



Barry and Eaton County 2004 Behavioral Risk Factor Survey

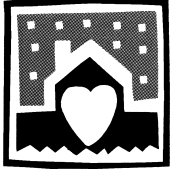
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Research Conducted by
Clearwater Research, Boise, ID

**This report contains only a portion of the data collected through the survey.
You will find additional data on the following topics on the website at
www.barryeatonhealth.org
(Click on the link for Behavioral Risk Factor Survey Results)**

**Cholesterol; asthma; seatbelt use; quit smoking; driven while too much to
drink; passenger with someone with too much to drink; fast food intake;
sugared soft drinks; all demographics; children with diabetes; are children
insured; sought to reduce alcohol or drugs; where did you seek help; not
able to see a treatment provider; emotional problems; how often feel
depressed; mammogram; radon in home; carbon monoxide detector;
drinking water quality.**

Barry-Eaton District Health Department



Caring for the Community since
the 1930s

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To our community:

On behalf of a wonderful group of community partners, I am pleased to share the 2004 Behavioral Risk Factor Survey for Barry and Eaton Counties. This collaboration sought to survey our population on various health behaviors, medical conditions, preventive care practices and perceptions of some environmental health factors. Partners included:

- Hayes-Green Beach Hospital
- Eaton Rapids Medical Center
- Barry County ISD
- Eaton County MSU Extension
- Barry Community Foundation
- Barry-Eaton Health Plan
- Barry-Eaton District Health Department Board of Health
- Ingham County Health Department

This undertaking is an important step in providing the crucial data that identifies priority health issues in the community and our populations at greatest risk for health problems. This survey will contribute to strategic planning efforts and the effective targeting of resources supporting intervention programs. Concurrently, the survey will assist in monitoring the effectiveness of current intervention programs and the progress toward their prevention goals. Further, the data will be employed to support development of health policy and legislation needed to help effect the changes necessary for improved health.

We welcome the utilization of this data by the community and invite inquiries for more detailed analysis. In particular, we thank the citizens of Barry and Eaton Counties who agreed to participate in the survey.

James Schnackenberg, Health Officer
Barry-Eaton District Health Dept.



Tell us how you have used this data!

If you are able to use this data in any way—program planning, grant writing, analysis, promotion, publications—please let us know! The organizations that supported the cost of this survey want to know how the data is used. We need to hear from you so that we can communicate the value of the information to them. We hope to continue to do this survey every three years but to do so, we need to know that it is being used. Please take a minute to email Colette Scrimger any time you use this data. Even if it is something small, we want to hear about it. Send it to abarna@hline.org.



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Health Risk Behaviors

Barry County

Days of Poor Physical Health

Respondents were asked to provide the number of days during the past month that their physical health was not good. Responses were broken up into three categories for analysis: *0 to 1 Days*; *2 to 9 Days*; and *10 or More Days*.

Nearly seven of ten respondents (67.9%) reported that they had, at most, one day of poor physical health during the past 30 days (Table 1). About 20% of all respondents (20.2%) had between *2 to 9 Days* of poor physical health and 11.9% of all respondents had *10 or More Days* of poor physical health during the past 30 days.

The number of days respondents reported having poor physical health increased with age, as approximately 10% of respondents aged *18 to*

34, 11 of respondents aged *35 to 54*, and 14% of respondents aged *55 Years or More* experienced *10 or More Days* of poor physical health.

More female respondents reported *2 to 9 Days* (23.1%) and *10 or More Days* (14.8%) of poor physical health when compared to male respondents (17.3% and 9.0%, respectively).

The number of days respondents reported having poor physical health consistently increased with poverty status, as only 6.7% of respondents *Above 250% of Poverty Level*, 14.8% of respondents *Below 250% of Poverty Level*, and 24.3% of respondents *Below Poverty Level* experienced *10 or More Days* of poor physical health.

		0 – 1 Days		2 – 9 Days		10 or more Days	
		%	N	%	N	%	N
Total		67.9	255	20.2	74	11.9	50
Age	18 to 34	65.9	54	24.1	22	10.0	9
	35 to 54	68.2	107	20.5	30	11.4	20
	55+	69.6	94	15.9	22	14.5	21
Gender	Male	73.7	104	17.3	22	9.0	12
	Female	62.1	151	23.1	52	14.8	38
Percent Poverty	Below Poverty	42.5	12	33.2	9	24.3	6
	Below 250% of Poverty	69.8	85	15.4	20	14.8	22
	Above 250% of Poverty	73.2	102	20.0	26	6.7	11



Days of Depression

Respondents were asked to provide the number of days during the past month that their mental health was not good. Responses were divided up into three categories: *0 to 1 Days*; *2 to 9 Days*; and *10 or More Days*.

More than half of all respondents (59.1%) reported that they had, at most, one day of poor mental health during the past 30 days (Table 2). Less than 30% of all respondents (28.7%) had between *2 to 9 Days* of poor mental health and 12.2% of all respondents had *10 or More Days* of poor mental health during the past 30 days.

Fewer respondents aged *55 Years or More* experienced *2 to 9 Days* and *10 or More Days* of poor mental health (22.6% and 8.8%, respectively).

More male respondents reported *0 to 1 Days* of poor mental health (67.5%) when compared to female respondents (50.5%). More female respondents reported *2 to 9 Days* of poor mental health (34.4%) when compared to male respondents (23.1%).

More respondents who were *Above 250% of Poverty Level* or *Below 250% of Poverty Level* had *0 to 1 Days* of poor mental health (57.7% and 56.5%, respectively) compared to respondents who were *Below Poverty* (41.9%). Fewer respondents who were *Above 250% of Poverty Level* had *10 or More Days* of poor mental health (13.0%) compared to respondents who were *Below Poverty Level* (21.1%).

Table 2 Days of Poor Mental Health

		0 – 1 Days		2 – 9 Days		10 or more Days	
		%	N	%	N	%	N
Total		59.1	216	28.7	106	12.2	54
Age	18 to 34	53.1	44	35.4	29	11.5	12
	35 to 54	56.5	81	28.4	47	15.1	28
	55+	68.6	91	22.6	30	8.8	14
Gender	Male	67.5	95	23.1	31	9.3	13
	Female	50.5	121	34.4	75	15.2	41
Percent Poverty	Below Poverty	41.9	9	37.1	10	21.1	8
	Below 250% of Poverty	56.5	69	33.1	39	10.5	16
	Above 250% of Poverty	57.7	79	29.3	41	13.0	19



Diet and Physical Activity

Barry County

Exercise

Across three questions, respondents were asked whether they participated in any physical activities in the past month and, if so, how frequently and for what duration. Respondents who did not participate in any physical exercise were labeled *Sedentary*, those respondents who exercised infrequently were categorized as the *Some Exercise* group, and those respondents with *At Least 20 Minutes / 3x per week* of physical exercise in the past month were collected in the final group.

One out of every four respondents (36.3%) was categorized as *Sedentary* (Table 3). 27.3% of all respondents had participated in *Some Exercise* in the past month and 36.4% participated in exercise *At Least 20 Minutes / 3x per week*. The Healthy People 2010 goal of having 20% of the population classified as sedentary was not met by Barry County (36.3%).ⁱ Barry County exceeded the goal of having 30% of the population engaging in physical activity 3 or more days a week for at least 20 minutes (36.4%).ⁱⁱ

Less respondents aged 35 to 54 were categorized as *Sedentary* (34.0%) compared to the other two age groups. Consequently, more respondents aged 18 to 34 and 55 or over indicated that they participated in moderate exercise *At Least 20 Minutes / 3x per week* (40.3% and 38.2%, respectively) compared to respondents aged 35 to 54 (32.6%).

Fewer male respondents were categorized as *Sedentary* (33.9%) and more male respondents reported exercising *At Least 20 Minutes / 3x per week* (40.8%) when compared to female respondents (38.6% and 32.0%, respectively).

Fewer respondents *Above 250% of Poverty Level* were categorized as *Sedentary* (29.3%) compared to respondents *Below 250% of Poverty Level* (47.8%) and respondents *Below Poverty Level* (38.0%). More respondents *Above 250% of Poverty Level* reported exercising *At Least 20 Minutes / 3x per week* (44.3%) when compared respondents *Below 250% of Poverty Level* (24.3%) and respondents *Below Poverty Level* (39.0%).

		Sedentary		Some Exercise		At Least 20 minutes/3x per week	
		%	N	%	N	%	N
Total		36.3	135	27.3	109	36.4	133
Age	18 to 34	38.0	31	21.8	18	40.3	34
	35 to 54	34.0	51	33.5	58	32.6	49
	55+	37.9	53	23.8	33	38.2	50
Gender	Male	33.9	43	25.3	39	40.8	56
	Female	38.6	92	29.4	70	32.0	77
Percent Poverty	Below Poverty	38.0	9	23.0	8	39.0	8
	Below 250% of Poverty	47.8	51	27.9	36	24.3	37
	Above 250% of Poverty	29.3	47	26.4	40	44.3	53



Body Mass Index (BMI)

Respondents were asked to provide personal height and weight estimates, and a Body Mass Index (BMI) variable was calculated. Responses were subsequently separated into four categories based on these BMI scores: *Underweight* (Less than 18.5 BMI), *Normal weight* (18.5 to 24.9 BMI), *Overweight* (25.0 to 29.9 BMI), and *Obese* (30.0 BMI or higher).

Four of ten respondents (30.0%) had BMI scores classified as *Normal Weight*, 41.5% were grouped as *Overweight*, and 26.4% were sorted as *Obese* (Table 4). Just 2.1% of all respondents were categorized as *Underweight*. Barry County did not meet the 2010 goal of having no more than 15% of the population being classified as obese (26.4%).ⁱⁱⁱ As compared to 2002 Michigan BRFSS data for being classified as overweight and obese (36.9% and 25.4%) there were more respondents classified as overweight and obese in Barry County (41.5% and 26.4% respectively).^{iv}

More respondents aged 18 to 34 were categorized as *Normal Weight* (42.7%) compared to respondents aged 35 to 54 (25.2%) and 55 or over (24.7%). Fewer respondents aged 18 to 34 were categorized as *Overweight* (36.0%) compared to respondents aged 35 to 54 (41.5%) and 55 or over (46.9%).

A larger percent of respondents aged 35 to 54 and 55 or over were grouped as *Obese* (33.3% and 25.2%, respectively), where fewer respondents aged 18 to 34 were considered *Obese* (17.3%).

Fewer male respondents were categorized as having *Normal Weight* (25.0%) compared to female respondents (35.3%). More male respondents had BMI scores considered in the *Overweight* range (49.8%) compared to female respondents (32.9%).

Fewer respondents *Below Poverty Level* were categorized as *Normal Weight* (14.3%) compared to respondents *Below 250% of Poverty Level* (33.0%) and *Above 250% of Poverty Level* (28.4%). The proportion of respondents categorized as *Overweight* was similar across all three income groups. Respondents *Below 250% of Poverty Level* had the lowest percent of BMI scores considered in the *Obese* range (26.3%), followed by respondents *Above 250% of Poverty Level* (27.4%) and respondents *Below Poverty Level* (36.2%).

		Underweight		Normal Weight		Overweight		Obese	
		%	N	%	N	%	N	%	N
Total		2.1	7	30.0	119	41.5	145	26.4	99
Age	18 to 34	4.1	3	42.7	37	36.0	27	17.3	16
	35 to 54			25.2	45	41.5	60	33.3	48
	55+	3.3	4	24.7	37	46.9	58	25.2	35
Gender	Male	0.8	1	25.0	36	49.8	68	24.5	33
	Female	3.5	6	35.3	83	32.9	77	28.3	66
Percent Poverty	Below Poverty	11.5	2	14.3	4	38.1	9	36.2	11
	Below 250% of Poverty	0.3	1	33.0	40	40.4	48	26.3	32
	Above 250% of Poverty			28.4	42	44.1	57	27.4	37



Blood Pressure

Across three questions, respondents were asked when they last had their blood pressure taken by a health professional; whether they have ever been told by a health professional they had high blood pressure, and whether they are currently taking medication prescribed for high blood pressure. Respondents were grouped into four categories for subsequent presentation and analysis.

Seven of ten respondents (62.8%) reported that they had been tested and did not have high blood pressure (Table 5). 17.4% of all respondents have been told they had high blood pressure and were taking medication, and 6.1% of respondents have been told they have high blood pressure and were not currently taking medication. 13.7% of all respondents indicated that they had not had a blood pressure test in the past year. Barry County did not meet the 2010 goal of having no more than 16% of the population having high blood pressure (23.5%).^v

More respondents aged *18 to 34* indicated that they had been tested and did not have high blood pressure (82.5%) compared to respondents aged *35 to 54* (64.1%) and *55 or over* (42.2%). More respondents aged *55 or over* reported that they had high blood pressure and were taking medication (39.7%) compared to respondents aged *18 to 34* (1.5%) and *35 to 54* (12.3%). More respondents aged *35 to 54* indicated that they had not been tested in the past year (17.6%) compared to respondents aged *18 to 34* (8.4%) and *55 or over* (13.3%).

More male respondents indicated that they had not been tested in the past year (15.0%) compared to female respondents (12.5%). More male respondents indicated that they had been tested and do not have high blood pressure (63.8%) compared to female respondents (61.8%).

More respondents *Below 250% of Poverty Level* indicated that they had not been tested in the past year (18.6%) compared to respondents *Below Poverty Level* (12.6%) and *Above 250% of Poverty Level* (9.2%).

Table 5 Blood Pressure Outcomes

		Have not had a test in the past year		Have been tested, do not have high blood pressure		Have high blood pressure and taking medication		Have high blood pressure and not taking medication	
		%	N	%	N	%	N	%	N
Total		13.7	52	62.8	239	17.4	73	6.1	25
Age	18 to 34	8.4	8	82.5	71	1.5	1	7.7	7
	35 to 54	17.6	26	64.1	103	12.3	21	6.0	11
	55+	13.3	18	42.2	65	39.7	51	4.8	7
Gender	Male	15.0	21	63.8	88	15.7	22	5.5	10
	Female	12.5	31	61.8	151	19.1	51	6.7	15
Percent Poverty	Below Poverty	12.6	4	54.7	15	18.1	4	14.6	4
	Below 250% of Poverty	18.6	21	58.4	71	15.3	24	7.6	12
	Above 250% of Poverty	9.2	13	67.2	95	19.7	28	3.9	6



Diabetes

Respondents were asked directly whether a doctor has ever told them they had diabetes.

7.1% of all respondents had been told by a doctor they had diabetes (Table 6). Barry County did not meet the 2010 goal of having no more than 2.5% of the population having been diagnosed with diabetes (7.1%).^{vi} When compared to 2002 Michigan BRFSS data concerning diabetes prevalence (7.9%) there were fewer Barry County residents diagnosed with diabetes (7.1%).^{vii}

The prevalence of diabetes increased with age, as approximately less than 1% of respondents aged *18 to 34*, 4.1% of respondents aged *35 to 54*, and 17.2% of respondents aged *55 Years or More* were told by a doctor they had diabetes.

Fewer male respondents responded that they had been told by a doctor they had diabetes (4.1%) when compared to females (9.9%).

More respondents *Below 250% of Poverty Level* indicated that had been told by a doctor they had diabetes (14.4%) compared to respondents *Below Poverty Level* (12.1%) and *Above 250% of Poverty Level* (1.5%).

		Diabetes		No Diabetes	
		%	N	%	N
Total		7.1	37	92.9	350
Age	18 to 34	0.7	1	99.3	86
	35 to 54	4.1	9	95.9	150
	55+	17.2	27	82.8	114
Gender	Male	4.1	7	95.9	133
	Female	9.9	30	90.1	217
Percent Poverty	Below Poverty	12.1	4	87.9	23
	Below 250% of Poverty	14.4	23	85.6	104
	Above 250% of Poverty	1.5	5	98.5	136



Fruit and Vegetable Consumption

In two separate questions, respondents were asked to provide the number of servings of fruits and vegetables that they eat. Responses to both questions were summed, and subsequently separated into four categories: *Less than one serving per day*, *One to three servings per day*, *Three to five servings per day*, and *Five or more servings per day*.

Overall, 11.9% reported that they ate fruits and vegetables *Less than one serving per day*, and 39.7% ate fruits and vegetables *One to three servings per day* (Table 7). In addition, 29.8% of respondents had from *Three to five servings per day* and 18.7% ate *Five or more servings per day* of fruits and vegetables. When compared to 2002 Michigan BRFSS data concerning fruit and vegetable consumption *3 to 5 servings per day* and *5 or more servings per day* (34.0% and 22.6%) fewer Barry County residents consumed fruits and vegetables with those frequencies (29.8% and 18.7% respectively).^{viii}

More respondents aged *55 Years or more* reported eating fruits and vegetables *Three to five servings per day* (36.2%) compared to the other two age groups.

Conversely, more respondents aged *18 to 34* and *35 to 54* ate fruits and vegetables *One to three servings per day* (41.0% and 40.7%, respectively) compared to respondents aged *55 Years or more* (36.8%).

More female respondents reported eating fruits and vegetables *Three to five servings per day* (39.2%) and *Five or more servings per day* (22.8%) compared to male respondents (20.3% and 14.5%, respectively). Almost half of the male respondents reported eating fruits and vegetables *One to three servings per day* (46.5%).

More respondents categorized as *Below Poverty* reported eating fruits and vegetables *One to three servings per day* (42.7%) compared to respondents *Below 250% of Poverty Level* (41.9%) and *Above 250% Poverty Level* (32.7%). More respondents *Above 250% Poverty Level* reported eating fruits and vegetables *Five or more servings per day* (25.3%) compared to respondents *Below 250% of Poverty Level* (16.7%) and *Below Poverty* (7.9%).

Table 7 Fruit & Vegetable Consumption Per Day

		Less than one serving per day		One to three servings per day		Three to five servings per day		Five or more servings per day	
		%	N	%	N	%	N	%	N
Total		11.9	36	39.7	143	29.8	121	18.7	77
Age	18 to 34	16.5	12	41.0	35	29.9	29	12.6	10
	35 to 54	10.6	15	40.7	56	25.1	45	23.6	39
	55+	9.2	9	36.8	52	36.2	47	17.8	28
Gender	Male	18.7	23	46.5	62	20.3	30	14.5	20
	Female	5.1	13	32.9	81	39.2	91	22.8	57
Percent Poverty	Below Poverty	10.8	3	42.7	10	38.6	10	7.9	4
	Below 250% of Poverty	12.9	13	41.9	51	28.5	40	16.7	23
	Above 250% of Poverty	8.0	10	32.7	44	34.0	49	25.3	36



Tobacco Use

Barry County

Current Tobacco Use

Across three questions, respondents reported whether they had smoked at least 100 cigarettes in their life, whether they smoked cigarettes now, and, if not, whether they smoke cigarettes on some days. Responses were subsequently divided into two categories: *Current smokers (everyday/some days)* and *Current non-smokers*.

22.8% of all respondents were *Current smokers* either everyday or some days, and 77.2% were *Current non-smokers* (Table 8). Barry County did not meet the 2010 goal of having no more than 12% of the population currently smoke (22.8%).^{ix} As compared to 2002 Michigan BRFSS data for current smokers (24.2%) there were fewer respondents who currently smoke in Barry County (22.8%).^x

More respondents aged *18 to 34* and *35 to 54* were *Current smokers* (29.8% and 27.1%, respectively) compared to respondents aged *55 Years or more* (10.1%).

More male respondents were *Current smokers* (27.5%) compared to female respondents (18.2%).

Current tobacco use consistently increased with poverty status, as only 18.6% of respondents *Above 250% of Poverty Level*, 23.3% of respondents *Below 250% of Poverty Level*, and 41.2% of respondents *Below Poverty Level* were *Current smokers*.

		Smoke Now (Everyday/some days)		Do not smoke	
		%	N	%	N
Total		22.8	85	77.2	302
Age	18 to 34	29.8	27	70.2	60
	35 to 54	27.1	45	72.9	115
	55+	10.1	13	89.9	127
Gender	Male	27.5	39	72.5	101
	Female	18.2	46	81.8	201
Percent Poverty	Below Poverty	41.2	10	58.8	17
	Below 250% of Poverty	23.3	34	76.7	93
	Above 250% of Poverty	18.6	27	81.4	115



Substance Abuse

Barry County

Alcohol Use

Across three questions, respondents reported whether they had consumed beer, wine, or liquor in the past month and, if so, on how many days and the typical number of drinks per day. Responses were subsequently divided into four categories: *Abstainer (No alcohol in past month)*, *Light Drinker (1 to 10 drinks per month)*, *Moderate Drinker (11 to 59 drinks per month)*, and *Heavy Drinker (60 or more drinks per month)*.

47.8% of all respondents were categorized as *Abstainer*, 29.8% were grouped as *Light Drinkers*, 16.6% were sorted as *Moderate Drinkers*, and 5.8% were categorized as *Heavy Drinkers* (Table 9).

More respondents aged *55 Years or more* were grouped as *Abstainers* (52.6%) compared to respondents aged *18 to 34* (46.3%) and *35 to 54* (45.3%). The proportion of respondents sorted as *Light Drinkers* and *Moderate Drinkers* was similar across the three age groups.

More female respondents were grouped as *Abstainers* (58.7%) compared to male respondents (36.6%). More male respondents were grouped as *Moderate Drinkers* (24.1%) and *Heavy Drinkers* (11.5%) compared to female respondents (9.3% and 0.0%, respectively).

More *Below Poverty* and *Below 250% of Poverty Level* respondents were grouped as *Abstainers* (50.8% and 54.0%) compared to respondents *Above 250% Poverty Level* (41.3%).

		Abstainer		Light Drinker (1-10 drinks)		Moderate Drinker (11-59 drinks)		Heavy Drinker (60+ drinks)	
		%	N	%	N	%	N	%	N
Total		47.8	198	29.8	117	16.6	55	5.8	16
Age	18 to 34	46.3	40	29.0	28	18.8	14	5.8	5
	35 to 54	45.3	77	30.6	49	18.9	29	5.1	5
	55+	52.6	81	29.4	40	11.2	12	6.8	6
Gender	Male	36.6	48	27.5	42	24.1	33	11.8	16
	Female	58.7	150	32.0	75	9.3	22		
Percent Poverty	Below Poverty	50.8	14	25.6	7	23.6	5		
	Below 250% of Poverty	54.0	74	26.3	32	11.3	15	8.4	7
	Above 250% of Poverty	41.3	62	35.6	53	18.2	22	4.9	5



Binge Drinking

Respondents were asked to indicate on how many occasions during the past month they had a binge occasion as defined as “five or more drinks for males” and “four or more drinks for females.” Responses were subsequently divided into three categories: *Abstainers*, *Drinkers who did not binge in the past month*, and *Drinkers who did binge in the past month*.

47.5% of all respondents were categorized as *Abstainers*, and of those respondents who did drink alcohol in the past month, 37.8% did not have a binge drinking occasion in the past month (Table 10). 14.6% of all respondents had one or more binge drinking occasions in the past month. Barry County did not meet the 2010 goal of having no more than 6% of the population binge drink in the past month (14.6%).^{xi} When compared to 2002 Michigan BRFSS data (22.5%) there were more males who did binge drink in the past month (25.2%)^{xii}.

More respondents aged *55 Years or more* were grouped as *Abstainers* (51.7%) compared to respondents aged *18 to 34* (16.3%) and *35 to 54* (45.3%). More respondents aged *18 to 34* had one or more binge drinking occasions (25.0%) compared to respondents aged *35 to 54* (11.3%) and *55 years or more* (9.6%).

More female respondents were grouped as *Abstainers* (58.5%) compared to male respondents (36.4%). More male respondents had one or more binge drinking occasions (25.2%) compared to female respondents (4.2%).

More *Below Poverty* and *Below 250% of Poverty Level* respondents were grouped as *Abstainers* (48.0% and 54.0%) compared to respondents *Above 250% Poverty Level* (41.3%). More *Below Poverty* respondents had one or more binge drinking occasions (24.8%) compared to *Above 250% Poverty Level* and *Below 250% of Poverty Level* respondents (16.3% and 12.0%, respectively).

Table 10 Binge Drinking Behavior

		Did not drink in the past month		Did not binge drink in the past month		Did binge drink in the past month	
		%	N	%	N	%	N
Total		47.5	198	37.8	148	14.6	42
Age	18 to 34	46.3	40	28.7	28	25.0	19
	35 to 54	45.3	77	43.4	68	11.3	15
	55+	51.7	81	38.7	52	9.6	8
Gender	Male	36.4	48	38.4	60	25.2	32
	Female	58.5	150	37.3	88	4.2	10
Percent Poverty	Below Poverty	48.0	14	27.3	8	24.8	5
	Below 250% of Poverty	54.0	74	34.0	41	12.0	13
	Above 250% of Poverty	41.3	62	42.4	63	16.3	17



Access to Health Care

Barry County

Health Care Coverage

Respondents were asked whether they have any kind of health care coverage. In addition, respondents who indicated coverage were also asked whether their coverage came from the Barry-Eaton Health Plan (B-E Healthy). If so, respondents with the Barry-Eaton Health Plan only were coded as *Uninsured*.

91.2% of all respondents reported having some health care coverage and 8.8% reported having no coverage. Barry County did not meet the 2010 goal of having 100% of the population having health care coverage (91.2%).^{xiii} As compared to 2002 Michigan BRFSS data for health care coverage (88.0%) there were more respondents who currently had insurance in Barry County (91.2%).^{xiv}

The number of respondents who indicated having health care coverage increased with age, as approximately 88.3% of respondents aged *18 to 34*, 89.7% of respondents aged *35 to 54*, and 96.2% of respondents aged *55 Years or more* reported some coverage.

The proportion of respondents who indicated having health care coverage was similar for male and female respondents (90.3% and 92.2%, respectively).

Fewer respondents *Below 250% of Poverty Level* indicated having health care coverage when compared to the other groups (86.0%).

		Insured		Uninsured	
		%	N	%	N
Total		91.2	354	8.8	35
Age	18 to 34	88.3	76	11.7	11
	35 to 54	89.7	145	10.3	16
	55+	96.2	133	3.8	8
Gender	Male	90.3	127	9.7	14
	Female	92.2	227	7.8	21
Percent Poverty	Below Poverty	90.5	22	9.5	5
	Below 250% of Poverty	86.0	112	14.0	16
	Above 250% of Poverty	94.4	135	5.6	7



Needed Doctor Visit

Across two questions, respondents were asked whether they needed to see a health care provider in the past year and, if so, were they ever unable to see a health care provider when needed. Responses were subsequently divided into three categories: *Did not need to see doctor*, *Needed to see a doctor and did*, and *Needed to see a doctor and could not*.

22.9% of all respondents *did not need to see doctor* during the past year (Table 12). 69.1% of all respondents indicated that when they needed to see a doctor, they were able to do so, and 8.1% were unable to see a doctor when needed. Using the expansion weight, it was estimated that 6,934 Barry County residents needed to see a doctor in the past year and could not.

More respondents aged *55 years or more* saw a doctor in the past year (73.5%) compared to respondents aged *18 to 34* (70.3%) and *35 to 54* (64.9%). More respondents aged *35 to 54* were unable to see a doctor in the past year (10.9%) compared to respondents aged *18 to 34* (9.4%) and *55 year or more* (3.0%).

More female respondents saw a doctor in the past year (76.9%) compared to male respondents (61.0%). In addition, more female respondents were unable to see a doctor in the past year (9.3%) compared to male respondents (6.9%).

More respondents *Below 250% of Poverty Level* (12.6%) were unable to see a doctor in the past year compared to respondents *Below Poverty Level* (8.8%) and *Above 250% of Poverty Level* (4.1%).

Table 12 *Needed Doctor Visit in Past Year*

		Did not need to see a doctor		Needed to see a doctor and did		Needed to see a doctor and could not	
		%	N	%	N	%	N
Total		22.9	85	69.1	268	8.1	34
Age	18 to 34	20.3	13	70.3	62	9.4	12
	35 to 54	24.2	37	64.9	106	10.9	16
	55+	23.4	35	73.5	100	3.0	6
Gender	Male	32.1	45	61.0	84	6.9	10
	Female	13.9	40	76.9	184	9.3	24
Percent Poverty	Below Poverty	23.9	5	67.3	17	8.8	4
	Below 250% of Poverty	27.0	32	60.3	77	12.6	18
	Above 250% of Poverty	18.8	28	77.2	109	4.1	5



Needed Dentist Visit

Across two questions, respondents were asked whether they needed to see a dentist in the past year and, if so, were they ever unable to see a dentist when needed. Responses were subsequently separated into three categories: *Did not need to see dentist*; *Needed to see a dentist and did*; and *Needed to see a dentist and could not*.

33.3% of all respondents *did not need to see dentist* during the past year (Table 13). 55.7% of all respondents indicated that when they needed to see a dentist, they were able to do so, and 11.0% were unable to see a dentist when needed. Using the expansion weight, it was estimated that 9,459 Barry County residents needed to see a dentist in the past year and could not.

More respondents aged *18 to 34* saw a dentist in the past year (61.9%) compared to respondents aged *34 to 54* (48.9%) and *55 years or more* (59.5%). More respondents aged *18 to 34* were unable to see a dentist in the past year (15.4%) compared to respondents aged *34 to 54* (12.1%) and *55 year or more* (5.2%).

More female respondents saw a dentist in the past year (60.4%) compared to male respondents (50.9%). More female respondents were unable to see a dentist in the past year (13.9%) compared to male respondents (8.0%).

More respondents *Below Poverty Level* (21.4%) were unable to see a dentist in the past year compared to respondents *Below 250% of Poverty Level* (15.7%) and *Above 250% of Poverty Level* (8.7%).

Table 13 *Needed Dentist Visit*

		Did not need to see a dentist		Needed to see a dentist and did		Needed to see a dentist and could not	
		%	N	%	N	%	N
Total		33.3	122	55.7	220	11.0	46
Age	18 to 34	22.7	19	61.9	53	15.4	15
	35 to 54	39.1	56	48.9	84	12.1	21
	55+	35.3	47	59.5	83	5.2	10
Gender	Male	41.1	55	50.9	73	8.0	12
	Female	25.6	67	60.4	147	13.9	34
Percent Poverty	Below Poverty	40.1	10	38.5	10	21.4	7
	Below 250% of Poverty	37.7	46	46.7	60	15.7	22
	Above 250% of Poverty	32.9	44	58.4	87	8.7	11



Environment Barry County

Community Perception

Respondents were asked to rate the quality of environmental health in their community on a five-point Likert scale. Responses were collected for the following five response categories: *Excellent*; *Very Good*; *Good*; *Fair*; and *Poor*.

Overall respondents, 18.6% rated their community environment as *Excellent*, 33.9% responded *Very Good*, 40.6% responded *Good*, 5.5% responded *Fair*, and 1.4% replied *Poor* (Table 14).

More respondents aged *55 years or more* responded *Excellent* (30.1%) compared to the other two age groups. More respondents aged *35 to 54* responded *Very Good* (37.1%) compared to respondents aged *18 to 34* (28.1%) and *55 years or more* (35.0%).

More female respondents responded *Very Good* (38.7%) when compared to male respondents (29.2%).

More respondents *Below Poverty Level* responded *Excellent* (23.4%) compared to the other income ranges.

Table 14 Community Perception

	Excellent		Very Good		Good		Fair		Poor		
	%	N	%	N	%	N	%	N	%	N	
Total	18.6	69	33.9	135	40.6	149	5.5	20	1.4	7	
Age	18 to 34	14.6	11	28.1	26	45.3	39	10.3	8	1.6	2
	35 to 54	13.4	21	37.1	59	44.7	69	3.5	7	1.3	3
	55+	30.1	37	35.0	50	29.9	41	3.6	5	1.4	2
Gender	Male	18.8	26	29.2	42	44.4	60	6.9	10	0.8	1
	Female	18.4	43	38.7	93	36.8	89	4.1	10	2.1	6
Percent Poverty	Below Poverty	23.4	5	20.6	7	51.5	13	2.9	1	1.6	1
	Below 250% of Poverty	15.7	18	35.1	44	40.9	49	6.4	10	1.9	3
	Above 250% of Poverty	17.4	27	41.6	58	36.6	50	3.7	5	0.7	1



Neighborhood Pathways

Respondents were asked to rate the prevalence of safe pathways in their neighborhood. Responses were collected using the following three response categories: *A lot of safe paths*; *Little safe paths*; and *No safe paths*.

Overall respondents, 25.1% indicated *A Lot of safe pathways*, 17.6% responded *Little safe pathways*, and 57.4% replied that they had *No safe pathways* in their neighborhood (Table 15).

More respondents aged *34 to 54* responded *A Lot* (29.7%) of safe neighborhood pathways compared to the other two age groups. Fewer respondents aged *18 to 34* responded *No safe pathways* (55.0%) compared to respondents aged *34 to 54* (56.4%) and *55 years or more* (61.1%).

The distribution of safety ratings of neighborhood pathways was similar for male and female respondents.

More respondents with incomes *Above 250% of Poverty* replied *No safe pathways* (61.2%) compared to respondents *Below 250% of Poverty* (54.1%) and *Below Poverty* (41.0%).

Table 15 Neighborhood Pathways

		Yes, a lot		Yes, a little		No	
		%	N	%	N	%	N
Total		25.1	90	17.6	71	57.4	224
Age	18 to 34	21.4	16	23.6	21	55.0	50
	35 to 54	29.7	42	13.9	25	56.4	93
	55+	22.0	32	16.9	25	61.1	81
Gender	Male	26.0	34	14.3	22	59.7	84
	Female	24.2	56	20.8	49	55.0	140
Percent Poverty	Below Poverty	28.7	6	30.3	9	41.0	12
	Below 250% of Poverty	34.1	38	11.9	18	54.1	72
	Above 250% of Poverty	19.9	26	18.9	28	61.2	88



Pathways and Exercise

Respondents were asked to rate the influence of path and trail availability on the amount of exercise they maintain. Responses were collected using for the following four response categories: *A great deal of influence*; *Some influence*; *A little influence*; and *No influence at all*.

Overall respondents, 25.9% replied *A great deal of influence*, 29.1% responded *Some influence*, 13.2% replied *A little influence*, and 31.9% replied *No influence at all* when asked about the impact of path and trail availability on personal exercise behavior (Table 16).

Fewer respondents aged *55 years or more* responded *A great deal of influence* (23.9%) compared to respondents aged *35 to 54* (27.3%) and *18 to 34* (25.8%). More respondents aged *55 years or more* responded *Some influence* (33.9%) compared to respondents aged *18 to 34* (27.8%) and *35 to 54* (26.6%).

More female respondents replied *A great deal of influence* (30.8%) compared to male respondents (21.0%). More male respondents replied *No influence* (38.8%) compared to female respondents (24.9%).

More respondents with incomes *Above 250% of Poverty* replied *A great deal of influence* (31.5%) compared to respondents *Below 250% of Poverty* (20.9%) and *Below Poverty* (20.1%). More respondents with incomes *Below Poverty* responded *No influence* (48.4%) compared to the other two income groups.

Table 16 Pathways & Exercise

		A great deal of influence		Some influence		A little influence		No influence at all	
		%	N	%	N	%	N	%	N
Total		25.9	106	29.1	112	13.2	44	31.9	118
Age	18 to 34	25.8	26	27.8	25	20.9	15	25.4	20
	35 to 54	27.3	46	26.6	44	14.3	20	31.8	50
	55+	23.9	34	33.9	43	3.9	9	38.3	48
Gender	Male	21.0	32	24.9	38	15.2	17	38.8	53
	Female	30.8	74	33.3	74	11.1	27	24.9	65
Percent Poverty	Below Poverty	20.1	7	19.0	4	12.5	3	48.4	12
	Below 250% of Poverty	20.9	30	32.0	41	16.1	18	31.0	37
	Above 250% of Poverty	31.5	46	29.6	42	11.4	14	27.5	38



Use of Pathways

Respondents were asked typically how many times a week they walk or ride a bike in their neighborhood. Responses were subsequently divided into six categories: *Never*; *Less than weekly*; *Weekly*; *2 to 3 times per week*; *4 times or more*, and *Other*.

Overall respondents, 46.0% replied *Never*, 14.0% responded *Less than weekly*, 13.7% replied *Weekly*, 19.0% *2 to 3 times per week*, and 7.3% *4 or more times per week* when asked how many times per week they walked or rode a bike (Table 17).

More respondents aged *55 years or more* responded *Never* (56.3%) when compared to respondents aged *18 to 34* (41.6%) and *35 to 54* (41.7%). More respondents aged *35 to 54* replied *4 times or more per week* (10.6%) compared to respondents aged *18 to 34* (3.0%) and *55 years or more* (6.8%).

More female respondents replied *Never* (52.0%) compared to male respondents (40.0%). More male respondents replied *2 to 3 times per week* (22.1%) and *4 times or more per week* (8.5%) compared to female respondents (16.0% and 6.1%, respectively).

More respondents with incomes *Below Poverty* replied *Never* (57.8%) compared to respondents *Above 250% of Poverty* (45.0%) and *Below 250% of Poverty* (45.8%). More respondents with incomes *Below Poverty* (16.2%) and *Above 250% of Poverty* (18.9%) responded *2 to 3 times per week* compared to respondents *Below 250% of Poverty* (14.3%).

Table 17 Use of Pathways

		Never		Less than weekly		Weekly		2-3 times		4 times or more	
		%	N	%	N	%	N	%	N	%	N
Total		46.0	188	14.0	52	13.7	51	19.0	66	7.3	32
Age	18 to 34	41.6	36	19.3	17	15.3	13	20.9	17	3.0	4
	35 to 54	41.7	72	9.7	17	15.4	24	22.6	30	10.6	18
	55+	56.3	80	14.9	18	9.8	14	12.2	19	6.8	10
Gender	Male	40.0	58	12.2	17	17.3	24	22.1	29	8.5	13
	Female	52.0	130	15.7	35	10.2	27	16.0	37	6.1	19
Percent Poverty	Below Poverty	57.8	13	13.6	4	5.4	2	16.2	4	6.9	4
	Below 250% of Poverty	45.8	62	16.2	19	18.0	20	14.3	18	5.6	9
	Above 250% of Poverty	45.0	67	12.2	18	15.3	21	18.9	23	8.6	13



Why Not Use Pathways

Those respondents who indicated less than *Weekly* use of neighborhood pathways were asked in an open-ended response format why they did not walk or ride a bike more frequently. Responses were subsequently divided into five categories: *Not healthy enough / Too difficult, ever, Too busy / Not enough time, Too dangerous due to traffic, Too dangerous due to crime, and No place to go / too far to go.*

Of respondents who walked or rode less than weekly, 16.1% replied *Not healthy enough / Too difficult*, 27.2% responded *Too busy / Not enough time*, 11.9% replied *Too dangerous due to traffic*, 0.8% *Too dangerous due to crime*, and 43.9% responded *No place to go / too far to go* when asked why they did not walk or ride more frequently (Table 18).

More respondents aged *18 to 34* responded *Too busy / No time* (34.0%) when compared to respondents aged *35 to 54* (26.1%) and *55 years and older* (22.8%). More respondents aged *55 years and older* replied *Not healthy enough / Too difficult* (30.8%) compared to respondents aged *18 to 34* (7.5%) and *35 to 54* (9.4%).

More *Male* respondents indicated *No place to go / Too far to go* (54.0%) when compared to *Female* respondents (37.0%). More *Female* respondents indicated *Not healthy enough / Too difficult* (21.5%) compared to *Male* respondents (8.2%).

More respondents with incomes *Below Poverty* replied *Too busy / No time* (38.2%) compared to respondents *Below 250% of Poverty* (25.0%) and *Above 250% of Poverty* (24.8%). Fewer respondents with incomes *Below Poverty* (30.1%) selected *No place to go / Too far to go* compared to respondents *Below 250% of Poverty* (45.7%) and *Above 250% of Poverty* (56.1%).

	Not Healthy Enough/Too Difficult		Too Busy/No Time		Too Dangerous/Traffic		Too Dangerous/Crime		No place to go/Too far to go		
	%	N	%	N	%	N	%	N	%	N	
Total	16.1	42	27.2	52	11.9	27	0.8	2	43.9	95	
Age	18 to 34	7.5	3	34.0	13	13.6	6		44.9	24	
	35 to 54	9.4	8	26.1	21	12.2	12	2.2	2	50.1	42
	55+	30.8	31	22.8	18	10.3	9		36.2	29	
Gender	Male	8.2	6	32.3	18	5.5	3		54.0	37	
	Female	21.5	36	23.7	34	16.4	24	1.4	2	37.0	58
Percent Poverty	Below Poverty	26.4	3	38.2	4	5.2	1		30.1	6	
	Below 250% of Poverty	17.2	17	25.0	15	9.6	8	2.5	2	45.7	34
	Above 250% of Poverty	3.7	4	24.8	19	15.4	12		56.1	41	



Importance of Green Space

Respondents were asked to indicate how important neighborhood green spaces are to them. Responses were originally collected in a five-point Likert scale, but were subsequently separated into three categories: *Very Important*; *Somewhat Important*; and *Neither / Not Important*. The last category--*Neither / Not Important*--combined the original response categories of *Neither Important nor Unimportant*, *Not Very important*, and *Not Important at all*.

Overall respondents, 77.4% replied *Very Important*, 18.8% responded *Somewhat Important*, and 3.8% responded *Neither / Not Important* about the importance of green spaces in their neighborhood (Table 19).

Fewer respondents aged 18 to 34 (68.1%) selected *Very Important* compared to respondents aged 35 to 54 (83.6%), and 55 years or more (77.2%).

Male respondents selected *Very Important* (77.9%) with similar frequency compared to *Female* respondents (76.8%).

Respondents with incomes *Below Poverty* (77.6%), *Below 250% of Poverty* (76.1%), and *Above 250% of Poverty* (80.6%) selected *Very Important* with similar frequency. More respondents with incomes *Below Poverty* (5.6%) selected *Neither / Not Important* compared to respondents *Below 250% of Poverty* (3.1%) and *Above 250% of Poverty* (1.9%).

		Very Important		Somewhat Important		Neither/Not Important	
		%	N	%	N	%	N
Total		77.4	307	18.8	67	3.8	13
Age	18 to 34	68.1	63	24.8	19	7.0	5
	35 to 54	83.6	136	14.1	20	2.2	5
	55+	77.2	108	19.7	28	3.0	3
Gender	Male	77.9	114	16.9	20	5.2	7
	Female	76.8	193	20.7	47	2.5	6
Percent Poverty	Below Poverty	77.6	21	16.8	4	5.6	2
	Below 250% of Poverty	76.1	98	20.8	24	3.1	4
	Above 250% of Poverty	80.6	116	17.6	23	1.9	3



Acceptable Development

Respondents were asked to evaluate the acceptability of the land development their area is experiencing. Responses were collected in a three-point response scale: *Right Kind of Development*, *Mixed*, and *Wrong Kind of development*.

Overall respondents, 46.6% replied *Right Kind of Development*, 43.9% responded *Mixed*, and 9.5% responded *Wrong Kind of Development* when asked to evaluate the development in their local area (Table 20).

More respondents aged *18 to 34* (54.5%) selected *Right kind of development* compared to *35 to 54* (40.5%), and *55 years and over* (47.7%). More respondents aged *35 to 54* (14.8%) replied *Wrong Kind of Development* compared to respondents aged *18 to 34* (4.7%) and *55 years and older* (6.3%).

Male respondents (45.0%) indicated *Right kind of development* with similar frequency compared to *Female* respondents (48.1%).

More respondents with incomes *Below Poverty* (66.0%) responded *Right kind of development* compared to respondents with incomes *Below 250% of Poverty* (45.2%) respondents *Above 250% of Poverty* (47.7%).

Table 20 Acceptability of Development in Area

		Right kind of development		Mixed		Wrong kind of development	
		%	N	%	N	%	N
Total		46.6	167	43.9	171	9.5	38
Age	18 to 34	54.5	42	40.7	38	4.7	6
	35 to 54	40.5	63	44.7	71	14.8	23
	55+	47.7	62	46.0	62	6.3	9
Gender	Male	45.0	60	44.0	60	11.0	17
	Female	48.1	107	43.8	111	8.1	21
Percent Poverty	Below Poverty	66.0	14	30.7	10	3.3	1
	Below 250% of Poverty	45.2	55	45.4	57	9.3	12
	Above 250% of Poverty	47.7	65	44.9	65	7.4	12



Impact of Conversions

Respondents were asked to evaluate the impact of converting farmland and wetlands into housing developments and business areas. Responses were collected in a three-point response scale: *Positive*; *Neutral*; and *Negative*.

Overall respondents, 19.1% replied *Positive*, 35.0% responded *Neutral*, and 46.0% responded *Negative* when asked to evaluate the impact of land development in their local area (Table 21).

More respondents aged 55 years and over (24.7%) indicated *Positive Impact* compared to 18 to 34 (18.3%) and 35 to 54 (15.6%). More respondents aged 18 to 34 (46.8%) and 34 to 54 (48.0%) replied *Negative* compared to respondents aged and 55 years and older (42.3%).

Male respondents (19.6%) indicated *Positive* with similar frequency compared to *Female* respondents (18.6%). More *Male* respondents (50.3%) indicated *Negative* compared to *Female* respondents (41.7%).

More respondents with incomes *Below Poverty* (20.5%) and *Below 250% of Poverty* (23.5%) indicated *Positive* compared to respondents *Above 250% of Poverty* (16.4%). More respondents with incomes *Below Poverty* (55.2%) and *Above 250% of Poverty* (48.6%) replied *Negative* compared to respondents *Below 250% of Poverty* (37.2%).

Table 21 Impact of Conversions

		Positive		Negative		Neutral	
		%	N	%	N	%	N
Total		19.1	72	46.0	180	35.0	131
Age	18 to 34	18.3	17	46.8	38	34.9	30
	35 to 54	15.6	26	48.0	79	36.4	54
	55+	24.7	29	42.3	63	33.0	47
Gender	Male	19.6	27	50.3	75	30.2	37
	Female	18.6	45	41.7	105	39.7	94
Percent Poverty	Below Poverty	20.5	5	55.2	14	24.3	8
	Below 250% of Poverty	23.5	29	37.2	47	39.3	49
	Above 250% of Poverty	16.4	22	48.6	71	35.0	48



Health Risk Behaviors

Eaton County

Days of Poor Physical Health

Respondents were asked to provide the number of days during the past month that their physical health was not good. Responses were subsequently divided into three categories for analysis: *0 to 1 Days*; *2 to 9 Days*; and *10 or More Days*.

Nearly seven of ten respondents (69.3%) reported that they had, at most, one day of poor physical health during the past 30 days (Table 22). About 20% of all respondents (21.1%) had between *2 to 9 Days* of poor physical health and 9.6% of all respondents had *10 or More Days* of poor physical health during the past 30 days.

The number of days respondents reported having poor physical health increased with age, as approximately 4% of respondents aged *18 to 34*, 8% of respondents aged *35 to 54*, and 18% of respondents aged *55 Years or More* experienced *10 or More Days* of poor physical health.

More female respondents reported *10 or More Days* (12.5%) of poor physical health when compared to male respondents (6.5%).

The number of days respondents reported having poor physical health consistently increased with poverty status, as only 8.0% of respondents *Above 250% of Poverty Level*, 13.5% of respondents *Below 250% of Poverty Level*, and 16.7% of respondents *Below Poverty Level* experienced *10 or More Days* of poor physical health.

		0 – 1 Days		2 – 9 Days		10 or more Days	
		%	N	%	N	%	N
Total		69.3	254	21.1	72	9.6	45
Age	18 to 34	64.5	52	31.3	23	4.2	4
	35 to 54	75.5	105	16.6	25	7.9	15
	55+	65.5	97	16.7	24	17.8	26
Gender	Male	70.9	118	22.7	34	6.5	15
	Female	67.9	136	19.6	38	12.5	30
Percent Poverty	Below Poverty	68.0	15	15.3	3	16.7	7
	Below 250% of Poverty	67.5	71	19.0	17	13.5	17
	Above 250% of Poverty	66.2	107	25.8	42	8.0	14



Days of Depression

Respondents were asked to provide the number of days during the past month that their mental health was not good. Responses were subsequently separated into three categories: *0 to 1 Days*; *2 to 9 Days*; and *10 or More Days*.

More than half of all respondents (61.7%) reported that they had, at most, one day of poor mental health during the past 30 days (Table 23). Less than 30% of all respondents (25.7%) had between *2 to 9 Days* of poor mental health and nearly 13% of all respondents had *10 or More Days* of poor mental health during the past 30 days (12.7%).

Fewer respondents aged *55 Years or More* experienced *2 to 9 Days* and *10 or More Days* of poor mental health (20.8% and 5.6%, respectively).

More male respondents reported *0 to 1 Days* of poor mental health (68.9%) when compared to female respondents (55.0%). More female respondents reported *2 to 9 Days* of poor mental health (30.8%) when compared to male respondents (20.2%).

More respondents who were *Above 250% of Poverty Level* or *Below 250% of Poverty Level* had *0 to 1 Days* of poor mental health (61.9% and 61.8%, respectively) compared to respondents who were *Below Poverty* (40.6%). More respondents who were *Below Poverty Level* had *10 or More Days* of poor mental health (22.8%) compared to the other two groups.

Table 23 Days of Poor Mental Health

		0 – 1 Days		2 – 9 Days		10 or more Days	
		%	N	%	N	%	N
Total		61.7	228	25.7	94	12.7	48
Age	18 to 34	51.3	39	33.7	27	15.0	14
	35 to 54	60.9	81	23.2	35	15.9	27
	55+	73.6	108	20.8	32	5.6	7
Gender	Male	68.9	112	20.2	35	10.9	18
	Female	55.0	116	30.8	59	14.3	30
Percent Poverty	Below Poverty	40.6	11	36.6	8	22.8	6
	Below 250% of Poverty	61.8	67	25.3	24	12.9	13
	Above 250% of Poverty	61.9	98	25.9	44	12.2	20



Diet and Physical Activity

Eaton County

Exercise

Across three questions, respondents were asked whether they participated in any physical activities in the past month and, if so, how frequently and for what duration. Respondents who did not participate in any physical exercise were labeled *Sedentary*; those respondents who exercised infrequently were categorized as the *Some Exercise* group; and those respondents with *At least 20 minutes / 3x per week* of physical exercise in the past month were collected in the final group.

One out of every three respondents (32.4%) was categorized as *Sedentary* (see Table 24). 29.7% of all respondents had participated in *Some Exercise* in the past month and 37.9% participated in exercise *At Least 20 Minutes / 3x per week*. The Healthy People 2010 goal of having 20% of the population classified as sedentary was not met by Eaton County (32.4%).^{xv} Eaton County exceeded the goal of having 30% of the population engaging in physical activity 3 or more days a week for at least 20 minutes (37.9%).^{xvi}

More respondents aged 35 to 54 were categorized as *Some Exercise* (36.2%) compared to the other two age groups. Consequently, more respondents aged 18 to 34 and 55 or over indicated that they participated in moderate exercise *At Least 20 Minutes / 3x per week* (44.7% and 40.1%, respectively) compared to respondents aged 35 to 54 (31.5%).

Fewer male respondents were categorized as *Sedentary* (26.8%) and more male respondents reported exercising *At Least 20 Minutes / 3x per week* (40.8%) when compared to female respondents (37.6% and 35.2%, respectively).

Fewer respondents *Above 250% of Poverty Level* were categorized as *Sedentary* (30.0%) compared to respondents *Below 250% of Poverty Level* (40.7%) and respondents *Below Poverty Level* (38.4%). More respondents *Below Poverty Level* reported exercising *At least 20 minutes / 3x per week* (46.0%) when compared respondents *Below 250% of Poverty Level* (28.3%) and respondents *Above 250% of Poverty Level* (35.5%). .

		Sedentary		Some Exercise		At Least 20 minutes/3x per week	
		%	N	%	N	%	N
Total		32.4	124	29.7	101	37.9	138
Age	18 to 34	28.1	25	27.2	20	44.7	32
	35 to 54	32.3	48	36.2	49	31.5	45
	55+	36.9	51	22.9	32	40.1	61
Gender	Male	26.8	48	32.4	51	40.8	64
	Female	37.6	76	27.2	50	35.2	74
Percent Poverty	Below Poverty	38.4	12	15.6	3	46.0	10
	Below 250% of Poverty	40.7	47	31.1	27	28.3	28
	Above 250% of Poverty	30.0	47	34.5	54	35.5	58



Body Mass Index (BMI)

Respondents were asked to provide personal height and weight estimates, and a Body Mass Index (BMI) variable was calculated. Responses were subsequently divided into four categories based on these BMI scores: *Underweight* (Less than 18.5 BMI); *Normal Weight* (18.5 to 24.9 BMI), *Overweight* (25.0 to 29.9 BMI); and *Obese* (30.0 BMI or higher).

Four of ten respondents (40.7%) had BMI scores classified as *Normal Weight*, 36.0% were grouped as *Overweight*, and 22.2% were sorted as *Obese* (Table 25). Just 1.1% of all respondents were categorized as *Underweight*. Eaton County did not meet the 2010 goal of having no more than 15% of the population being classified as obese (22.2%).^{xvii} As compared to 2002 Michigan BRFSS data for obesity (25.4%) there were fewer respondents classified as obese in Eaton County (22.2%).^{xviii}

More respondents aged 18 to 34 were categorized as *Normal Weight* (60.1%) compared to respondents aged 35 to 54 (29.9%) and 55 or over (36.5%). Fewer respondents aged 18 to 34 were categorized as *Overweight* (24.6%) compared to respondents aged 35 to 54 (44.8%) and 55 or over (35.5%).

A similar percent of respondents aged 35 to 54 and 55 or over were grouped as *Obese* (23.2% and 27.7%, respectively), where fewer respondents aged 18 to 34 were considered *Obese* (15.4%).

Fewer male respondents were categorized as having *Normal Weight* (33.5%) compared to female respondents (48.0%). More male respondents had BMI scores considered in the *Overweight* range (45.0%) compared to female respondents (26.8%).

Fewer respondents *Below Poverty Level* were categorized as *Normal Weight* (38.9%) compared to respondents *Below 250% of Poverty Level* (41.9%) and *Above 250% of Poverty Level* (41.4%). The proportion of respondents categorized as *Overweight* was similar across all three income groups. Respondents *Below 250% of Poverty Level* had the lowest percent of BMI scores considered in the *Obese* range (21.5%), followed by respondents *Above 250% of Poverty Level* (23.4%) and respondents *Below Poverty Level* (31.2%).

Table 25 BMI Categories

		Underweight		Normal Weight		Overweight		Obese	
		%	N	%	N	%	N	%	N
Total		1.1	4	40.7	136	36.0	134	22.2	82
Age	18 to 34			60.1	44	24.6	19	15.4	12
	35 to 54	2.1	2	29.9	39	44.8	67	23.2	32
	55+	0.8	2	36.5	53	35.0	48	27.7	38
Gender	Male	1.0	1	33.5	47	45.0	80	20.5	40
	Female	1.3	3	48.0	89	26.8	54	23.9	42
Percent Poverty	Below Poverty			38.9	10	30.0	6	31.2	6
	Below 250% of Poverty	3.4	2	41.9	40	33.3	33	21.5	22
	Above 250% of Poverty	0.2	1	41.4	62	35.1	62	23.4	37



Blood Pressure

Across three questions, respondents were asked when they last had their blood pressure taken by a health professional; whether they have ever been told by a health professional they had high blood pressure; and whether they are currently taking medication prescribed for high blood pressure. Respondents were grouped into four categories for subsequent presentation and analysis.

Six of ten respondents (61.0%) reported that they had been tested and did not have high blood pressure (Table 26). 20.7% of all respondents have been told they had high blood pressure and were taking medication, and 5.0% of respondents have been told they have high blood pressure and were not currently taking medication. 13.4% of all respondents indicated that they had not had a blood pressure test in the past year. Eaton County did not meet the 2010 goal of having no more than 16% of the population having high blood pressure (25.7%).^{xix}

More respondents aged 18 to 34 indicated that they had been tested and did not have high blood pressure (75.3%) compared to respondents aged 35 to 54 (67.6%) and 55 or over (36.8%). More respondents aged 55 or over reported that they had high blood pressure and were taking medication (53.2%) compared to respondents aged 18 to 34 (2.4%) and 35 to 54 (11.1%). More respondents aged 18 to 34 indicated that they had not been tested in the past year (19.4%) compared to respondents aged 35 to 54 (13.5%) and 55 or over (7.0%).

More male respondents indicated that they had not been tested in the past year (20.4%) compared to female respondents (6.8%). More female respondents indicated that they had been tested and do not have high blood pressure (69.8%) compared to male respondents (51.4%).

More respondents *Below Poverty Level* indicated that they had not been tested in the past year (34.5%) compared to respondents *Below 250% of Poverty Level* (8.2%) and *Above 250% of Poverty Level* (15.5%).

Table 26 Blood Pressure Outcomes

	Have not had a test in the past year		Have been tested, do not have high blood pressure		Have high blood pressure and taking medication		Have high blood pressure and not taking medication		
	%	N	%	N	%	N	%	N	
Total	13.4	46	61.0	217	20.7	93	5.0	20	
Age	18 to 34	19.4	15	75.3	60	2.4	2	2.9	3
	35 to 54	13.5	19	67.6	99	11.1	17	7.8	11
	55+	7.0	12	36.8	58	53.2	74	3.0	6
Gender	Male	20.4	30	51.4	83	21.7	44	6.5	11
	Female	6.8	16	69.8	134	19.8	49	3.6	9
Percent Poverty	Below Poverty	34.5	7	48.6	14	14.8	3	2.1	1
	Below 250% of Poverty	8.2	10	65.0	59	21.3	30	5.5	7
	Above 250% of Poverty	15.5	21	58.5	96	18.9	36	7.1	11



Diabetes

Respondents were asked directly whether a doctor has ever told them they had diabetes.

6.4% of all respondents had been told by a doctor they had diabetes (Table 27). Eaton County did not meet the 2010 goal of having no more than 2.5% of the population having been diagnosed with diabetes (6.4%).^{xx} When compared to 2002 Michigan BRFSS data concerning diabetes prevalence (7.9%) there were fewer Eaton County residents diagnosed with diabetes (6.4%).^{xxi}

The prevalence of diabetes increased with age, as approximately less than 1% of respondents aged 18 to 34, 2.8% of respondents aged 35 to 54, and 17.6% of respondents aged 55 Years or more were told by a doctor they had diabetes.

More female respondents had been told by a doctor they had diabetes (7.8%) when compared to male respondents (4.8%).

More respondents *Below 250% of Poverty Level* indicated that had been told by a doctor they had diabetes (9.6%) compared to respondents *Above 250% of Poverty Level* (4.2%).

		Diabetes		No Diabetes	
		%	N	%	N
Total		6.4	32	93.6	344
Age	18 to 34	0.4	1	99.6	79
	35 to 54	2.8	5	97.2	141
	55+	17.6	26	82.4	124
Gender	Male	4.8	12	95.2	156
	Female	7.8	20	92.2	188
Percent Poverty	Below Poverty			100.0	25
	Below 250% of Poverty	9.6	13	90.4	93
	Above 250% of Poverty	4.2	10	95.8	154



Fruit and Vegetable Consumption

In two separate questions, respondents were asked to provide the number of servings of fruits and vegetables that they eat. Responses to both questions were summed, and subsequently divided into four categories: *Less than one serving per day*, *One to three servings per day*; *Three to five servings per day*; and *Five or more servings per day*.

Overall, 8.4% reported that they ate fruits and vegetables *Less than one serving per day*; and 39.6% ate fruits and vegetables *One to three servings per day* (Table 28). In addition, 27.8% of respondents had from *Three to five servings per day* and 24.1% ate *Five or more servings per day* of fruits and vegetables. When compared to 2002 Michigan BRFSS data concerning fruit and vegetable consumption *5 or more servings per day* (22.6%) more Eaton County residents consumed fruits and vegetables frequency (24.1%).^{xxii}

More respondents aged *55 Years or more* reported eating fruits and vegetables *Three to five servings per day* (34.2%). Conversely, more respondents aged *18 to 34* and *35 to 54* ate fruits and vegetables *Five or more servings per day* (25.8% and 25.7%, respectively) compared to respondents aged *55 Years or more* (20.1%).

More female respondents reported eating fruits and vegetables *Three to five servings per day* (31.6%) and *Five or more servings per day* (28.9%) compared to male respondents (23.9% and 19.0%, respectively). Almost half of the male respondents reported eating fruits and vegetables *One to three servings per day* (46.4%).

More respondents categorized as *Below Poverty* reported eating fruits and vegetables *One to three servings per day* (63.0%) compared to respondents *Below 250% of Poverty Level* (38.5%) and *Above 250% Poverty Level* (39.3%). More respondents *Above 250% Poverty Level* reported eating fruits and vegetables *Five or more servings per day* (25.6%) compared to respondents *Below 250% of Poverty Level* (21.3%) and *Below Poverty* (12.2%).

Table 28 Fruit & Vegetable Consumption Per Day

		Less than one serving per day		One to three servings per day		Three to five servings per day		Five or more servings per day	
		%	N	%	N	%	N	%	N
Total		8.4	33	39.6	150	27.8	107	24.1	79
Age	18 to 34	8.7	8	43.2	35	22.4	17	25.8	19
	35 to 54	11.2	17	35.8	55	27.4	39	25.7	32
	55+	4.2	8	41.5	60	34.2	51	20.1	28
Gender	Male	10.7	19	46.4	79	23.9	40	19.0	29
	Female	6.3	14	33.2	71	31.6	67	28.9	50
Percent Poverty	Below Poverty	7.0	2	63.0	15	17.8	5	12.2	3
	Below 250% of Poverty	12.1	12	38.5	41	28.0	32	21.3	18
	Above 250% of Poverty	7.5	13	39.3	63	27.6	46	25.6	41



Tobacco Use Eaton County

Current Tobacco Use

Across three questions, respondents reported whether they had smoked at least 100 cigarettes in their life; whether they smoked cigarettes now, and, if not, whether they smoke cigarettes on some days. Responses were subsequently divided into two categories: *Current Smokers (everyday /some days)* and *Current Non-smokers*.

19.9% of all respondents were *Current Smokers* either everyday or some days, and 80.1% were *Current Non-smokers* (Table 29). Eaton County did not meet the 2010 goal of having no more than 12% of the population currently smoking (19.9%).^{xxiii} As compared to 2002 Michigan BRFSS data for current smokers (24.2%) there were fewer respondents who currently smoke in Eaton County (19.9%).^{xxiv}

More respondents aged 18 to 34 and 35 to 54 were *Current Smokers* (24.8% and 23.6%, respectively) compared to respondents aged 55 *Years or more* (9.5%).

More male respondents were *Current smokers* (24.0%) compared to females respondents (16.1%).

Current tobacco use consistently increased with poverty status, as only 17.4% of respondents *Above 250% of Poverty Level*, 26.0% of respondents *Below 250% of Poverty Level*, and 31.7% of respondents *Below Poverty Level* were *Current Smokers*.

		Smoke Now (Everyday/some days)		Do not smoke	
		%	N	%	N
Total		19.9	78	80.1	298
Age	18 to 34	24.8	23	75.2	57
	35 to 54	23.6	37	76.4	109
	55+	9.5	18	90.5	132
Gender	Male	24.0	41	76.0	127
	Female	16.1	37	83.9	171
Percent Poverty	Below Poverty	31.7	9	68.3	16
	Below 250% of Poverty	26.0	29	74.0	77
	Above 250% of Poverty	17.4	29	82.6	135



Substance Abuse Eaton County

Alcohol Use

Across three questions, respondents reported whether they had consumed beer, wine, or liquor in the past month and, if so, on how many days and the typical number of drinks per day. Responses were subsequently divided into four categories: *Abstainer (No alcohol in past month)*, *Light Drinker (1 to 10 drinks per month)*, *Moderate Drinker (11 to 59 drinks per month)*, and *Heavy Drinker (60 or more drinks per month)*.

44.9% of all respondents were categorized as *Abstainer*, 33.3% were grouped as *Light Drinkers*, 19.7% were sorted as *Moderate Drinkers*, and 2.1% were categorized as *Heavy Drinkers* (Table 30).

More respondents aged *55 Years or more* were grouped as *Abstainers* (62.1%) compared to respondents aged *18 to 34* (34.8%) and *35 to 54* (40.2%).

More female respondents were grouped as *Abstainers* (49.7%) compared to male respondents (39.7%). More male respondents were grouped as *Moderate Drinkers* (27.0%) compared to female respondents (12.8%).

More *Below Poverty* and *Below 250% of Poverty Level* respondents were grouped as *Abstainers* (62.1% and 55.6%) compared to respondents *Above 250% Poverty Level* (40.1%).

Table 30 Alcohol Consumption Per Month

		Abstainer		Light Drinker (1-10 drinks)		Moderate Drinker (11-59 drinks)		Heavy Drinker (60+ drinks)	
		%	N	%	N	%	N	%	N
Total		44.9	179	33.3	119	19.7	65	2.1	9
Age	18 to 34	34.8	29	36.2	31	27.4	19	1.6	1
	35 to 54	40.2	59	36.2	50	21.1	30	2.5	5
	55+	62.1	91	26.3	38	9.4	16	2.2	3
Gender	Male	39.7	72	28.9	46	27.0	39	4.4	9
	Female	49.7	107	37.5	73	12.8	26		
Percent Poverty	Below Poverty	62.1	16	25.0	6	13.0	3		
	Below 250% of Poverty	55.6	61	27.7	29	12.8	11	3.9	5
	Above 250% of Poverty	40.1	71	33.6	53	25.5	36	0.8	2



Binge Drinking

Respondents were asked to indicate on how many occasions during the past month they had a binge occasion, as defined as “five or more drinks for males and four or more drinks for females.” Responses were subsequently divided into three categories: *Abstainers*, *Drinkers who did not binge in the past month*, and *Drinkers who did binge in the past month*.

44.7% of all respondents were categorized as *Abstainers*, and of those respondents who did drink alcohol in the past month, 37.6% did not have a binge drinking occasion in the past month (Table 31). 17.7% of all respondents had one or more binge drinking occasions in the past month. Eaton County did not meet the 2010 goal of having no more than 6% of the population binge drink in the past month (17.7%).^{xxv} When compared to 2002 Michigan BRFSS data (22.5%) there were more males who did binge drink in the past month (28.6%)^{xxvi}.

More respondents aged *55 Years or more* were grouped as *Abstainers* (61.5%) compared to respondents aged *18 to 34* (34.8%) and *35 to 54* (40.2%). More respondents aged *18 to 34* had one or more binge drinking occasions (30.1%) compared to respondents aged *35 to 54* (17.8%) and *55 years or more* (4.5%).

More female respondents were grouped as *Abstainers* (49.6%) compared to male respondents (39.5%). More male respondents had one or more binge drinking occasions (28.6%) compared to female respondents (7.5%).

More *Below Poverty* and *Below 250% of Poverty Level* respondents were grouped as *Abstainers* (64.8% and 55.6%) compared to respondents *Above 250% Poverty Level* (39.3%). More *Above 250% Poverty Level* respondents had one or more binge drinking occasions (21.5%) compared to *Below Poverty* and *Below 250% of Poverty Level* respondents (9.2% and 12.9%, respectively).

		Did not drink in the past month		Did not binge drink in the past month		Did binge drink in the past month	
		%	N	%	N	%	N
Total		44.7	179	37.6	143	17.7	51
Age	18 to 34	34.8	29	35.1	30	30.1	21
	35 to 54	40.2	59	41.9	62	17.8	23
	55+	61.5	91	34.1	51	4.5	7
Gender	Male	39.5	72	31.9	57	28.6	38
	Female	49.6	107	42.9	86	7.5	13
Percent Poverty	Below Poverty	64.8	16	26.1	6	9.2	2
	Below 250% of Poverty	55.6	61	31.5	34	12.9	11
	Above 250% of Poverty	39.9	71	38.6	64	21.5	28



Access to Health Care Eaton County

Health Care Coverage

Respondents were asked whether they have any kind of health care coverage. In addition, respondents who indicated coverage were also asked whether their coverage came from the Barry-Eaton Health Plan (B-E Healthy). If so, respondents with the Barry-Eaton Health Plan only were coded as *Uninsured*.

92.6% of all respondents reported having some health care coverage and 7.4% reported having no coverage. Eaton County did not meet the 2010 goal of having 100% of the population having health care coverage (92.6%).^{xxvii} As compared to 2002 Michigan BRFSS data for health care coverage (88.0%) there were more respondents who currently had insurance in Eaton County (92.6%).^{xxviii}

The number of respondents who indicated having health care coverage increased with age, as approximately 89.0% of respondents aged *18 to 34*, 92.6% of respondents aged *35 to 54*, and 96.3% of respondents aged *55 Years or more* reported some coverage.

The proportion of respondents who indicated having health care coverage was similar for male and female respondents (93.4% and 91.9%, respectively).

The number of respondents who indicated having health care coverage consistently decreased with poverty status, as 95.2% of respondents *Above 250% of Poverty Level*, 90.8% of respondents *Below 250% of Poverty Level*, and 64.2% of respondents *Below Poverty Level* reported some coverage.

		Insured		Uninsured	
		%	N	%	N
Total		92.6	345	7.4	30
Age	18 to 34	89.0	69	11.0	11
	35 to 54	92.6	133	7.4	13
	55+	96.3	143	3.7	6
Gender	Male	93.4	157	6.6	11
	Female	91.9	188	8.1	19
Percent Poverty	Below Poverty	64.2	16	35.8	9
	Below 250% of Poverty	90.8	94	9.2	12
	Above 250% of Poverty	95.2	158	4.8	6



Needed Doctor Visit

Across two questions, respondents were asked whether they needed to see a health care provider in the past year and, if so, were they ever unable to see a health care provider when needed. Responses were subsequently divided into three categories: *Did not need to see doctor*; *Needed to see a doctor and did*; and *Needed to see a doctor and could not*.

24.0% of all respondents *Did not need to see doctor* during the past year (Table 33). 69.8% of all respondents indicated that when they needed to see a doctor, they were able to do so, and 6.2% were unable to see a doctor when needed. Using the expansion weight, it was estimated that 9,867 Eaton County residents needed to see a doctor in the past year and could not.

More respondents aged *55 years or more* saw a doctor in the past year (75.8%) compared to respondents aged *18 to 34* (66.8%) and *35 to 54* (67.7%). More respondents aged *18 to 34* were unable to see a doctor in the past year (11.1%) compared to respondents aged *34 to 54* (5.0%) and *55 year or more* (2.9%).

More female respondents saw a doctor in the past year (73.1%) compared to male respondents (66.3%). In addition, more female respondents were unable to see a doctor in the past year (7.8%) compared to male respondents (4.5%).

More respondents *Below Poverty Level* (13.9%) were unable to see a doctor in the past year compared to respondents *Below 250% of Poverty Level* (9.9%) and *Above 250% of Poverty Level* (5.4%).

		Did not need to see a doctor		Needed to see a doctor and did		Needed to see a doctor and could not	
		%	N	%	N	%	N
Total		24.0	88	69.8	262	6.2	24
Age	18 to 34	22.1	18	66.8	52	11.1	9
	35 to 54	27.2	38	67.7	97	5.0	11
	55+	21.3	32	75.8	113	2.9	4
Gender	Male	29.2	48	66.3	113	4.5	7
	Female	19.1	40	73.1	149	7.8	17
Percent Poverty	Below Poverty	17.7	5	68.4	16	13.9	4
	Below 250% of Poverty	32.2	32	57.9	62	9.9	10
	Above 250% of Poverty	22.8	34	71.7	121	5.4	9



Needed Dentist Visit

Across two questions, respondents were asked whether they needed to see a dentist in the past year and, if so, were they ever unable to see a dentist when needed. Responses were subsequently divided into three categories: *Did not need to see dentist*; *Needed to see a dentist and did*; and *Needed to see a dentist and could not*.

28.2% of all respondents *Did not need to see dentist* during the past year (Table 34). 64.1% of all respondents indicated that when they needed to see a dentist, they were able to do so, and 7.6% were unable to see a dentist when needed. Using the expansion weight, it was estimated that 12,086 Eaton County residents needed to see a dentist in the past year and could not.

Fewer respondents aged *18 to 34* saw a dentist in the past year (60.4%) compared to respondents aged *34 to 54* (64.1%) and *55 years or more* (67.9%). More respondents aged *18 to 34* were unable to see a dentist in the past year (12.1%) compared to respondents aged *34 to 54* (6.4%) and *55 year or more* (4.7%).

More female respondents saw a dentist in the past year (67.7%) compared to male respondents (60.3%). More female respondents were unable to see a dentist in the past year (11.7%) compared to male respondents (3.3%).

More respondents *Below Poverty Level* (34.5%) were unable to see a dentist in the past year compared to respondents *Below 250% of Poverty Level* (9.3%) and *Above 250% of Poverty Level* (4.4%).

		Did not need to see a dentist		Needed to see a dentist and did		Needed to see a dentist and could not	
		%	N	%	N	%	N
Total		28.2	109	64.1	235	7.6	30
Age	18 to 34	27.4	21	60.4	47	12.1	11
	35 to 54	29.5	44	64.1	89	6.4	12
	55+	27.3	44	67.9	99	4.7	7
Gender	Male	36.4	61	60.3	102	3.3	5
	Female	20.6	48	67.7	133	11.7	25
Percent Poverty	Below Poverty	35.5	8	30.0	8	34.5	9
	Below 250% of Poverty	39.9	45	50.8	49	9.3	11
	Above 250% of Poverty	22.9	36	72.7	120	4.4	7



Environment Eaton County

Community Perception

Respondents were asked to rate the quality of environmental health in their community on a five-point Likert scale. Responses were collected for the following five response categories: *Excellent*; *Very good*; *Good*; *Fair*; and *Poor*.

Overall respondents, 12.7% rated their community environment as *Excellent*, 40.6% responded *Very Good*, 40.5% responded *Good*, 5.7% responded *Fair*, and .5% replied *Poor* (Table 35).

More respondents aged *55 years or more* responded *Excellent* (14.9%) and *Very Good* (42.2%) compared to the other two age groups. More respondents aged *18 to 34* responded *Good* (49.5%) compared to respondents aged *35 to 54* (35.8%) and *55 years or more* (37.9%).

More female respondents responded *Good* (42.2%) when compared to male respondents (38.8%).

Table 35 Community Perception

	Excellent		Very Good		Good		Fair		Poor	
	%	N	%	N	%	N	%	N	%	N
Total	12.7	47	40.6	149	40.5	148	5.7	26	0.5	3
Age	18 to 34	8.6	7	37.6	30	49.5	38	4.3	5	
	35 to 54	14.3	17	41.6	55	35.8	55	7.1	14	1.3
	55+	14.9	23	42.2	64	37.9	55	5.0	7	
Gender	Male	14.2	25	41.4	67	38.8	61	4.9	13	0.7
	Female	11.4	22	39.7	82	42.2	87	6.3	13	0.3
Percent Poverty	Below Poverty	7.3	3	36.3	9	45.6	10	10.8	3	
	Below 250% of Poverty	12.2	13	36.6	31	46.2	52	4.4	8	0.6
	Above 250% of Poverty	13.0	20	46.2	80	34.4	51	6.0	10	0.4



Neighborhood Pathways

Respondents were asked to rate the prevalence of safe pathways in their neighborhood. Responses were collected using for the following three response categories: *A lot of safe path*;, *Little safe paths*; and *No safe paths*.

Overall respondents, 22.8% indicated *A Lot* of safe pathways, 27.7% responded *Little* safe pathways, and 49.4% replied that they had *No* safe pathways in their neighborhood (Table 36).

Fewer respondents aged *55 years or more* responded *A Lot* (21.1%) of safe neighborhood pathways compared to the other two age groups. Fewer respondents aged *18 to 34* responded *No safe pathways* (38.0%) compared to respondents aged *34 to 54* (53.1%) and *55 years or more* (55.8%).

More male respondents responded *No safe pathways* (54.0%) when compared to females (45.2%).

More respondents with incomes *Below 250% of Poverty* replied *No safe pathways* (53.4%) compared to respondents *Above 250% of Poverty* (52.4%) and *Below Poverty* (48.0%).

Table 36 Neighborhood Pathways

		Yes, a lot		Yes, a little		No	
		%	N	%	N	%	N
Total		22.8	91	27.7	98	49.4	179
Age	18 to 34	25.4	22	36.6	31	38.0	25
	35 to 54	22.2	33	24.7	36	53.1	76
	55+	21.1	36	23.0	31	55.8	78
Gender	Male	17.8	31	28.2	47	54.0	86
	Female	27.5	60	27.3	51	45.2	93
Percent Poverty	Below Poverty	8.7	4	43.3	10	48.0	11
	Below 250% of Poverty	21.0	24	25.6	27	53.4	52
	Above 250% of Poverty	24.3	41	23.2	36	52.4	84



Pathways and Exercise

Respondents were asked to rate the influence of path and trail availability on the amount of exercise they maintain. Responses were collected using for the following four response categories: *A great deal of influence*; *Some influence*; *A little influence*; and *No influence at all*.

Overall respondents, 26.4% replied *A great deal of influence*, 29.6% responded *Some influence*, 15.4% replied *A little influence*, and 28.6% replied *No influence at all* when asked about the impact of path and trail availability on personal exercise behavior (Table 37).

More respondents aged *18 to 34* responded *A great deal of influence* (30.3%) compared to respondents aged *35 to 54* (26.3%) and *55 years or more* (22.3%). Fewer respondents aged *55 years or more* responded *Some influence* (25.7%) compared to respondents aged *18 to 34* (37.0%) and *35 to 54* (26.9%).

More female respondents replied *A great deal of influence* (30.7%) compared to male respondents (21.6%). More male respondents replied *No influence at all* (32.5%) compared to female respondents (25.0%).

More respondents with incomes *Above 250% of Poverty* replied *A great deal of influence* (27.6%) compared to respondents *Below 250% of Poverty* (19.6%) and *Below Poverty* (18.6%). More respondents with incomes *Below Poverty* responded *Some influence* (34.7%) compared to the other two income groups. More respondents *Below 250% of Poverty* responded *No influence at all* (40.8%) compared to the other two income groups.

		A great deal of influence		Some influence		A little influence		No influence at all	
		%	N	%	N	%	N	%	N
Total		26.4	95	29.6	112	15.4	53	28.6	112
Age	18 to 34	30.3	26	37.0	29	12.5	11	20.2	14
	35 to 54	26.3	36	26.9	45	18.9	22	27.9	42
	55+	22.3	33	25.7	38	13.5	20	38.6	56
Gender	Male	21.6	36	28.1	46	17.7	26	32.5	59
	Female	30.7	59	31.0	66	13.3	27	25.0	53
Percent Poverty	Below Poverty	18.6	5	34.7	8	7.9	1	38.8	10
	Below 250% of Poverty	19.6	20	23.8	27	15.7	16	40.8	41
	Above 250% of Poverty	27.6	45	33.9	53	15.4	26	23.1	40



Use of Pathways

Respondents were asked typically how many times a week they walk or ride a bike in their neighborhood. Responses were subsequently divided into six categories: *Never*; *Less than weekly*; *Weekly*; *2 to 3 times per week*; *4 times or more*; and *Other*.

Overall respondents, 33.8% replied *Never*, 15.3% responded *Less than weekly*, 16.2% replied *Weekly*, 21.9% *2 to 3 times per week*, and 11.6% *4 or more times per week* when asked how many times per week they walked or rode a bike (Table 38). Approximately 1% of all responses were categorized as *Other* (1.1%).

More respondents aged *55 years or more* and *35 to 54* responded *Never* (45.9% and 32.2%, respectively) when compared to respondents aged *18 to 34* (24.4%). More respondents aged *18 to 34* replied *4 times or more per week* (15.7%) compared to respondents aged *35 to 54* (8.2%) and *55 or more* (12.3%).

More female respondents replied *Never* (39.6%) compared to male respondents (27.6%). More male respondents replied *2 to 3 times per week* (26.1%) and *4 times or more per week* (13.9%) compared to female respondents (18.1% and 9.5%, respectively).

More respondents with incomes *Below 250% of Poverty* replied *Never* (47.9%) compared to respondents *Above 250% of Poverty* (30.1%) and *Below Poverty* (31.7%). More respondents with incomes *Above 250% of Poverty* (29.6%) responded *2 to 3 times per week* compared to respondents *Below 250% of Poverty* (13.3%) and *Below Poverty* (6.4%).

Table 38 Use of Pathways

		Never		Less than weekly		Weekly		2 – 3 times		4 times or more		Other	
		%	N	%	N	%	N	%	N	%	N	%	n
Total		33.8	143	15.3	51	16.2	58	21.9	72	11.6	42	1.1	5
Age	18 to 34	24.4	23	19.6	16	13.6	10	26.7	18	15.7	12		
	35 to 54	32.2	51	13.5	17	19.3	27	26.2	37	8.2	11	0.6	1
	55+	45.9	69	13.5	18	14.3	21	10.9	17	12.3	19	3.1	4
Gender	Male	27.6	54	15.6	26	15.2	23	26.1	39	13.9	20	1.6	3
	Female	39.6	89	15.1	25	17.1	35	18.1	33	9.5	22	0.7	2
Percent Poverty	Below Poverty	31.7	12	36.8	6	16.3	3	6.4	1	8.8	3		
	Below 250% of Poverty	47.9	51	17.3	16	10.1	12	13.3	14	11.5	12		
	Above 250% of Poverty	30.1	57	14.3	20	13.9	23	29.6	41	9.6	16	2.5	5



Why Not Use Pathways

Those respondents who indicated less than *Weekly* use of neighborhood pathways were asked in an open-ended response format why they did not walk or ride a bike more frequently. Responses were subsequently divided into five categories: *Not healthy enough / Too difficult, ever; Too busy / Not enough time; Too dangerous due to traffic; Too dangerous due to crime; and No place to go / too far to go.*

Of respondents who walked or rode less than weekly, 17.4% replied *Not healthy enough / Too difficult*, 29.6% responded *Too busy / Not enough time*, 16.4% replied *Too dangerous due to traffic*, .5% *Too dangerous due to crime*, and 36.1% responded *No place to go / too far to go* when asked why they did not walk or ride more frequently (Table 39).

More respondents aged *18 to 34* responded *Too busy / No time* (39.4%) when compared to respondents aged *35 to 54* (29.9%) and *55 years and older* (21.0%). More respondents aged *55 years and older* replied *Not healthy enough / Too difficult* (34.1%) compared to respondents aged *18 to 34* (8.4%) and *35 to 54* (9.2%).

More *Male* respondents indicated *No place to go / Too far to go* (48.9%) when compared to *Female* respondents (27.4%). More *Female* respondents indicated *Not healthy enough / Too difficult* (22.2%) compared to *Male* respondents (10.3%).

Fewer respondents with incomes *Below Poverty* replied *Too busy / No time* (19.4%) compared to respondents *Below 250% of Poverty* (33.5%) and *Above 250% of Poverty* (29.4%). More respondents with incomes *Below Poverty* (54.5%) selected *No place to go / Too far to go* compared to respondents *Below 250% of Poverty* (28.2%) and *Above 250% of Poverty* (31.6%).

Table 39 Why Not Use Pathways

	Not Healthy Enough/Too Difficult		Too Busy/No Time		Too Dangerous/Traffic		Too Dangerous/Crime		No place to go/Too far to go		
	%	N	%	N	%	N	%	N	%	N	
Total	17.4	38	29.6	50	16.4	28	0.5	1	36.1	58	
Age	18 to 34	8.4	4	39.4	15	14.6	8		37.6	11	
	35 to 54	9.2	8	29.9	20	22.5	10		38.4	23	
	55+	34.1	26	21.0	15	11.2	10	1.5	1	32.2	24
Gender	Male	10.3	8	28.1	21	11.4	9	1.2	1	48.9	29
	Female	22.2	30	30.7	29	19.7	19			27.4	29
Percent Poverty	Below Poverty	21.7	6	19.4	3	4.5	1			54.5	7
	Below 250% of Poverty	27.4	19	33.5	19	10.9	8			28.2	14
	Above 250% of Poverty	10.2	9	29.4	20	27.6	18	1.2	1	31.6	23



Importance of Green Space

Respondents were asked to indicate how important neighborhood green spaces are to them. Responses were originally collected in a five-point Likert scale, but were subsequently divided into three categories: *Very Important*, *Somewhat Important*, and *Neither / Not Important*. The last category--*Neither / Not Important*--combined the original response categories of *Neither Important Nor Unimportant*, *Not Very Important*, and *Not Important at all*.

Overall respondents, 67.5% replied *Very Important*, 25.7% responded *Somewhat Important*, and 6.8% responded *Neither / Not Important* about the importance of green spaces in their neighborhood (Table 40).

More respondents aged 18 to 34 (70.5%) selected *Very Important* compared to respondents aged 35 to 54 (66.8%), and 55 years or more (65.3%).

More Male respondents selected *Very Important* (69.5%) compared to Female respondents (65.5%).

More respondents with incomes *Below Poverty* (78.1%) selected *Very Important* compared to respondents with incomes *Below 250% of Poverty* (64.0%), and *Above 250% of Poverty* (70.9%). Fewer respondents with incomes *Below Poverty* (0.0%) selected *Neither / Not Important* compared to respondents *Below 250% of Poverty* (6.9%) and *Above 250% of Poverty* (6.1%).

Table 40 Importance of Green Space

		Very Important		Somewhat Important		Neither/Not Important	
		%	N	%	N	%	N
Total		67.5	244	25.7	98	6.8	30
Age	18 to 34	70.5	52	22.4	21	7.1	7
	35 to 54	66.8	93	27.2	40	6.0	10
	55+	65.3	99	27.0	37	7.7	13
Gender	Male	69.5	114	26.2	43	4.3	11
	Female	65.5	130	25.2	55	9.3	19
Percent Poverty	Below Poverty	78.1	17	21.9	7		
	Below 250% of Poverty	64.0	64	29.1	32	6.9	9
	Above 250% of Poverty	70.9	114	23.1	37	6.1	12



Acceptable Development

Respondents were asked to evaluate the acceptability of the land development their area is experiencing. Responses were collected in a three-point response scale: *Right Kind of Development*, *Mixed*, and *Wrong Kind of Development*.

Overall respondents, 41.0% replied *Right Kind of Development*, 50.6% responded *Mixed*, and 8.4% responded *Wrong Kind of Development* when asked to evaluate the development in their local area (Table 41).

Respondents aged 18 to 34 (38.7%), 35 to 54 (41.6%), and 55 years and over (42.3%) selected *Right Kind of Development* with similar frequency. More respondents aged 35 to 54 (11.4%) and 55 years and older (10.5%) replied *Wrong Kind of Development* compared to respondents aged 18 to 34 (2.3%).

Male respondents (40.6%) indicated *Right Kind of Development* with similar frequency compared to Female respondents (41.3%).

More respondents with incomes *Below 250% of Poverty* (47.5%) and *Below Poverty* (46.0%) responded *Right Kind of Development* compared to respondents *Above 250% of Poverty* (36.5%).

Table 41 Acceptability of Development in Area

		Right Kind of Development		Mixed		Wrong Kind of Development	
		%	N	%	N	%	N
Total		41.0	146	50.6	177	8.4	37
Age	18 to 34	38.7	29	58.9	45	2.3	3
	35 to 54	41.6	54	47.0	65	11.4	20
	55+	42.3	63	47.2	67	10.5	14
Gender	Male	40.6	65	50.1	78	9.3	19
	Female	41.3	81	51.2	99	7.5	18
Percent Poverty	Below Poverty	47.5	12	47.8	10	4.7	2
	Below 250% of Poverty	46.0	46	49.3	45	4.7	6
	Above 250% of Poverty	36.5	58	54.7	86	8.8	17



Impact of Conversions

Respondents were asked to evaluate the impact of converting farmland and wetlands into housing developments and business areas. Responses were collected in a three-point response scale: *Positive*; *Neutral*; and *Negative*.

Overall respondents, 15.6% replied *Positive*, 43.8% responded *Neutral*, and 40.5% responded *Negative* when asked to evaluate the impact of land development in their local area (Table 42).

More respondents aged *18 to 34* (16.0%) and *55 years and over* (17.9%) indicated *Positive Impact* compared to *35 to 54* (13.8%). Fewer respondents aged *18 to 34* (33.9%) and *55 years and older* (43.2%) replied *Negative* compared to respondents aged *34 to 54* (51.4%).

Male respondents (15.6%) indicated *Positive* with similar frequency compared to *Female* respondents (15.7%). Fewer *Male* respondents (40.8%) indicated *Negative* compared to *Female* respondents (46.6%).

More respondents with incomes *Below Poverty* (40.9%) indicated *Positive* compared to respondents *Below 250% of Poverty* (13.8%) and *Above 250% of Poverty* (11.4%). More respondents with incomes *Above 250% of Poverty* (51.5%) replied *Negative* compared to respondents with incomes *Below Poverty* (32.9%) and *Below 250% of Poverty* (35.0%).

		Positive		Negative		Neutral	
		%	N	%	N	%	N
Total		15.6	61	43.8	160	40.5	140
Age	18 to 34	16.0	14	33.9	28	50.1	36
	35 to 54	13.8	19	51.4	72	34.8	51
	55+	17.9	28	43.2	60	38.9	53
Gender	Male	15.6	26	40.8	68	43.5	68
	Female	15.7	35	46.6	92	37.7	72
Percent Poverty	Below Poverty	40.9	10	32.9	8	26.2	7
	Below 250% of Poverty	13.8	15	35.0	37	51.2	48
	Above 250% of Poverty	11.4	22	51.5	81	37.1	58



Resources

Poverty Table

2004 Federal Poverty Guidelines		
Size of Family Unit	Poverty Guidelines	250%
1	9,310	23,275
2	12,490	31,225
3	15,670	39,175
4	18,850	47,125
5	22,030	55,075
6	25,210	63,025
7	28,390	70,975
8	31,570	78,925
9+	Add \$3,180 for each additional person	

Source: Federal Register, Vol. 69, No. 30, 2/13/04

Healthy People 2010

Healthy People 2010 is a set of health objectives for the Nation to achieve over the first decade of the new century. It can be used by many different people, states, communities, professional organizations, and others to help them develop programs to improve health.

Healthy People 2010 builds on initiatives pursued over the past two decades. The 1979 Surgeon General's Report, *Healthy People*, and *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* both established national health objectives and served as the basis for the development of State and community plans. Like its predecessors, Healthy People 2010 was developed through a broad consultation process, built on the best scientific knowledge and designed to measure programs over time.

Healthy People 2010 is designed to achieve two overall goals:

- **Goal 1: Increase Quality and Years of Healthy Life**

The first goal of Healthy People 2010 is to help individuals of all ages increase life expectancy *and* improve their quality of life.

- **Goal 2: Eliminate Health Disparities**

The second goal of Healthy People 2010 is to eliminate health disparities among different segments of the population.

Each of the 28 focus area chapters also contain a concise goal statement. This statement frames the overall purpose of the focus area. The links in the endnotes direct you to the focus area related to the data presented.



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- i <http://www.healthypeople.gov/document/html/objectives/22-01.htm>
ii <http://www.healthypeople.gov/document/html/objectives/22-02.htm>
iii <http://www.healthypeople.gov/document/html/objectives/19-02.htm>
iv <http://apps.nccd.cdc.gov/brfss/display.asp?cat=RF&yr=2002&qkey=4409&state=MI>
v <http://www.healthypeople.gov/document/html/objectives/12-09.htm>
vi <http://www.healthypeople.gov/document/html/objectives/05-03.htm>
vii <http://apps.nccd.cdc.gov/brfss/display.asp?cat=DB&yr=2002&qkey=1364&state=MI>
viii <http://apps.nccd.cdc.gov/brfss/display.asp?cat=NU&yr=2002&qkey=4340&state=MI>
ix <http://www.healthypeople.gov/document/html/objectives/27-01.htm>
x <http://apps.nccd.cdc.gov/brfss/display.asp?cat=TU&yr=2002&qkey=621&state=MI>
xi <http://www.healthypeople.gov/document/html/volume2/26substance.htm>
xii http://www.cdc.gov/brfss/technical_infodata/surveydata/2002.htm
xiii <http://www.healthypeople.gov/document/html/objectives/01-01.htm>
xiv <http://apps.nccd.cdc.gov/brfss/display.asp?cat=HC&yr=2002&qkey=868&state=MI>
xv <http://www.healthypeople.gov/document/html/objectives/22-01.htm>
xvi <http://www.healthypeople.gov/document/html/objectives/22-02.htm>
xvii <http://www.healthypeople.gov/document/html/objectives/19-02.htm>
xviii <http://apps.nccd.cdc.gov/brfss/display.asp?cat=RF&yr=2002&qkey=4409&state=MI>
xix <http://www.healthypeople.gov/document/html/objectives/12-09.htm>
xx <http://www.healthypeople.gov/document/html/objectives/05-03.htm>
xxi <http://apps.nccd.cdc.gov/brfss/display.asp?cat=DB&yr=2002&qkey=1364&state=MI>
xxii <http://apps.nccd.cdc.gov/brfss/display.asp?cat=NU&yr=2002&qkey=4340&state=MI>
xxiii <http://www.healthypeople.gov/document/html/objectives/27-01.htm>
xxiv <http://apps.nccd.cdc.gov/brfss/display.asp?cat=TU&yr=2002&qkey=621&state=MI>
xxv <http://www.healthypeople.gov/document/html/volume2/26substance.htm>
xxvi http://www.cdc.gov/brfss/technical_infodata/surveydata/2002.htm
xxvii <http://www.healthypeople.gov/document/html/objectives/01-01.htm>
xxviii <http://apps.nccd.cdc.gov/brfss/display.asp?cat=HC&yr=2002&qkey=868&state=MI>