Botsford Hospital
Community Health Needs Assessment

Approved by Botsford Hospital Board of Directors
December 19, 2013

Prepared by
Botsford Hospital
Farmington Hills, Michigan
www.botsford.org
December 2013

The Affordable Care Act introduces a multi-faceted platform intended to change the model, the delivery and the access to health care for all. The focus of this plan brings sweeping change in our approach to health care delivery. Change cannot rest with health care providers alone. Health Care Reform would be incomplete without engaging our population in an understanding that they are the managers of their health.

Recognizing that we must focus on the health status of our communities, the Affordable Care Act requires all nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years.

Given our approaching 50 year history of being an integral part of the Farmington/Farmington Hills community, Botsford Hospital made the decision to focus the CHNA assessment on these two suburbs. Margo Gorchow, Vice President for Community Relations assumed the role of Team Lead for Botsford. Public Sector Consultants (PSC) was retained to support the Botsford Community Relations staff in the design and evaluation of the survey, facilitate Council and focus group meetings and develop the report of findings.

The Advisory Council was identified, bringing together a diverse community membership. Alan Maxey, an active and well-respected community member, was selected as chairman, reinforcing that this was a community-based project.

The CHNA process follows a designated path. The Advisory Assessment Council worked to define our purpose and scope and identify areas of health concerns. An assessment survey tool was developed reflecting the council’s initial identification of health issues, the survey was distributed via council members (available on paper as well as the web), primary data was collected and analyzed from this survey and two focus groups. Secondary data from Oakland County and the State of Michigan was incorporated for comparison purposes.

This report details the data collected through the survey and focus group process. Using this information the Assessment Advisory Council prioritized health needs and determined the focus for the action plan, the final step of the CHNA process.

Are the priorities listed different from other communities? For the most part they represent the most critical health risk factors in our country today. Now the real work of the community begins – supporting individuals in accepting their role as manager of their own health.

We wish to thank the members of the CHNA Advisory Council, the cities of Farmington and Farmington Hills for their enthusiastic participation as well as Oakland County Health Division and Public Sector Consultants for their support and direction.

Paul LaCasse, D.O., M.P.H.
CEO & President,
Botsford Health Care

Margo Gorchow, R.N.
Vice President, Community Relations
Botsford Hospital
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Community Assessment Advisory Council Members

Botsford Hospital convened a Community Assessment Advisory Council to support the community health needs assessment (CHNA) process with their impression of resources available to them in Farmington and Farmington Hills. The council is made up of representatives from local government, public health, education, public safety, faith-based and other nonprofit entities. Members are:

- Diane Bauman, APR, Director, School & Community Relations, Farmington Public Schools
- Sylvia Bell-Washington, R.N., Community Health Nurse, Salvation Army of Farmington Hills
- Karen Bolsen, Farmington Public Schools Board of Education member and former chair and founder of the MultiCultural MultiRacial Council
- Steve Brock, City Manager, City of Farmington Hills
- Lauren Caverly, student representative, Farmington Public Schools
- Jeri Davis, Medical Social Worker, Botsford Cancer Center
- Cdr. Justin Dulong, Farmington Public Safety, City of Farmington
- William Galvin, Mayor Pro Tem, Farmington City Council
- Margo Gorchow, R.N., Vice President, Community Relations, Botsford Hospital
- Tanji Grant, Chair, MultiCultural MultiRacial Council of Farmington/Farmington Hills and Realtor
- Afroz Khan, volunteer, Tawheed Center
- Marsha Koet, Senior Services Manager, William Costick Activities Center, City of Farmington Hills
- Paul LaCasse, D.O., President and CEO, Botsford Health Care
- Christiane Lenz, parent volunteer, Farmington Public Schools
- Kimberly Lindsay-Feagin, Manager, Government & Community Affairs, Robert Bosch LLC
- Todd Lipa, Program Director, Youth Programs & Family Services Division, City of Farmington Hills
- Mary Madigan, Manager, Development & Community Relations, Community Network Services
- Ken Massey, PhD, Botsford Hospital board member, Farmington Hills City Council member, and founder of Suicide Awareness For Everyone (SAFE)
- Alan Maxey, Chairman, Neighborhood House, Chairman of Community Assessment Advisory Council
- Kikuko McCandlish, Counselor, Kaleidoscope Family Forum LLC
- Lisa McKay-Chiasson, M.P.H., Administrator, Oakland County Health Division
- Jacklyn McParlane, D.O., Medical Education Director, Botsford Hospital Trauma & Emergency Center
- Vince Pastue, City Manager, City of Farmington
- Lt. Al Patterson, Police Department, City of Farmington Hills
- Laura Perlowski, Executive Director, Farmington Family YMCA
- John Randle Sr., Human Resources Department, City of Farmington Hills
- James Robinson, PhD, retired Eastern Michigan University professor, Botsford Commons Community
- Mildred Robinson, community organizer, Botsford Commons Community
- Caroline Schairer, R.N., Community Health Coordinator, Botsford Hospital
- Peter Schoeps, D.O., private practitioner, Farmington Village Family Practice
- Mark Springer, Deacon, St. Alexander Parish
- Cdr. David Stasch, Administrative Bureau, Farmington Hills Police Department
- Tina Theeke, Director, Farmington Community Library
- Diane Zide, Executive Director, Senior Living Services, Botsford Senior Living Center
Botsford Hospital is the community hospital for Farmington and Farmington Hills, Michigan, and this needs assessment is focused on the residents of these two communities. The hospital has strong relationships with numerous community-based organizations, committees, and task forces in Farmington and Farmington Hills. These relationships allowed the hospital to engage a diverse group of stakeholders to conduct the assessment and build on existing relationships to improve the health of the community.

DEMOGRAPHICS
The cities of Farmington and Farmington Hills have a combined population of 90,112, according to the 2010 U.S. Census. Exhibit 1 presents the demographics of the community.

EXHIBIT 1. Community Demographics

<table>
<thead>
<tr>
<th></th>
<th>Farmington</th>
<th>Farmington Hills</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total population</strong></td>
<td>10,372</td>
<td>79,740</td>
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<tr>
<td><strong>Gender</strong></td>
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<td>Female</td>
<td>52.8%</td>
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<tr>
<td>≤17</td>
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<td>18–24</td>
<td>4.5%</td>
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<td>25–34</td>
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<td>75–84</td>
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<td>2.9%</td>
<td>2.9%</td>
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<tr>
<td><strong>Race or origin</strong></td>
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<tr>
<td>White</td>
<td>71.5%</td>
<td>69.7%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>11.4%</td>
<td>17.4%</td>
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<td>Asian</td>
<td>13.9%</td>
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<td>Native Hawaiian or other Pacific Islander</td>
<td>0.1%</td>
<td>0.0%</td>
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<tr>
<td>American Indian or Alaska Native</td>
<td>0.4%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2.1%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Middle Eastern or Arab</td>
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<td>N/A</td>
</tr>
<tr>
<td>Other</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

NOTES: Data on the 17 and younger and 18- to 24-year-old age groups were not reported in the 2010 census data. This information was obtained from the U.S. Census Bureau, 2007–2011 American Community Survey Five-Year Estimates. Percentages may not equal 100 due to rounding.
**Income**

According to the U.S. Census Bureau, the median household income for Farmington ($57,407) is lower than for Oakland County ($66,456), but higher than the state median ($48,669). The median household income for Farmington Hills ($70,828) is higher than both the county and state figures.1

**Poverty**

There is a large body of research showing a direct correlation between an individual’s health and the conditions in which they live, known as the social determinants of health. The U.S. Centers for Disease Control and Prevention (CDC) explain, “The social determinants of health are the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.”2 In 2011, almost 8 percent of residents in Farmington and almost 7 percent of residents in Farmington Hills were below the federal poverty level, compared to almost 9 percent of Oakland County residents and almost 18 percent of Michigan residents.

In 2011, Michigan’s Campaign to End Homelessness reported an estimated 3,215 individuals as homeless in Oakland County—of those, 525 were children in families.3 Almost one in four children attending school in the Farmington Public School District (23 percent) are eligible for free or reduced-price lunch, compared to almost half (48 percent) of students eligible in public school districts across the state.4 More than a quarter (26 percent) of pregnant women in Oakland County received food coupons through the Women, Infants, and Children (WIC) program during pregnancy in 2011, compared to 45 percent in Michigan.5

**Housing**

In 2011, homeownership rates in Farmington and Farmington Hills were 64 percent and 66 percent, respectively. The median value of owner-occupied housing units in 2011 was $171,500 in Farmington and $221,700 in Farmington Hills, compared to $204,300 in Oakland County.6 Oakland County had the second-highest foreclosure rate in Michigan in 2011; almost 3 percent (13,903) of housing units in Oakland County were foreclosed, compared to about 2 percent of housing units in Michigan.7

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4 Center for Educational Performance and Information. Free and Reduced-Price Lunch Counts: Fall 2012. [Online, accessed August 2013.] Available: [www.michigan.gov/cepi/0,1607,7-113-21423_30451_36965---,00.html](http://www.michigan.gov/cepi/0,1607,7-113-21423_30451_36965---,00.html).


6 U.S. Census Bureau. State and County QuickFacts.

**Educational Achievement**

The percentage of Farmington and Farmington Hills residents who have a bachelor’s or higher degree (54 percent and 51 percent, respectively) is higher than in Oakland County (42 percent), and more than double the percentage of residents in Michigan (25 percent).\(^8\)

**EXISTING HEALTH CARE FACILITIES AND RESOURCES**

In addition to Botsford Hospital, a number of hospital affiliates and other organizations in Farmington and Farmington Hills, including several of those represented on the council, provide health care services to residents in the community. These include:

- **Botsford Cancer Center**—Provides medical and radiation oncology coupled with leading-edge technology.
- **Botsford Hospital Trauma & Emergency Center**—Provides both major and minor emergency care; a full diagnostic laboratory and dedicated medical equipment, including X-ray, CT, ultrasound, MRI and other equipment; and is verified as a “Trauma Center” by the American College of Surgeons.
- **Botsford Midwest Urgent Care Center**—Provides non-emergent pediatric, adolescent, and adult walk-in medical services.
- **Botsford Senior Living Community**—Provides a friendly, supportive environment for seniors who need some assistance with daily living.
- **Community Network Services**—Provides comprehensive mental health and social services in the community.
- **Farmington Hills Senior Division**—Provides programs that support active lifestyles with dance and fitness, education and enrichment, health and wellness, socialization, and volunteer opportunities. Also provides food assistance, Home Chore, Meals on Wheels, nutrition supplements, prescription assistance, Senex, support groups, and transportation.
- **Farmington Hills Youth and Family Services Division After School and Summer Drop-In Program**—Provides middle school students an opportunity to participate in a variety of indoor and outdoor activities, including ice skating, basketball, swimming, Ping-Pong, and a new Outdoor Education Program after school and during the summer.
- **Neighborhood House**—Provides food and financial assistance to families and seniors in need throughout the year.
- **Oakland County Health Division**—Provides various prevention programs and treatment interventions to meet the health care needs of the community.
- **Project Healthy Living**—Provides free and low-cost health screenings and education to anyone 18 years or older in the community. It is a collaborative initiative involving the Farmington Area Commission on Aging and the Farmington Hills Adult Division, with help from Botsford Hospital.

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\(^8\) U.S. Census Bureau. State and County QuickFacts.


Community Health Needs Assessment Process

The federal Affordable Care Act (ACA) requires nonprofit hospitals to conduct a community health needs assessment (CHNA) every three years. An assessment of the community’s health allows hospitals and other organizations in the community to obtain a picture of the major health needs facing residents. The ACA requires hospitals to seek input from

- persons with special knowledge of or expertise in public health;
- federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and
- leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by the hospital facility.

ASSISTANCE FROM PUBLIC SECTOR CONSULTANTS INC.

Botsford Hospital contracted with Public Sector Consultants Inc. (PSC) to assist with the assessment process, including facilitating meetings of the advisory council, gathering and summarizing input from community representatives, facilitating the prioritization process, and preparing the final CHNA report. PSC, a public policy research and consulting firm based in Lansing, Michigan, is highly experienced in conducting community health needs assessments and facilitating the identification of priorities, along with the development of strategies, among diverse stakeholders. PSC maintains membership in the Association for Community Health Improvement (ACHI) and the Michigan Association for Evaluation (MAE), both of which are recommended by the Michigan Health & Hospital Association (MHA) as good sources of information and assistance for hospitals seeking to conduct needs assessments. The qualifications of PSC staff members who worked with the advisory council are given in Appendix G.

PROCESS AND METHODS

To conduct the CHNA, a diverse group of stakeholders representing community organizations and community members formed as the Community Assessment Advisory Council that met to:

- guide the process;
- identify major health issues;
- identify community organizations to disseminate the survey to community members and conduct focus groups to seek additional input;
- prioritize health issues; and
- develop broad strategies that could be implemented by partners in Farmington and Farmington Hills, Michigan, to address the priorities. The advisory council reviewed quantitative data from the Michigan Behavioral Risk Factor Survey, the Michigan Profile for Healthy Youth (MiPHY), and the Michigan Department of Community Health Division of Vital Records & Health Statistics, and sought input from people who represent the community through a survey and focus groups. These sources of quantitative and qualitative data and the process used to analyze the information are described below.

Quantitative Data

Quantitative data describing the general health status and behaviors of individuals and data specific to the health areas identified by the advisory council were obtained from the following main sources:

- The Michigan Department of Community Health conducts an annual behavioral risk factor survey (BRFS) of adult residents aged 18 years and older to find out the prevalence of health behaviors, preventive health practices, and chronic conditions. Regional and county data are computed using data combined across years. PSC obtained both health status and behavior data from the Health Indicators and Risk Estimates by Community Health Assessment Regions and Local Health Departments: Selected Tables of the Michigan Behavioral Risk Factor Survey 2008–2010.
The Michigan Department of Community Health Division for Vital Records & Health Statistics is an important source for local, county, and state data, including the leading causes of death and maternal and infant health statistics. Using this source, PSC compiled data for Farmington, Farmington Hills, and Oakland County.

The Michigan Departments of Education and Community Health conduct an online student health survey, the Michigan Profile for Healthy Youth (MiPHY), providing information on health behaviors, including substance use, violence, physical activity, nutrition, sexual behavior, and emotional health. The survey is conducted in grades 7, 9, and 11, and participation is voluntary. PSC compiled data for participating schools in Oakland County; the individual schools are not identified by the state departments.

Data from the quantitative sources described above, along with data from the U.S. Census Bureau, the Southeast Michigan Council of Governments, and the Michigan Campaign to End Homelessness database, were used to help the advisory council identify key health issues.

**Qualitative Data: Input from Community Representatives**

In addition to quantitative data, the Community Assessment Advisory Council sought input directly from the Farmington and Farmington Hills community. The advisory council wanted to find out what people had to say about important health issues, lifestyle and other factors that contribute to these issues, resources that are available to help community members be healthy, and suggestions for addressing important health issues in the future. Botsford Hospital asked PSC to conduct a survey of community members and two focus groups.

**Survey of Community Members**

The community health needs assessment survey was designed by PSC in collaboration with the Community Assessment Advisory Council. The survey was distributed to adults and included questions about selected behavioral risk factors (such as tobacco use, mental health, alcohol and other drug use, eating and exercise habits, height, and weight), the participant’s sense of the community’s most urgent health issues, and other issues raised by the advisory council (such as health insurance coverage, where individuals receive health care services, and preventive health activities). (See Appendix B.)

In July 2013, hard copies of the survey were disseminated to community members through advisory council members, physician offices, hospital clinics and staff, and community organizations. The community organizations distributing the survey are listed in Appendix A. Participation was voluntary and respondents could decline to answer individual questions. Community members could either return the paper version of the survey to PSC or complete the survey online. In all, 865 surveys were submitted; 154 surveys were not included in PSC’s analysis of the data because the respondent’s zip code was not provided, was invalid, or was not within the study area (Farmington or Farmington Hills).

**Focus Groups**

Two focus groups were held with community members in September 2013, with a total of 26 participants. Participants were provided with background information on health status and behaviors and then asked what they believe are the most important health issues for their communities. Participants also were asked to share their insights on factors that contribute to these issues, resources that are available to help community members be healthy, and suggestions for addressing these issues in the future. At the close of each discussion, participants were asked to vote for the two health issues they believe are most important in Farmington and Farmington Hills. The handout for background information is provided in Appendix C; demographic data on focus group participants and a summary of the focus group discussions are provided in Appendices D and E.
LOCAL HEALTH DEPARTMENT INVOLVEMENT AND PUBLIC HEALTH EXPERTISE

The partners on the advisory council brought a variety of perspectives and expertise. While many are generally familiar with public health practices and evidence-based interventions, special knowledge of and expertise in public health was primarily provided by staff from the local health department. Details of the knowledge and expertise of the staff of the Oakland County Health and Human Services Department’s Health Division who served on the advisory council are provided in Appendix F. Involving the county’s Health Division also ensured the council had access to current data and information relevant to the health needs of Farmington and Farmington Hills.
Assessment Findings

The Community Assessment Advisory Council developed the following preliminary list of major health issues for further exploration, based on the members’ experience and knowledge of the community:

- **Overweight and inactivity.** Council members said there is a lack of consistent health information, incentives to motivate individuals to make behavioral changes, and access to affordable healthy foods. Council members also said busy families depend on a “culture of convenience,” for example, frequent visits to fast-food restaurants, that contributes to poor health.

- **Income and financial issues.** Council members said individuals with lower incomes or who are struggling with their finances might not have access to affordable healthy food and/or health care. Council members also said long-term care isn’t affordable for many elderly. Some council members think homelessness is on the rise in the community and affordable housing options are not available.

- **The health care system.** Council members said overuse of emergency care and low utilization of preventive care services could be contributors to rising health care costs. Council members said individuals have no incentive to make healthier choices and adopt healthier behaviors. Some council members wondered if people are aware of any insurance benefits or incentives offered by their insurance provider for preventive care services. In addition, council members said there is a need for more care-coordination services, especially for individuals who have complicated health issues or for the elderly when care is being transitioned from one provider to another (for example, from rehabilitation services to home care).

- **Mental health.** Advisory council members spent a good deal of time discussing behavioral health issues, including the relationship between mental health and the use of tobacco, drugs, and alcohol. They also voiced concerns about mental health issues for teenagers (such as suicide, domestic violence, body image, and pressures they feel making decisions about the future) and the elderly (such as Alzheimer’s disease, dementia, and dealing with depression due to life-changing events).

With this list as a starting point, Public Sector Consultants Inc. (PSC) collected local and county data about general health status and behaviors, and conducted a community survey and focus groups to gain a clearer understanding of health needs, with direct input from people living in Farmington and Farmington Hills. The findings described below and the detailed summary of focus group findings (see Appendix E) were helpful to advisory council as they prioritized issues and identified strategies for collaborative action.

Farmington and Farmington Hills community survey data are presented by gender, age, or income group, if notable. County and state figures also are presented, if available.

**DEMOGRAPHICS OF SURVEY RESPONDENTS**

Respondents to the community health needs assessment survey were older than the community at large and were mostly white (almost 83 percent of survey respondents vs. almost 72 percent of residents in Farmington and almost 70 percent of residents in Farmington Hills). Survey respondents are generally more affluent than other community members; more than half of the survey respondents report an annual household income higher than $75,000, compared with the median incomes in Farmington ($57,407) and Farmington Hills ($70,828). The gender, age, race or origin, and annual household income of adults responding to the Farmington and Farmington Hills community health needs assessment survey are presented in Exhibit 2.
EXHIBIT 2. Demographic Information for Survey Respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>% of survey respondents</th>
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<tbody>
<tr>
<td>Female</td>
<td>74.0%</td>
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<tr>
<td>Male</td>
<td>26.0%</td>
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<table>
<thead>
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<th>Age</th>
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<td>3.8%</td>
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<tr>
<td>25–34</td>
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<td>35–44</td>
<td>19.2%</td>
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<td>45–54</td>
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<td>75–84</td>
<td>6.2%</td>
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<tr>
<td>≥85</td>
<td>4.4%</td>
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</table>

<table>
<thead>
<tr>
<th>Race or origin</th>
<th>% of survey respondents</th>
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<td>82.5%</td>
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<td>Black/African American</td>
<td>7.3%</td>
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<td>Asian</td>
<td>5.3%</td>
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<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>0.1%</td>
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<td>American Indian or Alaska Native</td>
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<td>Hispanic or Latino</td>
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<td>Middle Eastern or Arab</td>
<td>0.9%</td>
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<tr>
<td>Other</td>
<td>1.0%</td>
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<tr>
<td>Don’t know/Not sure</td>
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<tr>
<td>Multiple selected</td>
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<td>≥$75,000</td>
<td>57.1%</td>
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</table>

SOURCE: Community Health Needs Assessment, Botsford Hospital 2013.
NOTE: Percentages may not add to 100 due to rounding.

HEALTH STATUS AND BEHAVIORS

More than six in 10 Farmington and Farmington Hills community survey respondents (61 percent) report their health status as “very good” or “excellent,” while about 9 percent say their health is either “fair” or “poor” (see Exhibit 3). According to data from the Michigan BRFS, about 11 percent of adults in Oakland County say their health, in general, is either fair or poor, compared to about 15 percent in Michigan.9

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EXHIBIT 3. Health Status of Survey Respondents

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<th>% of survey respondents</th>
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<td>1.4</td>
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</table>

SOURCE: Community Health Needs Assessment, Botsford Hospital 2013

Leading Causes of Death

Heart disease is the leading cause of death in Farmington (356.7 per 100,000 people) and Farmington Hills (265.9 per 100,000), compared to the rate of 213.9 in Oakland County (see Exhibit 4). Cancer is the second-leading cause of death in Farmington (154.3 per 100,000) and Farmington Hills (196.9 per 100,000), compared to the rate of 191.0 in Oakland County. Chronic lower respiratory disease, stroke, and unintentional injuries are the next leading causes of death in the community. There are 8.8 deaths per 100,000 people in Farmington Hills due to intentional self-injury (suicide), compared to the rates of 10.1 in Oakland County and 11.8 in Michigan.  

EXHIBIT 4. Leading Causes of Death in Farmington, Farmington Hills, and Oakland County, 2010

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>Rate of death per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Farmington</td>
</tr>
<tr>
<td>Heart disease</td>
<td>356.7</td>
</tr>
<tr>
<td>Cancer</td>
<td>154.3</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>48.2</td>
</tr>
<tr>
<td>Stroke</td>
<td>48.2</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>*</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>*</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>*</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>*</td>
</tr>
<tr>
<td>Pneumonia/influenza</td>
<td>48.2</td>
</tr>
<tr>
<td>Intentional self-harm (suicide)</td>
<td>*</td>
</tr>
</tbody>
</table>

NOTE: The causes of death are listed in order of the 10 leading causes of death for Michigan residents in 2010. 
An asterisk (*) indicates the information does not meet MDCH standards of reliability or precision.

Maternal-Infant Health Characteristics

According to the CDC, the infant-mortality rate is “often used as an indicator to measure the health and well-being of a [community] because factors affecting the health of entire populations can also impact the infant’s health and mortality.”

The infant mortality rate in Farmington Hills (an average of 5.9 infant deaths per 1,000 live births) is lower than the rates in Oakland County and the state (6.2 and 7.3 per 1,000 live births, respectively). The infant mortality rates for black infants in Oakland County and Michigan (11.7 and 14.8 per 1,000 live births, respectively) are more than double the rate for white infants (5.1 and 5.2 per 1,000 live births, respectively).

Almost one in 10 live births in Oakland County (about 8 percent) are considered low birth weight (less than 2,500 grams or 5.5 pounds), which is the same as the state rate. More than three-quarters of pregnant women in Oakland County (about 78 percent) receive adequate prenatal care (based on the month in which prenatal care began, the number of visits, and the duration of the pregnancy), compared to 68 percent of pregnant women across the state. The rate of teen pregnancy in Oakland County is lower than the state rate (about 35 per 1,000 females aged 15–19 years old, compared to 48 statewide).

**High Blood Pressure**

High blood pressure, or hypertension, is known as the “silent killer” and is a major risk factor for coronary heart disease, stroke, and heart failure. Lifestyle interventions can help prevent high blood pressure. These interventions include increasing the level of aerobic physical activity, maintaining a healthy weight, limiting the consumption of alcohol to moderate levels for those who drink, reducing salt and sodium intake, and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy foods.

More than two in 10 adults responding to the community survey (about 28 percent) said they have been told by a doctor, nurse, or other health professional that they have high blood pressure at some point in their life (see Exhibit 5). More male survey respondents than women have been told that they have high blood pressure. The proportion of survey respondents who report ever having been told they have high blood pressure also is greater for older adults and those with an annual household income of less than $35,000.

<table>
<thead>
<tr>
<th>Gender</th>
<th>% of survey respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>32.2%</td>
</tr>
<tr>
<td>Female</td>
<td>26.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>% of survey respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>18–34</td>
<td>5.6%</td>
</tr>
<tr>
<td>35–54</td>
<td>20.6</td>
</tr>
<tr>
<td>55–64</td>
<td>33.3</td>
</tr>
<tr>
<td>≥65</td>
<td>54.6</td>
</tr>
</tbody>
</table>

---

Botsford Hospital Community Health Needs Assessment  
December 2013

<table>
<thead>
<tr>
<th>Income</th>
<th>% of survey respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤$34,999</td>
<td>44.8%</td>
</tr>
<tr>
<td>35,000–74,999</td>
<td>29.8</td>
</tr>
<tr>
<td>≥$75,000</td>
<td>22.3</td>
</tr>
</tbody>
</table>

SOURCE: Community Health Needs Assessment, Botsford Hospital 2013.
* The proportion of survey respondents who reported that they had ever been told by a doctor, nurse, or other health professional that their blood pressure is high.

The 2008–2010 Michigan BRFS regional estimates do not provide information on the proportion of adults who have ever been told they have high blood pressure.

**High Cholesterol**

High blood cholesterol is a major risk factor for coronary heart disease. Experts recommend that all adults aged 20 years and older have their cholesterol checked at least once every five years to help them take action to prevent or lower their risk of coronary heart disease. Lifestyle changes that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

In Farmington and Farmington Hills, about 40 percent of community survey respondents said they have been told by a doctor, nurse, or other health professional that their blood cholesterol is high (see Exhibit 6). Similar to data for high blood pressure, more male survey respondents than women said they have been told that they have high blood cholesterol. The proportion of survey respondents who report ever having been told they have high blood cholesterol also is greater for older adults and those with an annual household income of less than $75,000.

**EXHIBIT 6. Cholesterol Awareness**

<table>
<thead>
<tr>
<th>% of survey respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>18–34</td>
</tr>
<tr>
<td>35–54</td>
</tr>
<tr>
<td>55–64</td>
</tr>
<tr>
<td>≥65</td>
</tr>
<tr>
<td>Income</td>
</tr>
<tr>
<td>≤$34,999</td>
</tr>
<tr>
<td>35,000–74,999</td>
</tr>
<tr>
<td>≥$75,000</td>
</tr>
</tbody>
</table>

SOURCE: Community Health Needs Assessment, Botsford Hospital 2013.
*The proportion who reported that they had ever been told by a doctor, nurse, or other health professional that their cholesterol is high.

The 2008–2010 Michigan BRFS regional estimates do not provide information on the proportion of adults who have ever been told they have high cholesterol.
**Diabetes**

There are two major classifications for diabetes: Type 1, occurring mainly in children and adolescents, in which the body does not produce insulin and thus insulin administration is required to sustain life; and Type 2, occurring usually in adults over 30 years of age, in which the body’s tissues become unable to use insulin effectively. Diabetes remains the seventh-leading cause of death in the United States, and the occurrence, especially of Type 2 diabetes, has been on the rise in both adults and children. Several factors account for this chronic disease epidemic, including behavioral elements (improper nutrition, decreased physical activity, and obesity) and demographic changes (an aging population and increased growth of at-risk populations).

Almost one in 10 community survey respondents (9 percent) said they have been told by a health professional that they have diabetes (see Exhibit 7). About 6 percent of community survey respondents said they have been told by a health professional that they are pre-diabetic or borderline diabetic, and almost 4 percent of women responding to the survey said they were told they have diabetes only during a pregnancy. The proportion of survey respondents who report ever having been told they have diabetes is greater for older adults and respondents with an annual household income of less than $35,000. More than twice as many male survey respondents, compared to female, have been told they have diabetes.

**EXHIBIT 7. Diabetes Awareness**

<table>
<thead>
<tr>
<th></th>
<th>% of survey respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>8.6%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>15.6%</td>
</tr>
<tr>
<td>Female</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>18–34</td>
<td>2.3%</td>
</tr>
<tr>
<td>35–54</td>
<td>7.0</td>
</tr>
<tr>
<td>55–64</td>
<td>10.9</td>
</tr>
<tr>
<td>≥65</td>
<td>14.2</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td></td>
</tr>
<tr>
<td>≤$34,999</td>
<td>13.8%</td>
</tr>
<tr>
<td>35,000–74,999</td>
<td>11.2</td>
</tr>
<tr>
<td>≥$75,000</td>
<td>6.0</td>
</tr>
</tbody>
</table>

* The proportion who reported that they had ever been told by a doctor, nurse, or other health professional that they have diabetes.

According to the 2008–2010 Michigan BRFS regional estimates, almost 9 percent of adults in Oakland County reported they were ever told by a doctor that they have diabetes, not including women who had diabetes only during pregnancy.¹⁵

**Preventive Health Practices**

Participants in both focus groups said not enough effort is made to shift the focus away from treating chronic diseases toward preventing chronic diseases and obesity. Although opportunities for individuals and families to receive preventive services were identified (for example, incentives or rewards from health insurance provider, community-based health screenings, opportunities for physical activity and nutritious food options), participants said not enough people take advantage of them. Participants also

¹⁵ Fussman, May 4, 2011.
said awareness of all the resources in the community may not be widespread, or other barriers, such as transportation, may need to be addressed.

Community survey respondents were asked to select the behaviors that they practice from a list of healthy behaviors. The healthy behaviors practiced most often, by more than three out of four respondents, are: wearing a seat belt, visiting with friends and family, and having an annual check-up (see Exhibit 8).

### EXHIBIT 8. Healthy Behaviors as Reported by Community Survey Respondents

<table>
<thead>
<tr>
<th>Healthy behavior</th>
<th>% of Survey respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wear a seat belt</td>
<td>93.5%</td>
</tr>
<tr>
<td>Visit with friends and family</td>
<td>87.2%</td>
</tr>
<tr>
<td>Go to a provider for an annual health checkup</td>
<td>75.7%</td>
</tr>
<tr>
<td>Sleep 7 to 8 hours per day</td>
<td>64.7%</td>
</tr>
<tr>
<td>Wear sunscreen</td>
<td>61.6%</td>
</tr>
<tr>
<td>Participate in groups with interests similar to yours</td>
<td>60.3%</td>
</tr>
<tr>
<td>Take vitamins</td>
<td>59.6%</td>
</tr>
<tr>
<td>Volunteer or engage in an activity that helps others</td>
<td>57.5%</td>
</tr>
<tr>
<td>Get an annual flu shot</td>
<td>57.5%</td>
</tr>
<tr>
<td>Participate in a faith or spiritual experience</td>
<td>51.1%</td>
</tr>
<tr>
<td>Wear appropriate protective equipment (e.g., helmet, goggles, wrist guards)</td>
<td>36.6%</td>
</tr>
</tbody>
</table>

**SOURCE:** Community Health Needs Assessment, Botsford Hospital 2013.

**NOTE:** Percentages do not total 100% because survey respondents were asked to “Mark all that apply.”

### MAJOR HEALTH ISSUES

The Community Assessment Advisory Council originally identified overweight and inactivity, income and financial issues, the health care system, and mental health as areas that need attention in Farmington and Farmington Hills. When focus group participants were asked to select issues believed most important to them from a list of health issues, they identified preventive health, overweight and obesity, and mental health (including dementia) as important issues. Community survey respondents also were asked to identify from a list of options what they think the most important health issue is in their community (see Exhibit 9). More than one-third of survey respondents said “overweight and inactivity” is the most important health issue in the community, and almost 22 percent said “access to health care.”

### EXHIBIT 9. Most Important Health Issue

<table>
<thead>
<tr>
<th>Health issue</th>
<th>% of survey respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight and inactivity</td>
<td>35.7%</td>
</tr>
<tr>
<td>Access to health care</td>
<td>21.6%</td>
</tr>
<tr>
<td>Mental health</td>
<td>12.9%</td>
</tr>
<tr>
<td>Drug and alcohol use</td>
<td>4.8%</td>
</tr>
<tr>
<td>Other</td>
<td>4.3%</td>
</tr>
<tr>
<td>Affordable housing</td>
<td>3.8%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>1.0%</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>15.9%</td>
</tr>
</tbody>
</table>

**SOURCE:** Community Health Needs Assessment, Botsford Hospital 2013.
Quantitative data and community survey data are presented below for the critical issues identified by the advisory council, focus group participants, and community survey respondents (i.e., overweight and inactivity, access to health care, and mental health).

**Overweight and Inactivity**

Overweight is defined as having a body mass index (BMI) between 25.0 and 29.9; obesity is defined as a BMI equal to or greater than 30.0. The body mass index is defined as weight in kilograms divided by height in meters squared. The high rates of overweight and obesity in Farmington and Farmington Hills and across the state caught the attention of participants in both focus groups. Participants drew direct connections between the community’s leading causes of death and rates of chronic disease and the occurrence of overweight and obesity. Participants said it is important to start health education at a younger age in hopes of preventing overweight and obesity for the next generation of adults. A few participants also said negative messages in the media about overweight and obesity have created a stigma for obesity. In addition, some participants voiced concern about how young people interpret these messages and the potential for causing self-image issues, for young girls and women especially.

PSC calculated the BMI of the adults responding to the community health needs assessment survey using the self-reported height and weight measurements. More than half of the adults responding to the community survey are overweight (about 31 percent) or obese (almost 27 percent). (See Exhibit 10.) The proportion of men who are overweight or obese is greater than the rate for women who responded to the survey. The proportion of obesity is greater among survey respondents whose annual household income is below $35,000 than the proportions in other income groups, while the proportion of overweight among survey respondents is similar across income groups.

**EXHIBIT 10. Overweight and Obesity**

<table>
<thead>
<tr>
<th></th>
<th>% of survey respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overweight</td>
</tr>
<tr>
<td>Total</td>
<td>31.2%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>40.5%</td>
</tr>
<tr>
<td>Female</td>
<td>27.7%</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>18–34</td>
<td>19.5%</td>
</tr>
<tr>
<td>35–54</td>
<td>33.7%</td>
</tr>
<tr>
<td>55–64</td>
<td>29.8%</td>
</tr>
<tr>
<td>≥65</td>
<td>34.1%</td>
</tr>
<tr>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>≤$34,999</td>
<td>32.1%</td>
</tr>
<tr>
<td>35,000–74,999</td>
<td>30.4%</td>
</tr>
<tr>
<td>≥$75,000</td>
<td>33.4%</td>
</tr>
</tbody>
</table>

SOURCE: Community Health Needs Assessment, Botsford Hospital 2013.

About 62 percent of adults in Oakland County are either overweight (almost 36 percent) or obese (almost 26 percent), similar to the state figure of 66 percent. More than a quarter of both ninth and 11th graders in Oakland County are either overweight (15 percent and almost 15 percent, respectively) or obese.

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16 Fussman, May 4, 2011.
(almost 12 percent and 12 percent, respectively); almost one-quarter of seventh graders are either overweight (about 13 percent) or obese (almost 11 percent).\textsuperscript{17}

**Physical Activity**

Regular physical activity reduces the risk of dying of coronary heart disease, the nation’s leading cause of death, and also decreases the risk for stroke, colon cancer, diabetes, and high blood pressure. Consistent physical activity helps control weight; contributes to healthy bones, muscles, and joints; reduces symptoms of anxiety and depression; and is associated with fewer hospitalizations, physician visits, and medications. The U.S. Centers for Disease Control and Prevention recommends that all adults engage in moderate-intensity physical activity, such as brisk walking, for at least 30 minutes on five or more days of the week (a total of 150 minutes per week), or vigorous-intensity physical activity on three or more days of the week for 20 or more minutes (a total of 75 minutes per week).

Focus group participants said there are opportunities in the community to be active. For example, there are safe green spaces, such as parks, where individuals and families can be active. There is a community-wide fitness challenge, F2H Fit, that is free. The online program allows individuals or worksites to form groups and challenge other groups in the community to lose weight, exercise, and get fit.

Most community survey respondents (87 percent) say they are physically active outside of their regular job, participating in physical activities or exercises such as running, calisthenics, gardening, or walking. However, only one-third of community survey respondents say they are physically active for the recommended amount of time.

One-fifth of Oakland County adults (almost 20 percent) do not participate in any leisure-time physical activities or exercises, compared to the state average of about 24 percent.\textsuperscript{18} Seventh graders (about 64 percent) in Oakland County are more likely than ninth graders (about 57 percent) and 11th graders (about 46 percent) to be physically active each day.\textsuperscript{19}

**Nutrition**

A growing body of research shows fruits and vegetables are critical to promoting good health. Healthy diets rich in fruits and vegetables may reduce the risk of cancer and other chronic diseases. To get the amount that is recommended, most people need to increase the amount of fruits and vegetables they now eat every day. *Dietary Guidelines for Americans 2010*, issued jointly by the U.S. Departments of Health and Human Services and Agriculture, recommends that all people over the age of 2 eat five or more servings per day (the equivalent to filling your plate with half fruits and vegetables for each meal and snack).

Focus group participants spoke about resources in the community that encourage healthy food options in relation to both prevention of chronic disease and reducing the prevalence of overweight and obesity. For example, there are farmers’ markets in the community and nearby communities that redeem benefits from the Women, Infants, and Children program (WIC) for fresh fruits and vegetables. Also, a local grocer offers healthy cooking demonstrations, and local restaurants provide nutrition information on menus.

Fewer than two in 10 adults (about 15 percent) responding to the community survey say they eat or drink five or more servings of fruits and/or vegetables per day. About 17 percent of female survey respondents say they consume the recommended amount of fruits and/or vegetables per day, compared to about 8 percent of men responding to the survey. Survey respondents with an annual household income of less

\textsuperscript{17} Michigan Department of Education. *Michigan Profile for Healthy Youth (MiPHY)*. Oakland County 2012. [Online, accessed September 2013.] Available: www.michigan.gov/mde/0,4615,7-140-28753_64839_38684_29253_44681---,00.html.

\textsuperscript{18} Fussman, May 4, 2011.

\textsuperscript{19} Michigan Department of Education. *Michigan Profile for Healthy Youth (MiPHY)*. Oakland County 2012.
than $35,000 were more than four times as likely than the other income groups to report that they do not eat fruits or vegetables.

**Access to Health Care (The Health Care System)**

Participants in both focus groups said there are many physicians, dentists, and urgent-care facilities available for residents of Farmington and Farmington Hills. In addition, participants said there are alternative ways to receive some services, such as vaccinations at local pharmacies. Participants said barriers preventing individuals and families from accessing health care might include the cost of prescriptions, transportation, a lack of health care coverage, not being able to identify available resources, and/or not understanding the limitations of health care coverage (for example, benefits, copays, and deductibles). Many studies show that people who do not have health care coverage are less likely to access health care services, including preventive care, and are more likely to delay getting needed medical attention. Focus group participants said they hope the implementation of the Affordable Care Act will help uninsured individuals and families obtain health care insurance. They said information about the options available and requirements of the law need to be laid out clearly and disseminated widely.

Most community survey respondents in Farmington and Farmington Hills (about 93 percent) have some type of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid. The vast majority of community survey respondents (about 93 percent) also usually go to a personal doctor or other health care professional for health care services; about another 4 percent usually use urgent care (about 2 percent) or an alternative care provider, such as an herbalist, massage therapist, or homeopath (almost 2 percent).

Similarly, almost 10 percent of individuals aged 18–64 years old in Oakland County do not have health care coverage. Almost 10 percent of adults in Oakland County say they do not have anyone they think of as their personal doctor or health care provider.²⁰

Almost 17 percent of community survey respondents said that in the past 12 months they did not or could not see a physician, physician’s assistant, or nurse when they needed to see a health care professional. Among these, more than one-third (almost 37 percent) said this was due to cost (see Exhibit 11). This means about 6 percent of community survey respondents did not see a health care professional due to cost, compared to almost 11 percent of Oakland County adults who said they have not seen a doctor in the past 12 months due to the cost.²¹

Another one-third of community survey respondents who deferred care said they could not get an appointment soon enough (17 percent) or they did not have time or were too busy (14 percent).

<table>
<thead>
<tr>
<th>Reason</th>
<th>% among survey respondents who deferred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>36.7%</td>
</tr>
<tr>
<td>Could not get an appointment soon enough</td>
<td>16.5</td>
</tr>
<tr>
<td>Did not have time/too busy</td>
<td>13.8</td>
</tr>
<tr>
<td>Did not want to go</td>
<td>6.4</td>
</tr>
<tr>
<td>Could not get time off from work</td>
<td>5.5</td>
</tr>
<tr>
<td>Did not have transportation</td>
<td>4.6</td>
</tr>
<tr>
<td>The clinic/doctor’s office was not open</td>
<td>2.8</td>
</tr>
</tbody>
</table>

²⁰ Fussman, May 4, 2011.
²¹ Ibid.
Survey respondents between the ages of 35 and 54 who deferred care were more likely than those in other age brackets to cite cost as the main reason (see Exhibit 12). Survey respondents with an annual household income of less than $35,000 who deferred care said they have not seen a physician in the last 12 months because of cost, while those with a much higher income said they did not have time or were too busy. Female survey respondents who deferred care reported almost twice as often as men that they did not have time or were too busy to see their physician in the last 12 months (16 percent vs. 9 percent).

**EXHIBIT 12.** Top Reasons for Deferring Care, by Gender, Age, and Income Group

<table>
<thead>
<tr>
<th>Reason</th>
<th>% among survey respondents who deferred care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could not find a doctor or health professional</td>
<td>1.8%</td>
</tr>
<tr>
<td>Did not have child care/respite care</td>
<td>1.8</td>
</tr>
<tr>
<td>Could not get through on the telephone</td>
<td>0.9</td>
</tr>
<tr>
<td>Other reason</td>
<td>6.4</td>
</tr>
<tr>
<td>Don’t know/Not sure</td>
<td>2.8</td>
</tr>
</tbody>
</table>

**Mental Health**

Mental health and alcohol, drug, and tobacco use were identified by Community Assessment Advisory Council members as important for further exploration. Participants in both focus groups also said mental health is an important issue in the community, including issues of stigma and suicide. At least one participant in both focus groups said dementia specifically, and its tie to the health of the growing population of elderly, is an important issue to address. According to focus group participants, limited awareness and understanding of mental health issues, a lack of insurance coverage for mental health services, cost of medications, and the social stigma associated with mental illness make it difficult for individuals or families to seek treatment. Participants also said there is not enough information about services for individuals with dementia and their caregivers, or there could be a hesitancy to use these.
services, partly due to the difficulty in getting an accurate diagnosis. Findings from the community survey and state and county data, as available, are presented below.

Perceived physical and mental health affects the ability of individuals to engage in daily activities, as well as their overall quality of life. About 4 percent of community survey respondents said they have had a problem with stress, anxiety, depression, anger, or any other emotional health problem “all of the time” during the past 30 days; more than one-third (almost 38 percent) said they have had a problem “a little of the time.”

About 9 percent of adults in Oakland County reported that in 14 out of 30 days their mental health was not good due to stress, depression, or problems with emotions.\textsuperscript{22}

\textbf{Alcohol and Drug Use}

Alcohol and drug abuse are linked with several serious health conditions, as well as injuries and deaths from traffic crashes, falls, fires, and drowning, and can be a factor in homicide, suicide, domestic violence, and child abuse. Binge drinking (men having five or more drinks of alcohol on a single occasion and women having four or more drinks on a single occasion) results in high blood alcohol levels, which can cause blackouts and even death. Binge drinking also increases the likelihood of other risky behaviors, such as unsafe sex, driving under the influence, and use of illicit drugs. Long-term heavy drinking increases the risk for high blood pressure, heart rhythm irregularities, stroke, cirrhosis and other liver disorders, and certain forms of cancer.

Five percent of community survey respondents said they consumed four or more alcoholic drinks on one occasion in the last 30 days, while almost one-third of respondents to the community survey (30 percent) said they have \textit{not} had an alcoholic beverage such as beer, wine, malt beverage, or liquor in the past 30 days.

According to the 2008–2010 Michigan BRFS regional estimates, about 15 percent of adults in Oakland County have consumed five or more drinks per occasion within one month.\textsuperscript{23} Binge drinking is prevalent among youth as well. The MiPHY reported about 8 percent of ninth graders and about 22 percent of 11th graders in Oakland County as having five or more drinks of alcohol in a row, that is, within a couple of hours, during the past 30 days, compared to about 1 percent of seventh graders in Oakland County.\textsuperscript{24}

A few focus group participants sense an increase in “drug trafficking” and use of drugs in the community. Participants said more education about the dangers of prescription and other drug abuse is needed and should start with younger children. Almost 3 percent of the Farmington and Farmington Hills community survey respondents said they have used prescription drugs, over-the-counter drugs, or designer drugs for the purposes of getting high.

Almost 4 percent of ninth graders and almost 7 percent of 11th graders in Oakland County said they have taken a prescription drug, such as Ritalin, Adderall, or Xanax, without a physician’s prescription during the last 30 days. In addition, almost 6 percent of ninth graders and 7 percent of 11th graders have taken painkillers, such as OxyContin, codeine, Percocet, or Tylenol III, without a physician’s prescription during the last 30 days. Similarly, about 6 percent of seventh graders have at some time taken a prescription drug, such as Ritalin, Adderall, or Xanax, without a physician’s prescription, and more than one in 10 seventh graders have taken painkillers without a physician’s prescription.\textsuperscript{25}

\textsuperscript{22} Fussman, May 4, 2011.
\textsuperscript{23} Fussman, May 4, 2011.
\textsuperscript{24} Michigan Department of Education. \textit{Michigan Profile for Healthy Youth (MiPHY)}. Oakland County 2012.
\textsuperscript{25} Ibid.
**Tobacco Use**

The harmful effects of tobacco smoke are well-documented, yet tobacco use is the leading cause of premature and preventable disease and death in the United States. Smoking contributes to the development of many chronic conditions, including cancers, respiratory diseases, and cardiovascular diseases.\textsuperscript{26} Six percent of respondents to the community survey say they smoke cigarettes every day and about 2 percent smoke cigarettes on some days.

Less than a quarter of adults in Oakland County (almost 14 percent) smoke cigarettes.\textsuperscript{27} More than one in 10 pregnant women in Oakland County (about 12 percent) smoked while pregnant, compared to almost two in 10 pregnant women in Michigan (about 19 percent).\textsuperscript{28,29}

Almost 10 percent of ninth graders and about 20 percent of 11th graders in Oakland County have smoked cigarettes or cigars or used chewing tobacco, snuff, or dip during the past 30 days.\textsuperscript{30}

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\textsuperscript{27} Fussman, May 4, 2011.

\textsuperscript{28} Mothers who smoked while pregnant were those who had a history of smoking, but never quit, plus those who quit at some point between the estimated conception and birth date.

\textsuperscript{29} Michigan Department of Community Health. 2011 Michigan Geocoded Resident Birth Files.

\textsuperscript{30} Michigan Department of Education. *Michigan Profile for Healthy Youth (MiPHY)*. Oakland County 2012.
Following the collection and analysis of the quantitative data and community input, the Community Assessment Advisory Council met to select and rank a set of priority health issues.

**PROCESS FOR PRIORITIZING**

The Assessment Advisory Council began with a list of 10 major health issues gleaned from the assessment findings and then worked to rank a final set of issues. Public Sector Consultants Inc. (PSC) facilitated a discussion of council members to reach consensus on the list of issues to rank. During this process, members added transportation to the list of major issues. As members of the council discussed the issues, they identified four criteria on which they would base their final ranking:

- importance of the health problem to the community,
- availability of existing resources to draw upon,
- contribution of the problem to other health issues, and
- the community’s readiness and commitment to tackle the issue.

Each advisory council member completed a worksheet on which they ranked each issue from 1 to 11. PSC staff compiled the results from advisory council members’ individual rankings and created a rank-ordered list using the average ranking of each health issue. The advisory council reviewed and confirmed the final list of priority health issues, presented below in rank order.

**IDENTIFIED PRIORITIES**

1. **Overweight and obesity:** The issues of overweight and obesity in both adults and children were identified as the top priority health issue due to their direct impact on other health issues, including chronic conditions, and the prevalence of overweight and obesity in the population.

2. **Healthy behaviors:** The council recognized, as did focus group and survey participants that, in order to address overweight, obesity, and other chronic health conditions, healthy behaviors are essential. Consequently, they ranked healthy behaviors as the second-highest priority health issue. Then council members were asked to consider and rank the following subset of healthy behaviors (listed in order of importance): nutrition, physical activity, and smoking cessation.

3. **Health education and promotion:** Focus group participants said health messages need to be framed in ways that are nonjudgmental, encouraging healthy behaviors without stigmatizing individuals. Council members agreed that health messages need to be positive and address the whole person. They ranked education and promotion among the top three issues, noting that individuals must have information, understanding, and motivation in order to make healthy choices.

4. **Mental health:** The inclusion of mental health among the top five priorities reflects the importance of the health problem to the community. Community survey respondents, focus group participants, and advisory council members all identified mental health as an important issue for people in the community. Advisory council members and focus group participants both noted that mental health issues can contribute to other health issues, such as substance abuse.

5. **Access to primary care:** Council members consider access to care essential to the health of individuals in the community, especially for those within at-risk populations. The council suggested more attention needs to be focused on helping at-risk populations access primary care services; ranking it within the top five priorities reflects the significance of the issue.
6. **Substance abuse**: Council members recognize the link between alcohol and drug abuse and several serious health conditions. Advisory council members are particularly concerned about teenage drinking.

7. **Heart disease**: Heart disease affects a large percentage of community members and is the leading cause of death in the community. The council thinks early diagnosis to identify risks and lifestyle interventions should be a prime community goal.

8. **Diabetes**: Diabetes not only kills people in the community, it also contributes to other chronic conditions such as heart disease and stroke. For these reasons, council members think this issue is a priority.

9. **Cancer**: Cancer is the second-leading cause of death in the community. Council members chose this issue as a priority because they believe access to preventive screenings, information on cancer, and referral services are important to reduce cancer deaths in the community.

10. **Stroke**: The fourth-leading cause of death in the community is stroke. Due to the incidence in the population and the potential for lifestyle changes to mitigate it, council members identified it as a key issue.

11. **Transportation**: Council members recognize that transportation can be a challenge for some residents in the community. They decided to further explore the impact of transportation as they develop strategies to address priority health issues.

**ACTION PLAN/STRATEGIES FOR ADDRESSING PRIORITIES**

Based on its identification and ranking of priority health issues, and review of available resources that are currently deployed to address the issues in Farmington and Farmington Hills, the advisory council developed an action plan that includes broad goals, population-based measures, and an initial set of strategies for each priority issue.
Appendices

- Appendix A: Organizations that Distributed the Community Survey
- Appendix B: Community Survey Instrument
- Appendix C: Background Information
- Appendix D: Focus Group Participants, Demographic Information
- Appendix E: Summary of Focus Group Findings
- Appendix F: Public Health Knowledge and Expertise
- Appendix G: Third-party Facilitator Qualifications
Appendix A:  
Organizations that Distributed the Community Survey

- Botsford Cancer Center
- Botsford Commons Senior Community
- Botsford Foundation
- Botsford Hospital (Breast Center, Generations Senior Group, Volunteer Services, Walk with a Doc.)
- Botsford Hospital Board of Directors
- Botsford Hospital physician offices located in Farmington and Farmington Hills
- Botsford Infectious Disease & Podiatry
- Botsford Pediatric Associates
- Cardiovascular Clinical Associates
- City of Farmington
- City of Farmington Hills
- Community Network Services
- ENT Specialists
- ENT Surgical Associates
- F2H Fit
- Farmington Area Interfaith Council
- Farmington Area Suicide Awareness Group
- Farmington City Council
- Farmington Commission on Aging
- Farmington Community Library
- Farmington Community YMCA
- Farmington Hills Family Services
- Farmington Hills Police Department
- Farmington Public Safety
- Farmington Public Schools
- Farmington Public Schools Board of Education
- Farmington Village Family Practice
- Greater Farmington Chamber of Commerce
- Green Path Inc.
- HealthSource community newsletter
- Kaleidoscope Family Forum
- Michigan Healthcare Professionals
- Michigan Institute for Neurological Disorders
- MultiCultural MultiRacial Council of Farmington/Farmington Hills
- Neighborhood House
- Oakland County Department of Health and Human Services
- Oakland Surgical Specialists
- Premier OB/GYN Services
- Robert Bosch LLC
- Salvation Army
- Senior Services for City of Farmington Hills
- South Oakland Gastroenterology Associates
- Spring Hill Baptist Church
- St. Alexander Parish
- Surgery Specialists
- Tawheed Center
- Farmington Observer
- Farmington Press
- Farmington-Farmington Hills Patch
- Tri County Orthopedics
- Williams Family & Sports Medical Center
COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

The Farmington area Community Health Needs Assessment Advisory Council is conducting this survey of adults to learn more about the health needs of our community. The information that is collected will help us plan how best to work together to improve health in Farmington and Farmington Hills. The answers that you provide will be anonymous; we cannot identify you personally and we will keep anything you say confidential. Please do not enter your name anywhere on this survey instrument. Completion of the questions is voluntary; you do not have to answer any question that you do not want to answer. If you have any question about the survey, you may call 248-442-7986. Please complete this survey and return it in the Business Return Envelope provided. If you prefer, you may complete the survey online by going to https://www.surveymonkey.com/s/FarmingtonAreaCHNA. Thank you for taking the time to help us better understand the needs of people in our community!

1. What is the ZIP Code where you live? ...............................

2. What is your gender?
   a) Male ................................ A  
   b) Female ................................ O

3. How old are you?
   a) 18 to 24 years ................................ O  
   b) 25 to 34 years ................................ O
   c) 35 to 44 years ................................ O  
   d) 45 to 54 years ................................ O
   e) 55 to 64 years ................................ O
   f) 65 to 74 years ................................ O  
   g) 75 to 84 years ................................ O
   h) 85 years or older ................................ O

4. What do you think is the most important health issue in our community? (Mark one.)
   a) Mental health ................................ A  
   b) Access to health care ............................... B
   c) Overweight and inactivity ......................... C  
   d) Affordable housing ................................. D
   e) Drug and alcohol use ............................... E  
   f) Tobacco use ......................................... F
   g) Other .................................................. G
   h) Don’t know / Not sure ............................. H

5. Would you say that in general your health is excellent, very good, good, fair, or poor?
   a) Excellent ............................................. A  
   b) Very good ............................................ B  
   c) Good ................................................... C  
   d) Fair ..................................................... D  
   e) Poor .................................................... E

6. In the past 30 days, how often did you have any problem with stress, anxiety, depression, anger, or any other emotional health problem?
   a) All of the time ...................................... A  
   b) Most of the time .................................... B
   c) Some of the time ................................... C  
   d) A little of the time .................................. D  
   e) None of the time .................................... E  
   f) Don’t know / Not sure ............................. F

7. Is your annual household income from all sources
   a) Less than $20,000 .................................. A  
   b) $20,000 – 34,999 ................................... B
   c) $35,000 – 49,999 ................................... C  
   d) $50,000 – 74,999 ................................... D  
   e) $75,000 or more ................................... E

8. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?
   a) No ..................................................... A
   b) Yes .................................................... B  
   c) Yes, but I was told only during pregnancy .... C
   d) I have only been told my blood pressure is borderline high or pre-hypertensive ....... D
   e) Don’t know / Not sure ............................. E

9. Have you EVER been told by a doctor, nurse, or other health professional that your blood cholesterol is high?
   a) Yes .................................................... A
   b) No ..................................................... B
   c) Don’t know / Not sure ............................. C

10. Have you EVER been told by a doctor, nurse, or other health professional that you have diabetes? If female, was this only during a pregnancy?
    a) Yes .................................................... A  
    b) Yes, but I was told only during pregnancy .... C
    c) No ...................................................... C  
    d) No, I have only been told I have pre-diabetes or borderline diabetes ................. D
    e) Don’t know / Not sure ............................. E

11. Have you ever used prescription drugs, over-the-counter drugs, or designer drugs such as K2/Spice, Salvia, and Bath Salts, for the purposes of getting high?
    a) Yes .................................................... A
    b) No ..................................................... B
    c) Don’t know / Not sure ............................. C

12. Do you smoke cigarettes every day, some days, or not at all?
    a) Every day .......................................... A  
    b) Some days ......................................... B
    c) Not at all ............................................ C
    d) Don’t know / Not sure ............................. D
13. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? 
   a) 0 days (none) ........................................ A
   b) 1 day per month ....................................... B
   c) 2 days per month ....................................... C
   d) 1 day per week ......................................... D
   e) 2 days per week ......................................... E
   f) 5 days per week ......................................... F
   g) Every day ................................................. G
   h) Don’t know / Not sure .................................. H

14. During the past 30 days, considering all types of alcoholic beverages, was there any time when you drank 4 or more drinks on an occasion? 
   a) No ......................................................... A
   b) Yes, on at least one occasion I drank 4 drinks .... B
   c) Yes, on at least one occasion I drank 5 or more drinks ........................................ C
   d) Don’t know / Not sure .................................. D

15. Do you have any kind of health care coverage, including health insurance, or prepaid plans such as HMOs, or government plans such as Medicare or Medicaid? 
   a) Yes ......................................................... A
   b) No ......................................................... B
   c) Don’t know / Not sure .................................. C

16. Where do you usually go for health care services? 
   a) My personal doctor or other health professional ... A
   b) Urgent care center ...................................... B
   c) Pharmacy ............................................... C
   d) Emergency room ....................................... D
   e) Alternative care provider (e.g., herbalist, massage therapist, homeopath) ......................... E
   f) Don’t know / Not sure .................................. F

17. Was there a time in the past 12 months when you needed to see a doctor, physician’s assistant, or nurse, but did not or could not? 
   a) Yes ......................................................... A
   b) No (go to question #19) ............................... B
   c) Don’t know / Not sure (go to question #19) ...... C

18. Why weren’t you able to see a doctor or other health care professional when you needed to? 
   a) Cost ....................................................... A
   b) Didn’t want to go ........................................ B
   c) Didn’t have time/too busy ............................. C
   d) Could not get time off from work .................... D
   e) Could not get through on the telephone .......... E
   f) Could not get an appointment soon enough .... F
   g) Could not find a doctor or health professional ... G
   h) The clinic/doctor’s office wasn’t open when I got there .................................................. H
   i) Didn’t have transportation ............................ I
   j) Didn’t have childcare/respite care .................. J
   k) Other reason ............................................. K
   l) Don’t know / Not sure .................................. L

19. What is your race or origin? (Mark all that apply.) 
   a) White ..................................................... A
   b) Black or African American .......................... B
   c) Asian ....................................................... C
   d) Native Hawaiian or other Pacific Islander .. D
   e) American Indian or Alaska Native ............... E
   f) Hispanic or Latino ...................................... F
   g) Middle Eastern or Arab ............................ G
   h) Other ...................................................... H
   i) Don’t know / Not sure .................................. I

20. About how much do you weigh without shoes? 
   lbs ............................................................. A

21. About how tall are you without shoes? 
   feet .......................................................... B
   inches ....................................................... C

22. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, gardening, or walking for exercise? 
   a) Yes ......................................................... A
   b) No .......................................................... B
   c) Don’t know / Not sure .................................. C

23. How many minutes do you spend doing these types of physical activities or exercise? 
   a) 30 minutes or less per week .......................... A
   b) More than 30 but less than 60 minutes per week B
   c) At least 60 but less than 150 minutes per week ... C
   d) At least 150 minutes or more per week .......... D
   e) Don’t know / Not sure .................................. E

24. How many times a day do you eat or drink fruits and vegetables? Fruits and vegetables include cooked, raw, fresh, frozen, or canned fruits and vegetables, and 100% fruit juices. 
   a) None ..................................................... A
   b) 1 to 2 times a day ...................................... B
   c) 3 to 4 times a day ..................................... C
   d) 5 to 6 times a day ..................................... D
   e) 7 or more times a day ................................ E
   f) Don’t know / Not sure .................................. F

25. Do you (Mark all that apply.) 
   a) Wear sunscreen ......................................... A
   b) Get an annual health checkup ........................ B
   c) Wear a seat belt ......................................... C
   d) Wear protective equipment (e.g., helmet, goggles, wrist guards) .......................................... D
   e) Volunteer or engage in an activity that helps others .......................................................... E
   f) Participate in a faith or spiritual experience .... F
   g) Sleep 7 to 8 hours per day ......................... G
   h) Take vitamins ........................................... H
   g) Get an annual flu shot .................................. G
   h) Visit with friends and family ....................... H
   i) Participate in groups with interests similar to yours ......................................................... I
Appendix C: 
Background Information

Health Status
- About 9 percent of adults responding to the Farmington/Farmington Hills community survey say they have “fair” or “poor” health.
- 11 percent of adults in Oakland County say their health, in general, is either fair or poor, compared to about 15 percent in Michigan.

Leading Causes of Death
- Heart disease is the leading cause of death in Farmington (356.7 per 100,000 people) and Farmington Hills (265.9 per 100,000 people).
- Cancer is the second-leading cause of death in Farmington (154.3 per 100,000) and Farmington Hills (196.9 per 100,000).
- Chronic lower respiratory disease, stroke, and unintentional injuries are the next leading causes of deaths.

Overweight and Obesity
- About 62 percent of adults in Oakland County are overweight (35.7 percent) or obese (25.9 percent), similar to the state average of 66 percent.
- A similar proportion of adults responding to the Farmington/Farmington Hills community survey are overweight (31.2 percent) or obese (26.9 percent).
- More than a quarter of both ninth and 11th graders in Oakland County are overweight (15.0 and 14.8 percent, respectively) or obese (11.8 and 11.9 percent, respectively); almost one-quarter of seventh graders are overweight (13.1 percent) or obese (10.6 percent).

Physical Activity
- One-fifth (19.6 percent) of Oakland County adults do not participate in any leisure-time physical activities or exercises, compared to the state average of almost one-quarter (24.3 percent).
- Seventh graders (64.2 percent) in Oakland County are more likely than ninth graders (57.2 percent) and 11th graders (46.4 percent) to be physically active each day.

Nutrition
- Fewer than two in 10 adults (14.6 percent) responding to the Farmington/Farmington Hills community survey say they eat or drink an adequate amount of fruits and/or vegetables (five or more servings per day).
- Almost a quarter (23 percent) of children attending Farmington Public Schools are eligible for free or reduced-price lunch, compared to almost half (48 percent) of students in public school districts across the state.
- One in four pregnant women in Oakland County (26 percent) received WIC food coupons during pregnancy, compared to 45 percent in Michigan.
**Mental Health**

- About 4 percent of Farmington/Farmington Hills community survey respondents said they have had a problem with stress, anxiety, depression, anger, or any other emotional health problem “all of the time” during the past 30 days; more than one-third (37.5 percent) said they have had a problem “a little of the time.”
- The suicide rate in Oakland County is 10.1 deaths per 100,000 people, similar to the statewide rate of 11.8 deaths per 100,000 people due to suicide.
- Almost 3 percent of community survey respondents said they have used prescription drugs, over-the-counter drugs, or designer drugs for the purposes of getting high.

**Tobacco and Alcohol Use**

- Less than a quarter of adults in Oakland County (13.7 percent) currently smoke cigarettes; 6.0 percent of respondents to the community survey say they smoke cigarettes every day and 2.2 percent smoke cigarettes some days.
- More than one in 10 pregnant women in Oakland County (12.1 percent) smoked while pregnant, compared to almost two in 10 pregnant women (19.3 percent) in Michigan.
- Almost one in 10 ninth graders (9.7 percent) and two in 10 11th graders (20.1 percent) in Oakland County have smoked cigarettes or cigars or used chewing tobacco, snuff, or dip during the past 30 days.
- About 5.5 per 100,000 deaths in Oakland County are alcohol-related, compared to 7.7 per 100,000 in Michigan.
- Almost one-third of respondents to the Farmington/Farmington Hills community survey (30.3 percent) say they have not had an alcoholic beverage such as beer, wine, a malt beverage, or liquor in the past 30 days.
- Five percent of community survey respondents said they have consumed five or more alcoholic drinks on one occasion; 15.4 percent of adults in Oakland County have consumed five or more drinks per occasion within one month.

**Access to Healthcare**

- Most Farmington/Farmington Hills community survey respondents (93.1 percent) have some kind of health care coverage, including health insurance, or prepaid plans such as HMOs, or government plans such as Medicare or Medicaid; similarly, about 90 percent of adults in Oakland County have health care coverage.
- The majority of community survey respondents (93.1 percent) also usually go to a personal doctor or other health care professional for health care services; about another 4 percent usually use urgent care (2.4 percent) or an alternative care provider (1.8 percent), such as a herbalist, massage therapist, or homeopath.

**Maternal-Infant Health**

- An average of 5.9 infant deaths occur per 1,000 live births in Farmington Hills, compared to the average rate of 6.2 per 1,000 live births in Oakland County, and 7.3 infant deaths per 1,000 live births in Michigan during the same period.
- Almost one in 10 live births in Oakland County (8.2 percent) are considered low birth weight (less than 2,500 grams or 5.5 pounds), similar to the rate in Michigan (8.4 percent).
- A majority of pregnant women in Oakland County (84.1 percent) receive prenatal care during the first trimester, compared to the state average of 74.6 percent.
Sources:


- Michigan Department of Community Health website. N.d *Vital Statistics.* Available at: www.mdch.state.mi.us/pha/osr/Index.asp?Id=1&MainFile=MainVS.htm&BookMark= (accessed 10/18/13).


- Botsford Hospital. *Community Health Needs Assessment Survey.* (Preliminary data, September 2013)
### Appendix D:

**Focus Group Participants, Demographic Information**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Health Care Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Employer-sponsored health insurance 15</td>
</tr>
<tr>
<td>Male</td>
<td>County Health Plan 0</td>
</tr>
<tr>
<td>Age</td>
<td>Indian Health Service 0</td>
</tr>
<tr>
<td>≤18</td>
<td>MI Child 0</td>
</tr>
<tr>
<td>19–24</td>
<td>Medicaid 2</td>
</tr>
<tr>
<td>25–34</td>
<td>Medicare 10</td>
</tr>
<tr>
<td>35–44</td>
<td>Military (CHAMPUS, TRICARE, or VA) 0</td>
</tr>
<tr>
<td>45–54</td>
<td>I pay for my own care 3</td>
</tr>
<tr>
<td>55–64</td>
<td></td>
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<td>≥65</td>
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<table>
<thead>
<tr>
<th>Race or Origin</th>
<th>Groups and Organizations Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>Public health professional 0</td>
</tr>
<tr>
<td>Black/African American</td>
<td>Business community 3</td>
</tr>
<tr>
<td>Asian</td>
<td>Community-based organization 10</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>Community health center 2</td>
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<tr>
<td>Hispanic or Latino</td>
<td>Consumer advocate 0</td>
</tr>
<tr>
<td>Middle Eastern or Arab</td>
<td>Health care provider 1</td>
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<td>Other</td>
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<table>
<thead>
<tr>
<th>Annual Household Income</th>
<th>Nonprofit organization 9</th>
</tr>
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<tbody>
<tr>
<td>≤$19,999</td>
<td>Minority group (by race, religion, ethnic background) 1</td>
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<tr>
<td>$20,000–34,999</td>
<td>People with chronic disease 2</td>
</tr>
<tr>
<td>$35,000–49,999</td>
<td>Tribal government 0</td>
</tr>
<tr>
<td>$50,000–74,999</td>
<td>Tribal health care 0</td>
</tr>
<tr>
<td>≥$75,000</td>
<td>Disabled/physically challenged community 1</td>
</tr>
</tbody>
</table>

| Household:             | |
|------------------------||
| Single household       | |
| Children under 18 years at home | |
| Other adult members    | |

**NOTE:** The sum of numbers within the table may not equal 26 since some people did not provide demographic information, and some may have selected more than one response option.
INTRODUCTION

In 2013, Botsford Hospital convened a health needs assessment advisory council to assess health needs in Farmington and Farmington Hills and resources available to meet these needs, as required by the federal Affordable Care Act. The advisory council includes representatives from local government, and public health, education, public safety, faith-based, and other nonprofit organizations. The advisory council developed a preliminary list of major health issues based on members’ experience and knowledge of the community. With this list as a starting point, Public Sector Consultants Inc. (PSC) was hired to conduct a community survey and focus groups to gain a clearer understanding of the health needs with direct input from people living in Farmington and Farmington Hills.

Two focus groups were held with community members in September 2013, with a total of 26 participants (Appendix D describes the composition of the focus groups). Participants were provided with background information (see Appendix C) on health status and behaviors and then asked what they believe are the most important health issues for people in Farmington and Farmington Hills. Participants also were asked to share their insights on factors that contribute to these issues, resources that are available to help community members be healthy, and suggestions for addressing these issues in the future. At the close of each discussion, participants were asked to vote for the two health issues they believe are most important to address in Farmington and Farmington Hills. Exhibit 13 presents the issues in the order in which they were ranked by participants.

EXHIBIT 13. Health Issues Ranked by Focus Group Participants as Priorities to Address in Farmington and Farmington Hills

<table>
<thead>
<tr>
<th>Issue</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive health</td>
<td>13</td>
</tr>
<tr>
<td>Overweight and obesity</td>
<td>13</td>
</tr>
<tr>
<td>Mental health, including dementia</td>
<td>10</td>
</tr>
<tr>
<td>Access to care</td>
<td>7</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>4</td>
</tr>
<tr>
<td>Impact of health policies</td>
<td>2</td>
</tr>
</tbody>
</table>

SOURCE: Botsford community focus groups.

The following summary provides discussion details for the top three priority health issues and others identified by focus group participants, including the importance of the issue to focus group participants; what is working well within Farmington and Farmington Hills to address the issue; barriers that make it harder for people to be healthy; and suggestions to help residents become healthier. The advisory council will consider the input from participants of both focus groups, along with the results from the recent community survey, to determine priorities and strategies for improving health in Farmington and Farmington Hills.
PREVENTIVE HEALTH

Participants in both focus groups said not enough effort is made to shift the focus away from treating chronic diseases toward preventing chronic diseases and obesity. One participant said, “Many people think ‘I can fix that issue later,’ instead of emphasizing what they can do to avoid having the issue.”

Focus group participants think the following resources in Farmington and Farmington Hills are working well to help shift the focus of health care to preventive health:

- **Incentives and rewards.** A few participants said their preventive health services are covered by health insurance, and some insurance companies will provide an incentive or reward to individuals for using preventive services and engaging in healthy behaviors.

- **Community-based health screenings.** Participants said health screenings—for example, Project Healthy Living—are available through wellness fairs held in the community at senior centers or churches. Vaccinations for the flu and shingles are available at local pharmacies and the Health and Human Services Department, and machines to check blood pressure are located in a number of retail stores in the community.

- **Opportunities for physical activity.** Other community resources that focus on the prevention of chronic diseases also offer the potential to help reduce overweight and obesity in the community. For example, participants mentioned Botsford Hospital’s “Walk with a Doc” program. Anyone in the community is invited to hear a presentation related to a particular health issue while going for a walk with a physician. One participant said people can get health advice from the physician during the walk. Participants also said there are after-school programs for middle school students that incorporate physical activities.

- **Nutritious food options.** Participants identified several community resources that encourage people to purchase and prepare healthy foods. They mentioned that the local farmers’ market redeems benefits from the Women, Infants, and Children program (WIC) for fresh fruits and vegetables; Busch’s Fresh Food Market, a local grocer, offers healthy cooking demonstrations; and local restaurants provide nutrition information on menus. For school-age children, participants said lunches and nutrition education have improved at the local public schools, although more work could be done to improve the quality and appeal of healthy food options.

Although opportunities for individuals and families to receive preventive services were identified, participants said not enough people take advantage of them. Participants said awareness of all the resources in the community may not be widespread, or other barriers, such as transportation, may need to be addressed.

**What would help people be healthier?**

To create a greater focus on preventive health, participants made the following suggestions:

- **Focus prevention education on children to build healthy behaviors for a lifetime.** One participant suggested focusing education efforts on children to help change the “cultural mindset” of seeing a physician only when you are sick instead of preventing illness.

- **Build a website listing and describing the resources available in the community.** One focus group participant suggested building a website listing the seminars, health fairs, and other preventive health resources available in the community, and then make it the home page on computers in the public library. This participant was aware of such a project under way in Berrien County to build an online directory and calendar of community health resources.

- **Promote insurance options available under the Affordable Care Act.** Focus group participants said they hope the implementation of the Affordable Care Act will help individuals and families who
currently do not have insurance obtain health care insurance. They said information about the options available and requirements of the law need to be laid out clearly and disseminated widely.

- **Develop local policies to encourage healthy choices.** One participant suggested developing local policies to reduce consumption of “bad” or “junk” foods and drinks, similar to the policies being developed in New York City, such as the ban on large servings of soda beverages.

- **Promote the utilization of technology to monitor health.** A few participants suggested developing and/or promoting smartphone apps to monitor individual health status and behaviors, such as blood sugar levels, blood pressure, caloric intake, and physical activity.

### OBESITY AND OVERWEIGHT

The high rates of overweight and obesity in Farmington and Farmington Hills and across the state caught the attention of participants in both focus groups. Participants were surprised that most community survey respondents said their health was either “excellent,” or “very good,” while two-thirds of all respondents are overweight or obese. Participants thought these responses were contradictory, and they drew direct connections between chronic disease and overweight and obesity. One participant said, “The leading cause of death is heart disease; weight contributes to heart disease. The link to most of the causes of death is overweight and obesity.”

Participants identified the following community initiatives they think are working well to address overweight and obesity:

- **Opportunities for physical activity.** Participants said there are adequate and safe green spaces, such as parks, where individuals and families can be active outdoors. In addition, a community-wide fitness challenge, F2H Fit, is a free, online program allowing individuals or worksites to form groups and challenge other groups in the community to lose weight, exercise, and get fit. Many resources are available on the website to help individuals and teams get started with an exercise program (such as recommendations and advice on how to start an exercise program) and identify locations where they can exercise (including community centers, gyms, and parks and trails).

- **Nutritious food options.** Participants spoke about resources to encourage healthy food choices in relation to both prevention of chronic disease and reducing the prevalence of overweight and obesity. The availability of farmers’ markets and nutrition information is described in the section on preventive health.

- **Community resources.** Participants said local community centers, such as the Costick Center, and other organizations offer free programs focused on healthy lifestyles. One participant said, “There are a lot of things that are free that could get people out and make people feel good—concerts in the park, the farmers’ market, and the ‘Walk with a Doc’ program. All of that stuff makes you feel good and want to live.”

A few participants said negative messages in the media about overweight and obesity are not working well. One participant said, “I don’t need to be reminded day-in and day-out [that I am overweight.] I am comfortable in my skin and the person I am. You can still be heavy and be active in whatever you like to do.” Another participant said, “It is personal choice, we all know what is good for us. I know an apple is healthy, but I am going to have a candy bar.” In addition, some participants voiced concern about how young people interpret these negative messages and the potential for causing self-image issues, for young girls and women especially.

**What would help people be healthier?**

Focus group participants offered the following suggestions to address overweight and obesity:
Change the focus of the messages. Participants suggested changing the focus from weight and “the number on the scale” to healthy behaviors, such as more exercise and activity. They suggested providing less negative messages to make people feel comfortable about themselves while changing some behaviors to improve their health.

Provide more education. Participants also suggested providing more education on the risks of overweight and obesity, and making connections to chronic diseases. Participants said it is important to start education at a younger age in hopes of preventing overweight and obesity for the next generation of adults.

Develop a role model program. Participants suggested starting a mentoring program for both adults and children to help individuals learn from others about how to adopt healthier behaviors.

Fund community plan improvements. One participant said there is a bike path plan to connect all of the city parks, but the project lost funding and momentum. This participant suggested looking at ways to get funding to implement the plan.

MENTAL HEALTH

Participants in both focus groups said mental health is an important issue in the community, including issues of stigma and suicide. At least one participant in both focus groups said dementia specifically, and its tie to the health of the growing population of elderly, is an important issue to address. One participant said, “The impact of dementia is not shown [in the background information]. Alzheimer’s is not reported as a cause of death, yet a high percentage of people have had dementia as a secondary illness.”

Focus group participants identified the following resources in the community to help address mental health:

Education. Participants said the local library hosts lectures by mental health professionals and Botsford Hospital offers various seminars on the topic of mental health.

Awareness and prevention. Efforts to increase mental health awareness and prevention of mental disorders are under way at the public schools and the city. One participant said, “The city has started a suicide prevention task force and the schools are beginning to recognize [mental health issues] and talk about [mental health] more, including issues with bullying.”

Support groups. Focus group participants said the Costick Senior Center hosts a support group for caregivers of dementia patients, including provision of transportation and respite care.

According to focus group participants, limited awareness and understanding of mental health issues, a lack of insurance coverage for mental health services, cost of medications, and the social stigma associated with mental illness make it difficult for individuals or families to seek treatment. One participant said, “Families are not aware that they have a family member with mental health issues.” Another participant said, “There is still a stigma about mental health. If you ask someone about physical health, everybody has a doctor to tell you about, but if you ask about mental health, nobody knows about anything—they are not willing to talk about it.”

Participants also said there is not enough information about services for individuals with dementia and their caregivers, or there could be a hesitancy to use these services. A couple of participants said recognizing symptoms of dementia and obtaining a comprehensive diagnosis is difficult; caregivers feel “at a loss” on how to care for their family members suffering with the disease.

What would help people be healthier?

Focus group participants suggested the following ideas to help address mental health issues in the community:
Share information and build awareness. Participants suggested sharing statistics and more information about mental health issues to make people more aware of the issue and to teach them how to recognize symptoms and how to get help for themselves or family members. One participant suggested including this information on the website discussed earlier in the section on preventive health.

Provide additional support. Online support groups, free counseling offered by students training to be mental health professionals, and/or a crisis hotline were suggested as ways to increase affordable access to mental health services. For family members caring for individuals with dementia, participants said caregivers need counseling early on to learn how to develop a care plan for their family member. A few participants also suggested more in-home respite aid for caregivers and end-of-life options that are sensitive to the needs and wishes of the patient and family.

Host discussions and share stories. To help reduce the stigma of mental illness, one focus group participant suggested encouraging open discussion about mental illness. For example, the library or a community organization could host book or movie discussions at a community center or the library (about books or films dealing with mental health issues) and give community members an opportunity to share their experiences with mental health issues.

Provide training for health professionals. Focus group participants suggested more intensive training for health professionals to prepare them for the diagnosis, treatment, and management of dementia and other mental health issues.

OTHER ISSUES

The following issues were mentioned during the discussions, but focus group participants did not rank them among the most important issues to address.

Access to care. Participants in both focus groups said there are many physicians, dentists, and urgent care facilities available for residents in Farmington and Farmington Hills. In addition, participants said there are alternative ways to receive some services, such as vaccinations at the local pharmacy. Participants said barriers preventing individuals and families from accessing health care might include the cost of prescriptions, transportation, a lack of health care coverage, not being able to identify available resources, and/or not understanding the limitations of health care coverage (for example, benefits, co-pays, and deductibles).

To improve access to care, focus group participants said more community-based education is needed to provide residents with information on health care resources available in the community. They also thought it would be helpful to have a health care counselor, or “navigator,” to help people access services and understand health insurance benefits and limitations.

Substance abuse. A few focus group participants sense an increase in “drug trafficking,” and use of drugs in the community. One participant said, “We are losing ground on this one. There is no ‘war on drugs’; we are not fighting it. [Drugs are] easily accessible and [I think] cocaine use is on the rise.” Participants said the city ban on synthetic drugs is a move in the right direction, and said the city police are highly visible in the public schools to instill the “fear factor” and to build relationships with kids.

Participants said more education about the dangers of prescription and other drug abuse is needed and should start with younger children. In addition, one participant said children need to learn “critical thinking skills” to help them not “give in to peer pressure,” and parents need to build their parenting skills to help them improve how to talk with their kids about the consequences of drugs. It also was suggested that parents need to know where to go for help. For example, participants said there should be more choices and options for group counseling, individual counseling, medication, and legal services.
Impact of health policies. One focus group participant expressed concern that implementation of the Affordable Care Act will have a negative impact on access, instead of providing more opportunities for people to access less expensive care. Focus group participants said clear information on the implementation of the Affordable Care Act and the insurance options available needs to be widely disseminated.

A couple of participants voiced concerns about health insurance policies becoming more complicated to understand and the threat of an increase in insurance fraud or “scams.” One participant said, “I got a call the other day, and the person I was talking to had my name, address, and bank routing number. They wanted my account number so that I could get my Medicare card. I told them I would call them back, but I called Medicare and they said it was a scam.”

Homelessness. One participant said, “Within a few weeks of volunteering [at a community organization], I heard we put someone up in a hotel for a few days. I was surprised there were homeless people in Farmington and Farmington Hills.” Another said, “It is surprising how many families are sharing a home.” Yet another said, “There are a lot of homeless families. The school has hired a coordinator to help students who are homeless.”

Environmental health. In addition to an abundance of green space available in the community, one participant said people in the Farmington and Farmington Hills communities are fortunate because there has been minimal air pollution, unlike other areas in Southeast Michigan that have had a large manufacturing base. Another participant said, “The ‘no smoking’ [ordinance] in public buildings is a huge asset in the community.”
Appendix F:

Public Health Knowledge and Expertise

OAKLAND COUNTY PUBLIC HEALTH DIVISION STAFF

Lisa McKay-Chiasson

Lisa McKay-Chiasson is the Administrator of Community Health Promotion and Intervention Services for the Oakland County Health Division. Ms. McKay-Chiasson has worked for the Oakland County Health Division for more than 23 years.

During her tenure at the Health Division, she has served:

- More than five years as Administrator of Community Health Promotion and Intervention Services, responsible for the substance abuse coordinating agency (publically funded treatment and prevention services), WIC, Health Education, Nutrition and Hearing and Vision services
- Two years as Chief of the Office of Substance Abuse Services
- Five years as the Administrative Assistant for the Community Health Promotion and Intervention Services unit
- Eleven years as Coordinator of the award-winning Community Health Assessment and Improvement initiative “Healthy People, Healthy Oakland.”
- More than four years as a health educator targeting substance abuse, environmental health, injury control, and health communication activities.

In addition, Ms. McKay-Chiasson has a lead role for the Health Division in strategic planning, quality improvement activities, and grant review and writing. She is the division’s public information officer and is a member of the Oakland County Health Division Public Health Response Team.

Prior to working at the Health Division, Ms. McKay-Chiasson worked for three years at the University of North Carolina at Chapel Hill as a Research Assistant and Project Director on research projects targeting adolescent substance abuse and adult smoking. During that time, she also worked at a homeless shelter and completed an internship at the Centers for Disease Control and Prevention in Atlanta, Georgia.

Ms. McKay-Chiasson received her MPH in Health Behavior and Health Education from the University of North Carolina at Chapel Hill and is in her 26th year working in public health.
PUBLIC SECTOR CONSULTANTS INC.

In community health assessments, Public Sector Consultants Inc. combines its research, survey, and focus group expertise. The firm has worked with coalitions comprising health providers, public health departments, businesses, and nonprofit human service agencies to prepare comprehensive reports on counties’ health strengths and problems. These assessments have encompassed objective research on health indicators, surveys, focus groups, and interviews with community leaders. Such assessments create a portrait of a community, drawn from research and from the opinions of people from all segments of a community's leadership and populace.

An assessment is not an end in itself, but rather the foundation for concerted efforts to address the problems that a community deems most urgent. PSC is experienced in building consensus among diverse interests and can help community partners formulate a plan to meet the needs identified in a community assessment.

**Jane Powers**

Jane Powers is a vice president at Public Sector Consultants Inc. specializing in the area of community health. She conducts research, evaluation, and analysis on such health policy issues as health care reform, community health improvement, and mental health. Ms. Powers facilitates and provides strategic counsel for partnerships, task forces, coalitions, and health care organizations; conducts focus groups; develops and analyzes health care surveys; writes reports, articles, and analyses of legislation; and monitors state and national public policy activities. She has been with the firm since 1999.

Prior to joining PSC, Ms. Powers held several policy planning and analyst positions in the Michigan Department of Community Health (formerly Public Health), serving most recently as a senior analyst in the Comprehensive Health Plan Division. In her work with MDCH, she coordinated development of the department’s strategic plan (Healthy Michigan 2000), managed creation of the department’s Center for Healthy Infants and Pregnancies surveillance system, and developed guidance and provided consultation for the statewide community needs assessment and health improvement process.

Ms. Powers holds a BS in Public Affairs Management with a health emphasis from Michigan State University.

**Jacqueline LaFay**

Jacqueline LaFay is a consultant at Public Sector Consultants Inc. Ms. LaFay conducts research and analysis for the firm and its clients on a wide range of health and human services topics including community health needs assessments, emergency planning and preparedness, health care workforce, obesity, worksite wellness, and nutrition. She assists with meeting facilitation and reporting; conducts interviews and compiles data for project evaluations; assists with strategic planning processes for various clients; analyzes surveys of health care professionals and education programs; develops proposals and writes reports; and monitors state health policy. She also has lead responsibility for creation and implementation of employee wellness activities for PSC.

Prior to joining PSC in 2002 as an executive assistant to the Health Division, Ms. LaFay worked as a credentialing/recredentialing coordinator at CIGNA HealthCare. Ms. LaFay holds a BA in Professional Studies from Western Michigan University.
PLANNING FOR ACTION

The overarching theme for the health priorities selected reflect change. Change on a personal level and change on a macro level as health care reform influences access, coverage and personal responsibility.

Responding to and creating change is demanding. Process models help us to support what exists and what we want to create. The implementation of many of the action items listed below will utilize program logic models to link the relationship of change (strategies) to results (outcomes over time through impact in areas of awareness, knowledge, skill or behavior in targeted audiences). When dealing with personal change, assumptions and deeply held views matter. Omitting this information when planning programs will undermine their potential for success.¹

Review of how priorities evolved:

• First meeting of the Advisory Council identified overweight and inactivity, income and financial barriers to healthy living, the health care system and mental health as priority areas for further investigation.

• Survey participants identified overweight and inactivity, access to health care, mental health and substance abuse as priority issues.

• Focus groups stated preventative health information, overweight and inactivity, mental health and access to care as the important issues.

• Advisory Council, after reviewing data, selected overweight, healthy behaviors, health education, mental health and access to care as the top priority issues in that order.

• Reviewing the commonalities of all the above, these areas were selected for action planning:
  - Overweight/obesity
  - Physical activity
  - Mental health
  - Availability/access to physician
  - Preventive health actions

DEVELOPMENT OF ACTION PLAN

I. **Overweight/Obesity**

**Comment from Focus Group participant – “Change the message.”**

**Goal:** To create opportunities for education, reinforcing the relationship between lifestyle choices and managing and maintaining healthy body weight.

**Objectives:** Engage community resources in developing, supporting and communicating key messages.

**Tactics:** Utilize existing community resources; assure that state and county programs are integrated into existing resources. Council-recommended actions include:

- Community gardens
- Healthy cooking cable show for children
- Grocery store field trips
- Support of the F2H Fit Program
- Working with grocery stores, farmers markets to list nutritional values and benefits on items
- Increase information and awareness of existing community resources
- Increase promotion and utilization of the Botsford Hospital Walk with a Doc Program
- Assess factors contributing to obesity: stress, disability, self-esteem, belief that it really doesn’t matter

**Current existing resources in the community related to this goal are:**

- Farmington Public Schools
- Farmington Public Libraries
- YMCA
- Weight Watchers/TOPS
- Churches
- After school program and activities
- Sport teams
- Costick Center
- Park system
- MSU Extension
- Community gardens
- Walk with a Doc Botsford Hospital
- ReNew Program offered by Botsford Hospital
- Online Resources and Apps
- Neighborhood House
- Salvation Army
Key to Implementation:
Botsford Hospital, Chamber of Commerce (grocery merchants), F2H Fit Board, Farmington Downtown Development Authority.

Metrics:
Number of messages delivered; increased participation by regional grocery stores, increased participation in community programs.

II. Physical Activity

“Get people moving.” Laura Perlowski, Director, Farmington YMCA

Goal: To develop community involvement in creating opportunities for exercise through activities that are easily accessible, encouraging participation and interest.

Objective: Engage community businesses, neighborhood associations, etc. to support and educate the benefits of physical exercise.

Tactics: Overall message – everyone can do something that supports their physical health through movement and exercise. Council-recommended actions include:

- Challenges among groups of people to increase activity
- Healthy walking areas for people to use available to fit into their schedule
- Education to assist with the common barriers to exercise – time!!
- Make our cities walk and bike friendly for both kids and adults
- Make it fun and not labeled as exercise
- Consumer user guide on where to go? Costs?
- Teach people how to use physical activity resources
- Exercise for children has become competitive sports. How to reach those who are not on a team?

Current existing resources in the community:

Parks and Recreation programs
Churches
Gyms
F2H Fit
Farmington Public Schools
Childcare centers
Costick Center
Botsford Cancer Center (free yoga instruction)
Sidewalks and bike paths currently available
City Master Plans
Current existing resources in the community (continued):

YMCA
SWOCC
Mall walking or walking in the Botsford Hospital tunnel

Key to Implementation:
City councils, neighborhood associations, YMCA, Chamber of Commerce, Costick Senior Center, Parks and Recreation.

Metrics:
Utilization, assess first time participants when possible, F2H Fit reporting

III. Mental Health

“Get rid of the stigma associated with mental health issues.”
Ken Massey PhD, Founder of SAFE

Goal: To raise understanding and acceptance of mental illness as a health problem that requires medical care, open discussion about symptomatology and support for the individual and family without prejudice.

Objective: Increase levels of communication and awareness to entire community of mental illness, inclusive of dementia.

Tactics: Enhance and expand outreach focused on mental illness; education to introduce “mental fitness.” Council-recommended actions:

- Education in middle and high schools focused on mental health.
- In a diverse community, teach tolerance and inclusion.
- Raise awareness of signs and symptoms of mental illness to counter denial and fear.
- Openly communicate regarding the stigma of mental health
- Education regarding coping skills, particularly for children
- Awareness of postpartum depression
- Understanding of memory changes and when they become issues
- Educate about depression as a disease, not a weakness
- Celebrate the diversity of our communities so all have a sense of belonging to the community at large
- Substance Abuse — Are we winning or losing on this? Intervention support for families and individuals from mental health professionals, public safety, and school system.

Current existing resources include:

- Community Mental Health Services
- Salvation Army; Neighborhood House
- Catholic, Lutheran, Jewish Social Services
- Geropsychiatric Services and Senior Services at Botsford Hospital/Commons
- 12-Step Programs available at Botsford Hospital
- Childbirth education programs include postpartum depression symptoms
- PIC – Psychiatric Intervention Center
- Common Ground of Oakland County
- Oakland Family Services
- Farmington SAFE Group
- Samaritan Counseling Center
- Michigan School of Professional Psychology
- CNS – Community Network Services
- Oakland County Health Division website
- Faith-based organizations
- Support groups
- Farmington Public Libraries

Key to Implementation:

Farmington Public Schools;
After School Program,
Botsford Hospital, CNS, SAFE

Metrics:

Increased community groups engaging in awareness activities; support system coordination; relevant communication increased to community members
IV. Understanding the Healthcare System / Availability of Physician

“We need a navigator to help us wade through the system particularly when going from one source of care to another (hospital to rehab facility).”
Assessment Advisory Council Member

Goal: To build an understanding of the structure of health care delivery facilitating greater use of health care for health promotion and early diagnosis.

Objectives: Community education through a variety of sources about health care access and resources.

Tactics: Utilize existing resources to assist and support with education about health care benefits, exchange program, resources and having a patient advocate.

Council recommendations include:

- A telephone resource for discussion regarding insurance providers
- Education on types of health services available and their location
- Assistance with understanding your bills from health care providers
- Seminars on Health Care Reform and what that means for families and individuals
- Provide a document or resource that lists all organizations, how they can help and contact numbers.
- Link to navigators for the health care market
- Traveling “motivators” on how to improve and make healthy choices
- Choosing a physician that describes their practice as a “medical home.”

Current resources identified include:

- OLHSA – Oakland Livingston Human Service Agency
- MMap – MI Medicare/Medicaid Assistance Program
- Area Agency on Aging
- Social workers at the Costick Center
- Hospital Financial Navigator/ Botsford Commons Community
- Faith-based Health Ministries
- Botsford Hospital Speakers Bureau

Key to implementation:
Botsford Hospital Departments of Finance, Community Relations and Clinic System, Neighborhood House, communication with intake facilities such as family service organizations, use of public media for broader communications.

Metrics: Number of speaker engagements, increased calls for physician referral, and follow-up with organizations and/or individuals when possible.
V. **Health care education on preventive measures on managing one’s health care.**

“We have a sick care system not a health care system.”
*Assessment Advisory Council Member*

**Goal:** Support transition to individual responsibility for health with education about promotion and prevention that serves to empower positive action.

**Objectives:** To provide the tools individuals and families need to be the managers of their health.

**Tactics:** Engage local public media to highlight this subject throughout the year, explore development of SWOCC cable show, work with local public businesses to support communications developed on this subject.

Council recommendations include:

- Increased comprehensive health education
- Enhance communication to children, support physical education and team activities that are for everyone.
- Nutrition education in the schools, preschools, camps
- Information on easy and quick healthy meals and eating
- What are the dangers and risks of unhealthy lifestyles?
- Knowledge of how to use health care services to have a healthy life
- Support F2H Fit Program
- Connect individuals to opportunities in the community to be healthier

**Current Resources Include:**
- SWOCC
- YMCA
- Costick Center
- Grocery stores
- Weight Watchers/TOPS
- Heritage Park/Walk with a Doc Program
- Youth Centers
- Botsford Hospital
- Parks and Recreation
- Farmers market
- City Master Plans
- Farmington Public Libraries
- Camps
- After school programs
- Preschools
- Healthy Oakland Partnership – Youth Committee
- Existing health education classes such as childbirth education
- Faith-based communities
**Key to Implementation:**
Existing Farmington/Farmington Hills standing committees and consortiums, Botsford Hospital, Health providers in community, communication vehicles through Farmington Public Schools, Churches, PTA, local business, Oakland County Health Division

**Metrics:**
Number of committed supporters, messages communicated to public, follow-up evaluations on programs and outreach.

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Basic Program Logic Model\(^2\)
that will be applied to each priority

| Resources | Activities | Outputs | Short-Term Outcomes | Intermediate-Term Outcomes | Long-Term Outcomes | IMPACT |

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