there are many risk factors for heart disease and heart attack that can be avoided.

First, controlling or preventing the onset of diabetes helps to prevent heart disease. Other risk factors include obesity, high blood pressure, smoking, excessive

alcohol intake, and high cholesterol levels. In St. Clair County, nearly 80 percent (78.8) of adults report that they have had their cholesterol checked within the preceding five years. However, almost 30 percent (28.3) of respondents to the St. Clair County 2000 BRFSS, who had recently checked their cholesterol level, reported that a doctor told them it was high. Many of these residents are taking steps to control their cholesterol; 52 percent report following a special diet, and 32 percent are on medication. About 21 percent (20.9) of St. Clair County residents have been diagnosed with high blood pressure, and according to calculations of Body Mass Index (BMI), nearly 26 percent (25.8) are obese or extremely obese. Of those residents who have recently seen a doctor, almost 13 percent (12.7) have been told to lose weight for health reasons. Taking steps to control those health behaviors that can be changed is even more important when factors like age or heredity place one at higher risk.<sup>4</sup>

## Goals

Heart attack related goals include increasing awareness of heart attack symptoms, and reducing the number of people with high blood pressure and high cholesterol. *Healthy People 2010* aims to increase the proportion of adults who have had their cholesterol checked in the past five years to 80 percent (*Objective 12-15*). Also by 2010, the Department of Health and Human Services hopes to attribute no more than 166 deaths per 100,000 people to coronary heart disease (*Objective 12-1*).<sup>5</sup> In St. Clair County in 1998, 500 people (an age-adjusted rate of 144 per 100,000) died from this disease.<sup>6</sup>

## Community Assets

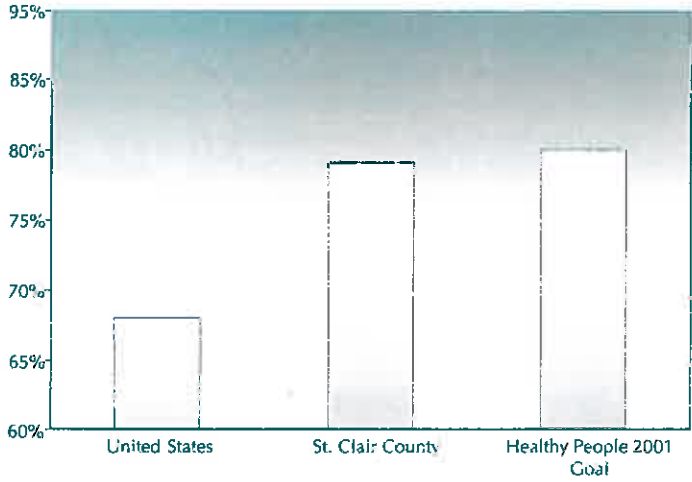
What community assets exist to address this indicator? Examples include: Port Huron Hospital sponsors Heart Link meetings for people who have had heart attacks or heart surgery. Blood pressure and cholesterol screenings are offered in various locations throughout the county, often at minimal cost (including yearly at Project Healthy Living). The Worksite and Community Health Promotion Program

of the St. Clair County Health Department provides free monthly cardiovascular disease risk factor screening and various county locations.

Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.

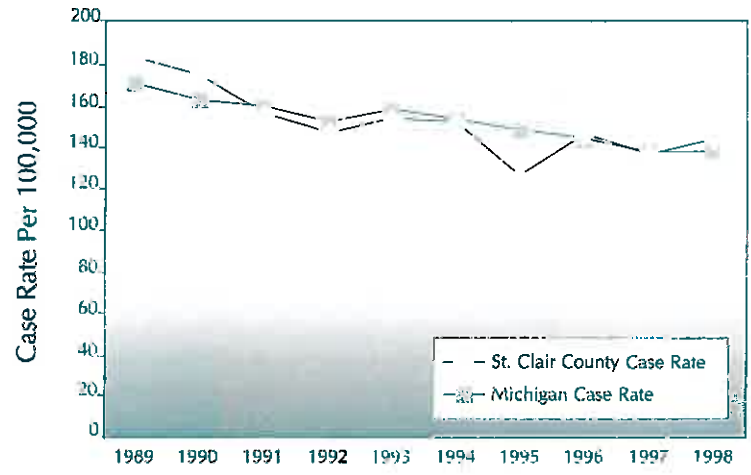
- <sup>1</sup> What Causes a Heart Attack? American Heart Association. Available online at [www.americanheart.org](http://www.americanheart.org). August 2000.
- <sup>2,5</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.
- <sup>3</sup> 1998 Michigan Inpatient Database.
- <sup>4</sup> *Risk Factors and Coronary Heart Disease*. American Heart Association. Available online at [www.americanheart.org](http://www.americanheart.org). August 2000.
- <sup>6</sup> *Heart Disease Deaths and Death Rates, St. Clair County, 1998 Michigan Resident Death File*, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

### Percentage of Adults Who Have Had Their Cholesterol Checked Within Five Years



Source: 2000 St. Clair County BRFS, Healthy People 2010

### Heart Disease Death Rate per 100,000 Residents, St. Clair County and Michigan, 1989 - 1998



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

**Measurement:** 1) *Percent of adults with high blood pressure.*  
2) *Stroke death rates.*

## Why Indicator is Important

Stroke is the third leading cause of death in the United States, behind heart disease and cancer. About 600,000 Americans will suffer a stroke each year. Unfortunately, stroke remains one of the leading causes of long-term hospitalization and disability, and every year stroke costs the economy \$30 to \$40 billion in related expenses.<sup>1</sup> In St. Clair County in 1998, 109 people died from stroke (a rate of 28.8 per 100,000 population).<sup>2</sup> Hospital discharge reports show that 209 men and 239 women were diagnosed with stroke in St. Clair County in 1998.<sup>3</sup>

Stroke occurs when blood flow through one of the brain's vessels is obstructed. If the obstruction lasts for a few minutes, brain cells begin to die. When this happens, the control the brain has over specific parts of the body will change. Depending on where the obstruction occurs, different parts of the body may be affected. If a stroke occurs in the right side of the brain, the left side of the body will feel effects ranging from paralysis to vision problems or memory loss. If a stroke occurs in the left brain, the right side of the body may experience these problems.<sup>4</sup>

Many risk factors for stroke cannot be changed, such as increasing age and family history. However, some risk factors can be controlled. High blood pressure, high cholesterol, cigarette smoking, being overweight, excessive drinking or drug use, and an inactive lifestyle are all linked to stroke or related heart disease. In fact, high blood pressure is regarded as the most important risk factor for stroke, yet many people are unaware they have this condition. Frequently checking for high blood pressure and taking the steps needed to control it may be one of the easiest ways to reduce stroke risk.

Just over 20 percent (20.9) of the respondents to the St. Clair County 2000 BRFSS reported that they had been diagnosed with high blood pressure. Of these, 60 percent were on medication to control their blood pressure, and 27 percent were on a special diet.

Preventing conditions such as diabetes and coronary heart disease also greatly reduces one's risk for stroke.<sup>5</sup>

## Goals

Some of the goals of *Healthy People 2010* include increasing awareness of stroke warning signs (*Objective 12-8*) and reducing the proportion of adults with high blood pressure to only 16 percent (*Objective 12-9*). Another goal aims for increasing to 50 percent the proportion of adults who have their high blood pressure under control (*Objective 12-10*). It is currently estimated that less than 20 percent of adults with high blood pressure have it under control.<sup>6</sup>

## Community Assets

What community assets exist to address this indicator? Examples include: blood pressure and cholesterol screenings are offered throughout the county at area hospitals, senior activity centers, and clinics. Several support groups for those dealing with the effects of stroke, including the CVA Stroke Therapy Group and the Happy Hour Stroke Club, both meet in the Port Huron area.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

<sup>1</sup> *What is Stroke.* American Stroke Association. Available online at [www.strokeassociation.org](http://www.strokeassociation.org). August 2000.

<sup>2</sup> *Stroke Deaths and Death Rates, St. Clair County and Michigan, 1998* Michigan Resident Death File. Division for Vital Records and Health Statistics, Michigan Department of Community Health.

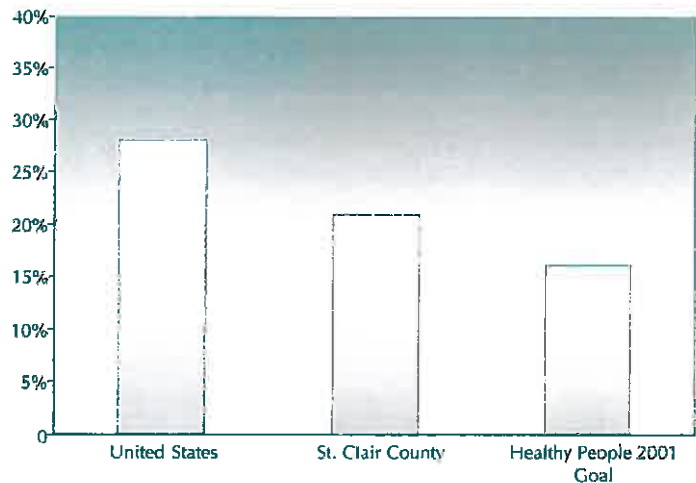
<sup>3</sup> 1998 Michigan Inpatient Database

<sup>4</sup> *What are the effects of stroke.* American Stroke Association. Available online at [www.strokeassociation.org](http://www.strokeassociation.org). August 2000.

<sup>5</sup> *What are the Risk Factors for Stroke.* American Stroke Association. Available online at [www.strokeassociation.org](http://www.strokeassociation.org). August 2000.

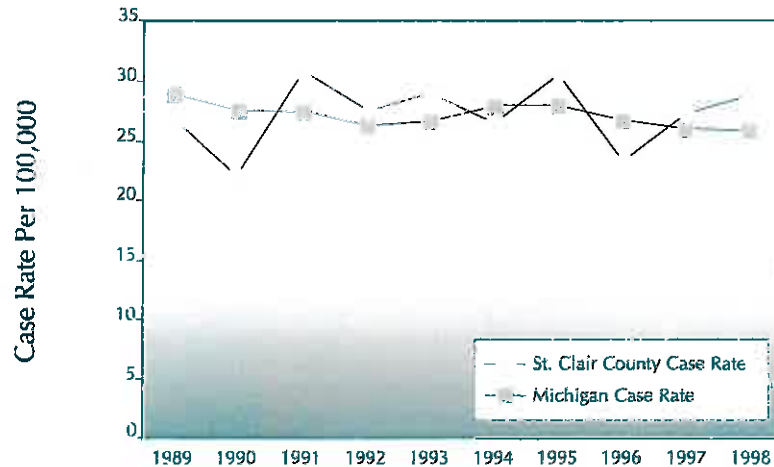
<sup>6</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.

## Percentage of Adults With High Blood Pressure



Source: 2000 St. Clair County BRFSS, Healthy People 2010

## Stroke Death Rate per 100,000 Residents, St. Clair County and Michigan, 1989 - 1998



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



**Measurement:** 1) *The number and percent of low-birth weight, live births.*

## Why Indicator is Important

Mothers who do not receive adequate prenatal care are at a higher risk for delivering low birthweight infants. They are also more at risk for experiencing infant mortality. Visiting a health care provider while pregnant can ensure that mothers-to-be receive the information they need about health and nutrition, and can help with an early diagnosis of any potential problems. Health care providers can also refer pregnant women to support programs and other community resources. Inadequate prenatal care may also lead to increased hospital stays, increased costs, and a lifetime of medical care for children born with developmental problems caused by low birthweight.<sup>1</sup>

The Michigan Department of Community Health uses the Kessner Index to determine the adequacy of prenatal care. 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 the pregnancy. For example, a shorter pregnancy may constitute fewer prenatal visits in order to achieve adequate levels of care.

In St. Clair County in 1999, nearly 74 percent (73.8) of women were classified as having adequate prenatal care according to the Kessner Index. Still, eight percent of women were classified as having inadequate care during that same year. Of those births classified as receiving inadequate prenatal care in St. Clair County in 1999, nearly 20 percent (18.9) were low birthweight births. In comparison, only 6.7 percent of babies born who received adequate care were classified as low birthweight. Younger women have slightly lower rates of beginning prenatal care in their first trimester; in St. Clair County in 1999, 70 percent of women under age 25 began prenatal care in the first trimester, compared to 85 percent of women age 25 and over.<sup>2</sup>

In addition to inadequate prenatal care, low birthweight is also associated with deficient nutrition, smoking, excessive alcohol or substance abuse, and teen child-bearing. Infants born at a low birthweight are more vulnerable and are more at risk

for disease or developmental delays. The National Public Health Service estimates that 60 percent of infant deaths each year are the result of low birthweight.<sup>3</sup> Further, those infants that survive extremely low birthweight (ELBW), weighing one to two pounds at birth, may have lifelong problems with hearing or sight impairment, recurrent infections, and behavioral and learning disorders. A recent study found that ELBW teenagers scored an average of 13 to 18 points lower on academic achievement tests than their normal birthweight peers. Also, over half (58 percent) of the ELBW teens were receiving special educational assistance and/or had repeated a grade, compared with only 13 percent of normal birthweight teens.<sup>4</sup>

## Goals

Local health care and human service providers are working together to increase to greater than 74 percent, the percentage of mothers who receive adequate prenatal care.

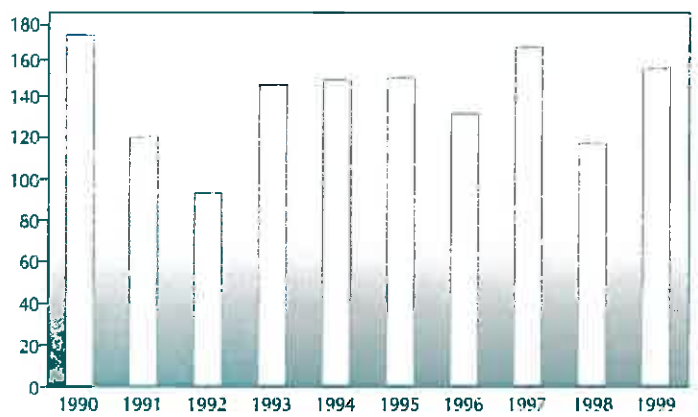
## Community Assets

What community assets exist to address this indicator? Examples include: area hospitals provide extensive preparation classes for new moms and families. Mercy Hospital offers Prenatal Breastfeeding Classes, Expectant Parent Classes, and an All-Day Saturday Child Birth Class. St. John River District Hospital also has classes on breastfeeding and parenting, Sibling Preparation Classes and Birth Preparation Classes to prepare new parents for the labor process and teach relaxation procedures. Port Huron Hospital has a variety of childbirth education classes, from breastfeeding and infant massage to labor preparation and support groups for new fathers. Blue Water Family Life Services in Port Huron offers help to women in crisis pregnancy situations, including prenatal and labor support, parenting classes, and referrals to various support groups and area resources. Downriver Community Services' and St. Clair County Health Department's Maternal Support Program also offers pregnancy insurance to women in need. In the Winter of 2001, the ISD of St. Clair County received funding from the All Students Achieve Program - Parent Involvement and Education Grant (ASAP-PIE) and will be hiring staff to provide home visits and support to parents with children zero to five years of age.

Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.

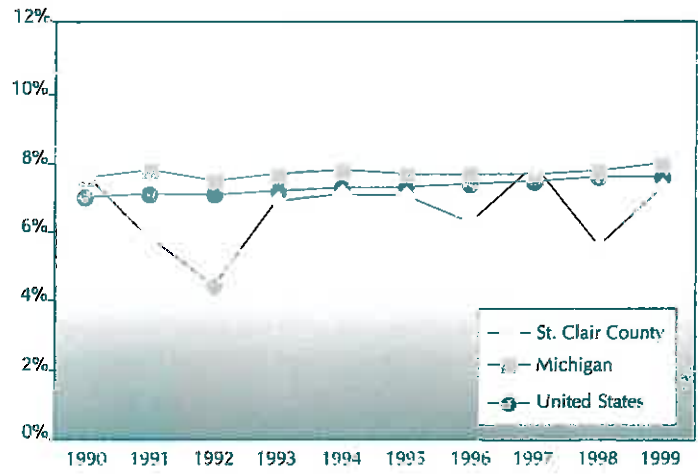
- <sup>1,2</sup> Zender-Merrell, Jane and Michele Corey (1999). *Kids Count in Michigan 1999 Data Book: County Profiles of Child Well-Being*. Lansing, Michigan: Michigan League for Human Services.
- <sup>2</sup> 1999 Michigan Resident Birth Files, Division for Vital Records and Health Statistics, MDCH.
- <sup>4</sup> Saigal, S., Hoult, L.A., Streiner, D.L., and others. (2000, February). "School difficulties at adolescence in a regional cohort of children who were extremely low birthweight." *Pediatrics* 105 (2), pp. 325-331.

### Number of Live Births Less Than 2,500 Grams (Low Weight) St. Clair County, 1990 - 1999



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

### Percentage of Births Under 2,500 Grams (Low-Weight) 1990 - 1999



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

# Infant Mortality

**Measurement:** 1) Number of deaths before age one.  
2) Infant death rate.

## Why Indicator is Important

Infant mortality rates are an important indicator of health and well-being, at both global and local levels. The infant mortality rate in the United States has historically been worse than those in other industrialized nations, although it has improved in recent years. In 1999, the U.S. infant mortality rate was 6.9 deaths per 1,000 births. In comparison, Germany's infant mortality rate in 1998 was 5.0; in Japan, it was only 4.0.<sup>1</sup> Unfortunately, Michigan's rate of infant death has been consistently worse than the national average. In 1999, 8.0 infants died in Michigan for every 1,000 that were born. St. Clair County's infant death rate has slowly but steadily declined over the past 10 years. Between 1990 and 1994, St. Clair County's average infant death rate was 8.8. A few years later, between 1995 to 1999, St. Clair County's average infant death rate had dropped to 6.1.<sup>2</sup>

Over half of all infant deaths occur as a result of birth defects, gestation disorders including low birthweight, sudden infant death syndrome (SIDS) and respiratory distress syndrome. Mortality rates are highest for infants born to teenagers under age 16 and mothers over age 44.<sup>3</sup> Many other factors also have an effect on the life expectancy of infants. Among other things, poverty, the emotional and physical health of the mother, access to health care, involvement of the father, and the support and safety of the community all play a role. Poverty may be one of the most important factors; national studies suggest that the mortality rate for children born into poverty is 50 percent higher than for children born into families with incomes above the poverty line.<sup>4</sup>

Many risk factors for infant mortality can be prevented with high quality prenatal care. These visits help ensure that mothers and their newborns will get off to the best possible start and that any health problems are treated before they become serious. After birth, mothers can take other actions to help their infants remain healthy. Breastfeeding, for example, has been shown to reduce rates of ear and respiratory infection in infants.<sup>5</sup> Other research shows that placing infants to sleep on their backs will help to prevent SIDS.<sup>6</sup>

## Goals

The U.S. Department of Health and Human Services aims for a national infant mortality rate of 4.5 by the year 2010 (*Objective 16-1c*). Other related objectives include increasing the percentage of mothers who breastfeed their infants to 75 percent (*Objective 16-19*).<sup>7</sup>

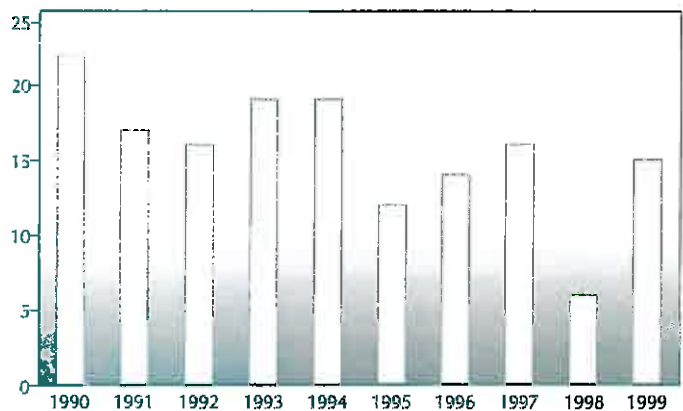
## Community Assets

What community assets exist to address this indicator? Examples include: Port Huron Hospital, Mercy Hospital and St. John River District Hospital all offer classes on prenatal care as well as classes dealing with infant safety and CPR. The local American Red Cross offers infant CPR classes. The St. Clair County Health Department's Maternal and Infant Support Services also has many programs to help new families including parent classes, medical insurance assistance, and WIC enrollment.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

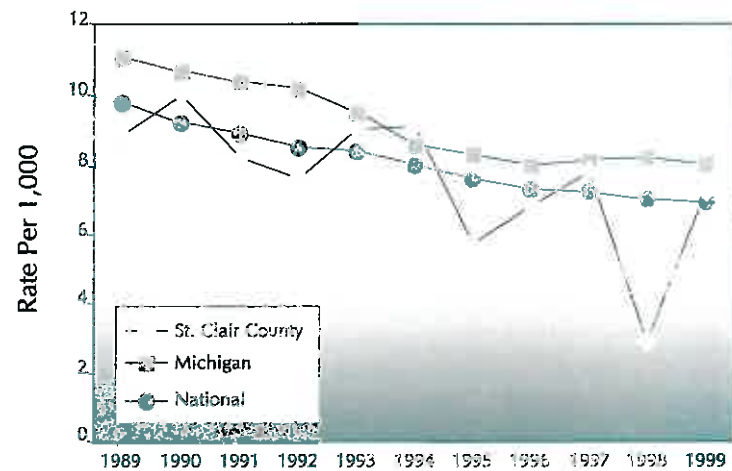
- <sup>1</sup> *Basic Health Indicators from the World Health Report*, as appeared in the 1999 World Health Report, World Health Organization (WHO).
- <sup>2</sup> *Number and Rate of Infant Deaths by Race, Michigan Residents, 1989-1998* Michigan Resident Birth and Death Files, Division for Vital Records and Health Statistics, Michigan Department of Community Health.
- <sup>3</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.
- <sup>4</sup> *1998 Kids Count Data Book: State Profiles of Child Well-Being*. Baltimore, MD: The Annie E. Casey Foundation.
- <sup>5</sup> Frank, A.L.; Taber, L.H.; Glezen, W.P.; et al. "Breast-feeding and respiratory virus infection." *Pediatrics* 70: 239-245, 1982.
- <sup>6</sup> Willinger, M.; Hoffman, H.J.; and Hartford, R.B. "Infant sleep position and risk for sudden infant death syndrome: Report of meeting held January 13 and 14, 1994, National Institutes of Health, Bethesda, MD." *Pediatrics* 93(5): 814-819, 1993.

## Number of Infant Deaths in St. Clair County, 1990 - 1999



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

## Infant Death Rate per 1,000 Live Births, 1989 - 1999



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



**Measurement:** 1) Percent of adults who have not had a flu vaccination in the past 12 months.  
2) Percent of adults who have never had a pneumonia vaccination.

## Why Indicator is Important

Infectious diseases can take a serious toll on the health of a community. These diseases can be debilitating, expensive, or even fatal. One of the best ways to prevent the occurrence and spread of such diseases is through vaccination. Vaccines usually contain a weakened or killed form of the disease-causing bacteria or virus, so that your body can build defenses (called antibodies) against the disease.<sup>1</sup> Vaccines protect more than just the person who received the vaccination — they help protect the whole community. When vaccination levels are high, they protect the few who cannot be vaccinated through group immunity. In general, vaccination levels of from 85-90 percent are enough to stop the circulation of viruses and bacteria that cause many preventable diseases.<sup>2</sup>

In Michigan, full vaccination of children includes the 4-3-1 series: four doses of DTP (diphtheria, tetanus, and pertussis), three doses of Polio, and one dose of MMR (measles, mumps, and rubella). Most vaccines for children should be administered before age two and can generally be completed in five doctor visits. State law requires proof of immunization before a child can start school, although some exemptions may be permitted. The St. Clair County Health Department reported a 90 percent immunization rate for 19-35 month olds in February 2000.<sup>3</sup>

Children are not the only ones who can benefit from vaccines. In adults, vaccination can greatly reduce illness and death from influenza and pneumococcal disease. Currently, about 30,000 deaths annually can be attributed to these two diseases, in addition to nearly 200,000 hospitalizations and millions of days lost from work.<sup>4</sup> Older people, people living in institutionalized settings, and those with heart disease, diabetes or respiratory infections are at higher risks for these diseases.<sup>5</sup>

Responses to the 2000 St. Clair County BRFSS indicated that 31 percent of adults had received a flu shot in the last 12 months, and 18 percent had received a pneumonia vaccination. For adults over age 65, the rates were even higher: 68 percent had received a flu shot in the past year, and 54 percent had a pneumonia vaccination at some point in their lives.

## Goals

For children, *Healthy People 2010* aims to achieve and maintain effective vaccination coverage for universally recommended vaccines at 90 percent (*Objective 14-22*). Other national guidelines recommend that 90 percent of adults who live in an institution or who are over age 65 receive the pneumococcal vaccine. For those adults under age 65 who have other risk factors, *Healthy People 2010* aims for a 60 percent pneumococcal vaccination rate (*Objective 14-29*).<sup>6</sup>

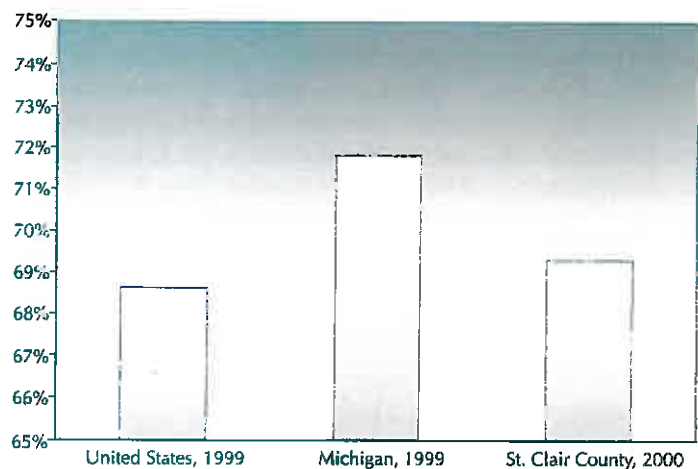
## Community Assets

What community assets exist to address this indicator? Examples include: the St. Clair County Immunization Coalition is currently focused on increasing adult immunization levels above those shown in a 1998 Medicare survey. In this survey, influenza vaccinations were reported at 48.7 percent and pneumococcal vaccines at 35.2 percent. The Visiting Nurse Association recently sponsored Flu Shot Clinics throughout St. Clair County. The St. Clair County Health Department also offers flu and pneumonia vaccines at all of their branch locations. Area hospitals including St. John River District Hospital offer adult and child immunizations. Additionally, those who are traveling outside of the country can take advantage of the St. Clair County Health Department's Foreign Travel Program, which provides immunizations and education.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

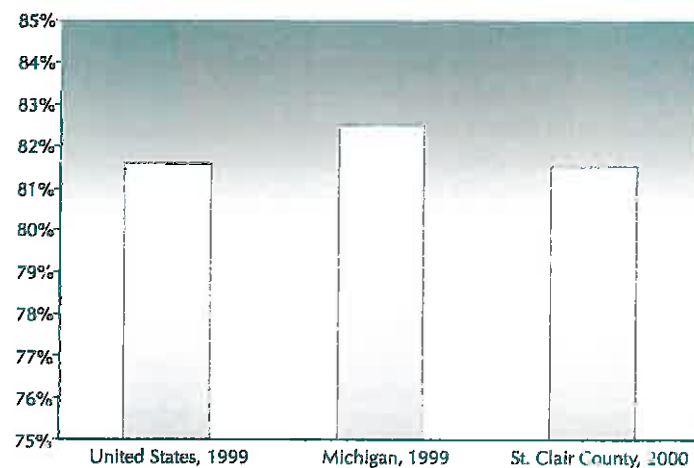
- <sup>1</sup> "Immunize Your Child." *The Journal of the American Medical Association*, vol. 282, no. 1. July 7, 1999.
- <sup>2</sup> Zender-Merrell, Jane and Michele Corey (1999). *Kids Count in Michigan 1999 Data Book: County Profiles of Child Well-Being*. Lansing, Michigan: Michigan League for Human Services.
- <sup>3</sup> St. Clair County Health Department, 2000.
- <sup>4</sup> Neuzil, Kathleen M.; Reed, George W.; et al. "Influenza-Associated Morbidity and Mortality in Young and Middle-Aged Women." *The Journal of the American Medical Association*, vol. 281, no. 10, March 1999.
- <sup>5,6</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.

### Percentage of Adults Who Have Not Had a Flu Vaccination in the Past 12 Months



Source: 1999 CDC BRFSS  
2000 St. Clair County BRFSS

### Percentage of Adults Who Have Never Had a Pneumonia Vaccination



Source: 1999 CDC BRFSS  
2000 St. Clair County BRFSS

# General Health & Well Being

**Measurement:**

- 1) Percent of adults who eat fruit.
- 2) Percent of adults who eat vegetables.
- 3) Weight categories based on body mass index.
- 4) Percent of adults who felt worried, tense or anxious.
- 5) Percent of adults who felt they did not get enough sleep.
- 6) Percent of adults who felt healthy and full of energy.

## Why Indicator is Important

Most people would agree that eating well, getting enough rest, and finding ways to release stress are all keys to healthy living. However, while these few things sound simple, they are often the casualties of a busy schedule or unhealthy habits.

The results of St. Clair County's 2000 BRFSS seem to indicate that area adults are trying to stay healthy, but there is always room for improvement. According to the survey, when asked "how many days in the past month have you felt very healthy and full of energy?" the average response was 18 days — just a little better than half of the month. The average respondent also reported feeling worried or tense for an average of five days in the last month, and not having gotten enough rest for almost nine days in the last month.

Daily nutrition is also essential for good health. Unhealthy eating habits contribute substantially to many preventable illnesses and premature deaths, promote overweight and obesity, and may affect energy levels and mood. A diet high in grains, fruits and vegetables is recommended for good health, yet when eating out of the home, many of these foods are the last ones consumed. A recent study estimates that 40 percent of a family's food budget is spent on away from home food, including food from restaurants, fast-food chains and vending machines. These foods are generally higher in fat and cholesterol and lower in fiber and other nutrients than those consumed at home.<sup>1</sup> When asked, respondents to the St. Clair County's 2000 BRFSS reported eating an average of 1.4 servings of fruit per day, not including juice, and an average of 1.7 servings of vegetables per day, excluding fried potatoes and potato chips.

Body mass index (BMI) is a measure that takes both weight and height into account. A BMI of 25 or greater is considered overweight. As the BMI number increases, so do the risks of weight-related health problems.

For many St. Clair County residents, weight may be a problem. According to participants in the BRFSS who gave their height and weight measurements, calculations of BMI indicate that just over one-third of survey respondents (36.6%) are at a healthy weight (classified as a BMI greater than or equal to 18.5 and less than 25). Another third (35.6%) are overweight (classified as a BMI between 25 and 29). Finally, over one-quarter (25.8%) of the survey respondents fall into the obese or extremely obese categories (a BMI of 30 or more).

## Goals

*Healthy People 2010* aims for 75 percent of persons over age two to consume at least two daily servings of fruit (*Objective 19-5*) and 50 percent of persons over age two to consume at least three daily servings of vegetables (*Objective 19-6*).<sup>2</sup> Based on responses to St. Clair County's BRFSS, only 18 percent of adults are meeting the vegetable goal, and 41 percent are meeting the fruit goal. Interestingly, while two-thirds (67%) of those meeting the vegetable goal also meet their fruit requirements, only one-third (29%) of those meeting the fruit goal also meet their vegetable requirements. *Healthy People 2010* also hopes to increase the proportion of adults who are at a healthy weight to 60 percent; currently only 42 percent of U.S. adults can be classified this way (*Objective 19-1*). It is also hoped that the percent of adults who are obese will decrease from 23 percent to 15 percent (*Objective 19-2*).<sup>3</sup>

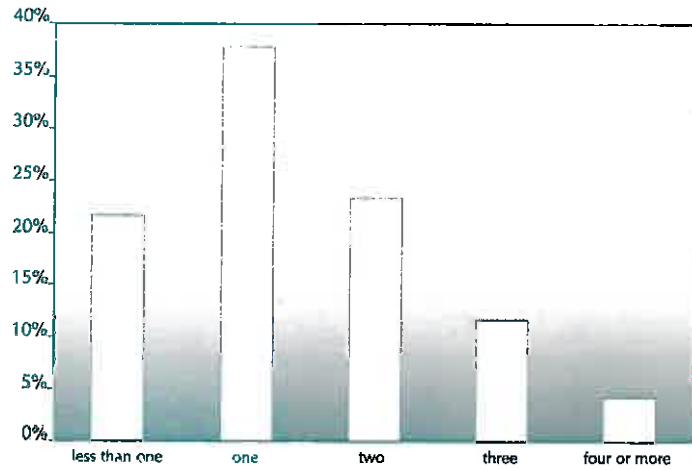
## Community Assets

What community assets exist to address this indicator? Examples include: agencies such as MSU Cooperative Extension Service offers various cooking and nutrition education classes. Mercy Hospital currently offers a Weight Management Program through its Center for Health Management. St. John River District Hospital also offers a 12-week Lifestyles Weight Management program and held a program called "Supermarket Savvy" to educate consumers how to shop for proper nutrition and good health. Port Huron Hospital also offered luncheon programs on cooking with herbs/spices and the importance of a heart-healthy diet. Other agencies offer lectures or educational sessions on the importance of managing stress and maintaining a healthy lifestyle.

*Please note: Community Asset information is changing rapidly. Therefore, this representation should not be considered all-inclusive.*

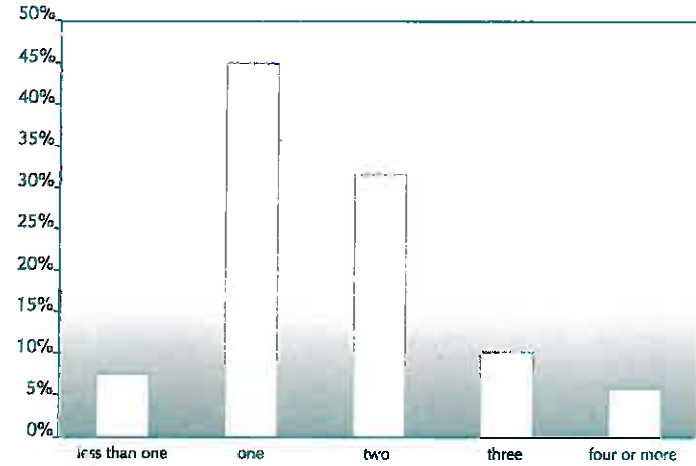
- <sup>1</sup> Lin, B.H. et al. *Nutrient Contribution of Food Away from Home*. In: E. Frazao (ed.). *America's Eating Habits: Changes and Consequences*. Washington, D.C.; Economic Research Service, U.S. Department of Agriculture. AIB-750, April 1999.
- <sup>2,3</sup> U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.

### Percentage of Adults Who Eat Fruit\*, by Servings per Day, St. Clair County Residents



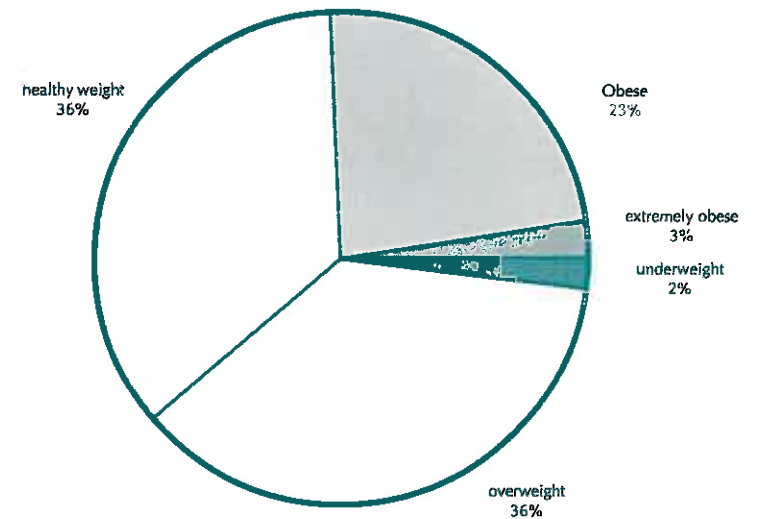
\*Not including fruit juice  
Source: 2000 St. Clair County BRFSS

### Percentage of Adults Who Eat Vegetables\*, by Servings per Day, St. Clair County Residents



\*Not including french fries, fried potatoes, and potato chips  
Source: 2000 St. Clair County BRFSS

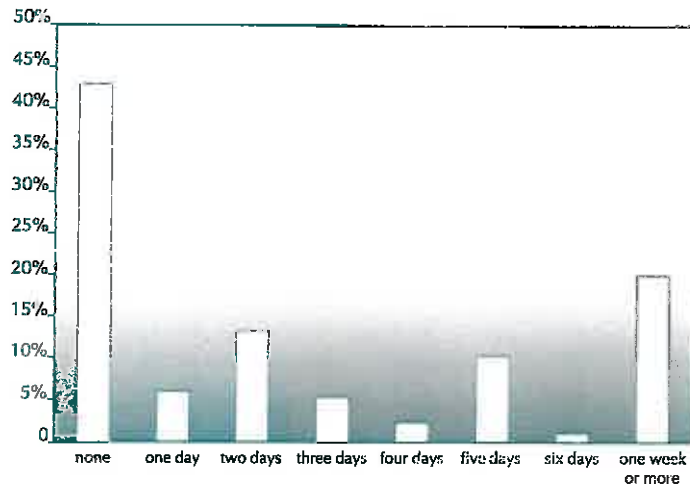
### Weight Categories Based on Body Mass Index, St. Clair County Residents



Source: 2000 St. Clair County BRFSS

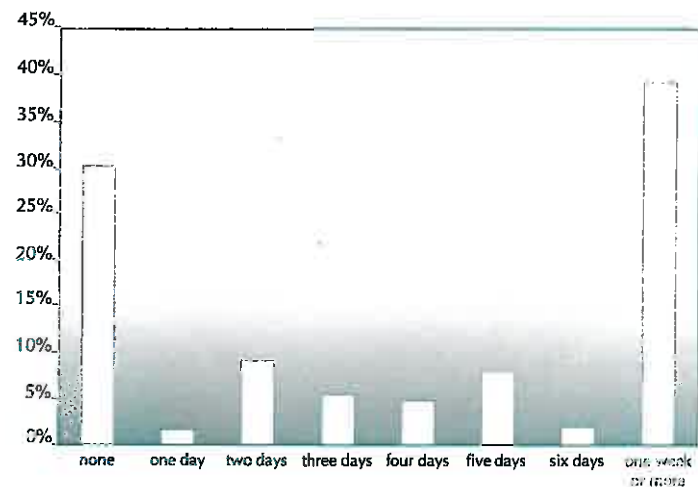


Percentage of Adults Who Felt Worried, Tense or Anxious in the Past Month, by Number of Days, St. Clair County Residents



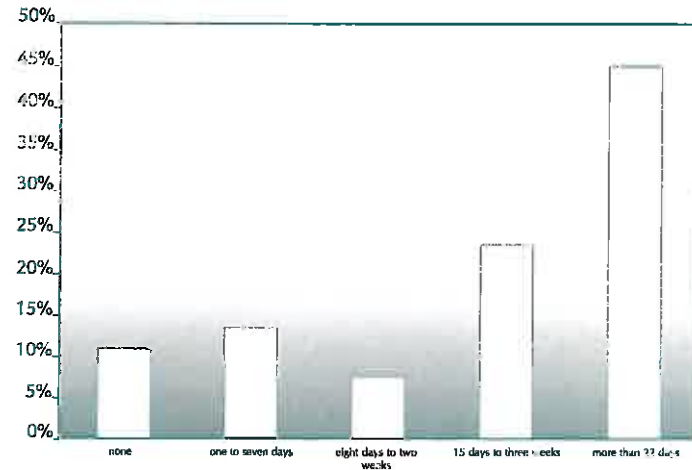
Source: 2000 St. Clair County BRFSS

Percentage of Adults Who Felt They Did Not Get Enough Rest or Sleep in the Past Month, by Number of Days, St. Clair County Residents



Source: 2000 St. Clair County BRFSS

Percentage of Adults Who Felt Healthy and Full of Energy in the Past Month, by Number of Days, St. Clair County Residents



Source: 2000 St. Clair County BRFSS

# Acknowledgments

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## Thank You for Your Support

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- St. Clair County Health Department
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- Andrea Thomson, Assessment Specialist, Southeastern Michigan Health Association

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