

Michigan Community Epidemiological Profile

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Michigan Department of Community Health
Bureau of Substance Abuse and Addiction Services
State Epidemiological Outcomes Workgroup

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Introduction

The prevention and treatment of substance abuse and gambling addictions are provided through 16 regional coordinating agencies (CAs), whose responsibilities include planning, administering, funding, and maintaining the provision of substance abuse treatment and prevention services for 83 counties in Michigan. CAs cover either single or multi-county regions. Most of the single-county regions are located in urban areas, while multiple-counties CAs tend to be rural and include less populated counties. Based on the service delivery system and structure in Michigan, and for the purpose of improving substance abuse prevention and treatment services, CAs will be used to define “community” for this profile.

Various indicators were prioritized to address epidemiological issues at the community level, with a focus on the prevention of substance abuse and mental illness. In addition, other social and health indicators (e.g. obesity, infant mortality, violent crime, and health insurance coverage) were chosen based on Governor Rick Snyder’s Dashboard for Michigan and the Michigan Department of Community Health (MDCH) strategic priorities. The key indicators were identified based on the Substance Abuse and Mental Health Services Administration’s (SAMHSA) initiative for the prevention of substance abuse and mental illness. The indicators used in the preliminary analysis include alcohol use and binge drinking by youth, adult problem drinking, alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes, nonmedical use of pain relievers, psychological distress, major depressive episodes, and suicide deaths. All 16 CAs were ranked from lowest to highest for the prevalence of these selected key indicators, and were divided into three categories (i.e. low, medium and high) based on their cumulative score. The community profiles of five CAs with the highest scores were completed in June of 2011. Those CAs were: Bay Arenac Behavioral Health (BABH)/Riverhaven Coordinating Agency, Kalamazoo Community Mental Health and Substance Abuse Services, Mid-South Substance Abuse Commission, Pathways to Healthy Living, and Western Upper Peninsula Substance Abuse Services.

This report includes 11 additional CAs: Genesee County Community Mental Health, Macomb County Community Health, network180, Saginaw County Department of Public Health, Washtenaw Community Health Organization, Lakeshore Coordinating Council, Oakland County Health Division, Detroit Department of Health and Wellness, Northern Michigan Substance Abuse Services, St. Clair County Community Mental Health, and Southeast Michigan Community Alliance. This report completes the Community Epidemiological Profiles for all 16 CAs.

The community profile of each CA describes the nature and magnitude of alcohol, tobacco, and drug use indicators and related consequences, as well as mental health indicators. In addition, a core set of measures for demographic, social and economic contexts for each community were included in this document in accordance with overall established state-level priorities. The Community Epidemiological Profile is intended to provide information on these various indicators based on federal and state data sources to identify prevention priorities for future planning efforts and to monitor changes over time.

Data Sources and Indicators

Data for this report are based on multiple resources:

- Community Context indicators – U.S. Census Bureau, American Community Survey.
- Alcohol, Tobacco, and Other Drug (ATOD) consumption – National Survey on Drug Use and Health (NSDUH) and Michigan Behavioral Risk Factor Survey (MiBRFS).
- Mental health indicators – NSDUH and MiBRFS.
- ATOD consequences and intervening factors – Michigan State Police, Criminal Justice Information Center; Michigan Department of Community Health, Division for Vital Records and Health Statistics; and SAMHSA's, NSDUH.

Data Sources	Indicators
U.S. Census American Community Survey, 2005-2009	Demographic characteristics Economic characteristics Social characteristics
Michigan Uniform Crime Report, 2005-2009	Violent crime rate
Michigan Resident Birth and Death File, 2005-2009	Infant mortality rate
Michigan Behavioral Risk Factor Survey (MiBRFS), 2006-2008	Health insurance coverage Obesity based on self-reported height and weight Self-reported physical health Self-reported mental health Self-reported alcohol consumption in past month Self-reported heavy drinking in past month Self-reported binge drinking in past month
Crash Statistics, Michigan State Police, Criminal Justice Information Center, 2005-2009	Alcohol-impaired deaths and incapacitating injuries
Michigan Resident Death File, 2005-2009	Drug-induced death rate Alcohol-induced death rate Lung cancer death rate Suicide rate
Michigan Resident Cancer Incidence File, 2003-2007	Lung cancer incidence rate
National Survey on Drug Use and Health, 2006-2008	Self-reported alcohol use in past month Self-reported binge alcohol use in past month Perceptions of risk of excessive alcohol use Self-reported cigarette use in past month Self-reported tobacco product use in past month Perceptions of risk excessive smoking cigarette Self-reported use of cocaine, marijuana, and nonmedical use of pain relievers Average annual rate of first use of marijuana Perceptions of smoking marijuana
National Survey on Drug Use and Health, 2004-2006	Serious psychological distress in past year Major depressive episode in past year

Measures and Descriptions

The following table provides descriptions/definitions of measures that were used in this report. In most cases, it was necessary to combine multiple years of data to provide a more accurate assessment and capture a larger sample size for each region. Measures not listed in the table are either self-explanatory (e.g., population and median household income) or defined in the text with associated graphical representation of data.

Areas of Topic	Measures	Descriptions
Economic Characteristics	Percent unemployed	Proportion of unemployed people 16 years and over in civilian labor force
Social Characteristics	Percent of adults with bachelor's degree or higher	Proportion of people 25 years and over having bachelor's degree or higher
	Percent of adults with obesity	Proportion of respondents whose body mass index was greater than or equal to 30.0
	Percent with no health care coverage	Proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMOs, or government plans, such as Medicare and Medicaid
	Infant mortality rate	Rate of infant deaths per 1,000 births
	Violent crime rate	Rate of violent crime (i.e., murder, rape, robbery, aggravated assault) per 1,000 population
Alcohol Consequences	Alcohol-impaired deaths and incapacitating injuries rate in motor vehicle crashes	Rate of persons killed and seriously injured in motor vehicle crashes per 100,000 population in which at least one driver had been drinking alcohol
	Alcohol-induced death	Deaths due to alcohol psychoses, alcohol dependence syndrome, non-dependent abuse of alcohol, alcohol-induced chronic liver disease and cirrhosis, and alcohol poisoning, excluding deaths due to alcohol-related injury, such as motor vehicle crashes
	Alcohol-induced death rate	Age-adjusted rate of alcohol-induced death per 100,000 population
Alcohol Intervening Factors	Needing, but not receiving, treatment for alcohol use in past year	Proportion of population who meet the criteria for abuse of, or dependence on, alcohol according to the DSM-IV as needing, but not receiving, treatment for an alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers)

Areas of Topic	Measures	Descriptions
Tobacco Consequences	Lung cancer incidence	Age-adjusted rate of lung cancer incidence per 100,000 population
	Lung cancer mortality	Age-adjusted death rate from lung cancer per 100,000 population
Tobacco Consumption	Tobacco product use	Proportion of population who reported use of cigarettes, smokeless tobacco, cigars, or pipe tobacco in the past month
Drug Use Consequences	Drug-induced death	Deaths due to dependent and non-dependent use of legal, illegal drugs, and poisoning from medically prescribed and other drugs, excluding unintentional injuries, homicides, other causes indirectly related to drug use, and newborn deaths due to mother's drug use
	Drug-induced death rate	Age-adjusted drug-induced death rate per 100,000 population
Drug Use Intervening Factors	Average annual rate of first use of marijuana	Rate of marijuana initiates per 1,000 potential new users annually
	Illicit drug use	Proportion of population that reported marijuana/hashish, cocaine (includes crack), or prescriptive-type psychotherapeutics used nonmedically in the past year
	Needing, but not receiving, treatment for illicit drug use in past year	Proportion of population who meet the criteria for abuse of, or dependence on, illicit drugs according to the DSM-IV as needing, but not receiving, treatment for illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only], or mental health centers) in the past year
Mental Health Indicators	Percent with perceived poor physical health	Proportion of population who reported 14 or more days of poor physical health, which included physical illness and injury, during the past 30 days
	Percent with perceived poor mental health	Proportion of population who reported 14 or more days of poor mental health, which included stress, depression, and problems with emotions, during the past 30 days
	Suicide rate	Age-adjusted death rate from suicide per 100,000 population

Areas of Topic	Measures	Descriptions
Mental Health Indicators (continued)	Psychological distress	Using the Kessler 6 (K6) scale, proportion of the population with any score greater than or equal to 13
	Major depressive episode	Proportion of the population reporting at least one period two weeks or longer of either a depressed mood or loss of interest or pleasure in the past year, and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image as defined by the DSM-IV

Detroit Department of Health and Wellness

The Detroit Department of Health and Wellness CA serves the city of Detroit.

Community Context

Demographic Characteristics

In the region, twenty-two percent of the population was 65 years-of-age and older (Table 1). There was a greater percentage of blacks or African Americans in the region compared to the state as a whole (76.8% vs. 13.9%).

Demographic Characteristics	Detroit	State
Total population	916,133	10,039,208
Population under age 18	260,904 (28.5%)	2,438,971 (24.3%)
Population over age 65	198,150 (21.6%)	1,292,048 (12.9%)
% Hispanic or Latino	7.1	4.0
% White	12.8	77.5
% Black or African American	76.8	13.9
% Native American	0.2	0.5
% Asian	1.5	2.3
% Hawaiian and Pacific Islander	0.0	0.0
% Other	0.2	0.1
% Multiple Races	1.3	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on US Census data from 2005 to 2009, the median household income in the region was \$29,447, which is lower than the state’s median household income of \$48,700. The percent of unemployed and the percent of people in poverty were approximately two-times higher in the region than in the state (Table 2).

Economic Characteristics	Detroit	State
Median household income	\$29,447	\$48,700
% Unemployed	22.1	10.4
% Family below poverty level	28.3	10.3
% Individuals below poverty level	33.2	14.5
% Under age 18 in poverty	46.5	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators of education, health, and public safety in the region compared to the state as a whole. There were fewer adults with a bachelor’s degree or higher in the region than in the state. The percent of adults with obesity and the percent of no health insurance were significantly higher in the region, compared to the state. The infant mortality rate and the violent crime rate were also significantly higher in the region than in the state.

Social Characteristics	Detroit (95% CI)	State (95% CI)
% Adults with bachelor's degree or higher ¹	12.1	24.5
% Adults with obesity ²	37.9 (35.0-41.0)	29.2 (28.4-30.0)
% No health insurance coverage ²	21.2 (18.5-24.1)	14.2 (13.4-14.9)
Infant mortality rate (per 1,000) ³	14.8 (13.9-15.8)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	20.2 (20.1-20.4)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFs, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

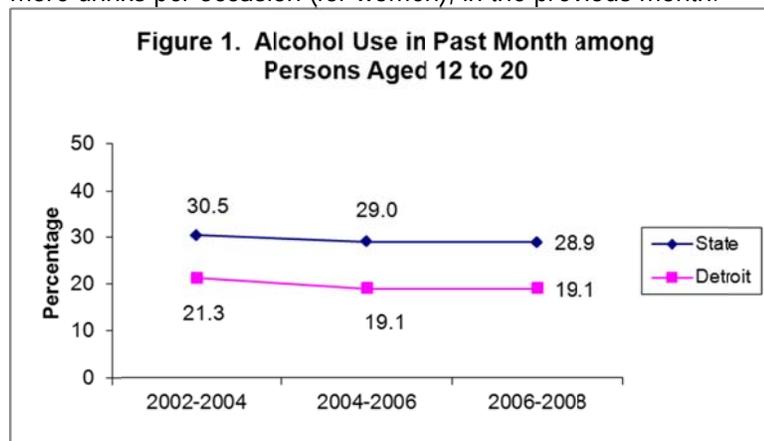
Between 2005 and 2009, the rate of alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes was significantly lower in the region than in the state (Table 4).

Alcohol Consequences	Detroit (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	10.6 (9.6-11.5)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	6.6 (5.8-7.4)	6.8 (6.6-7.0)

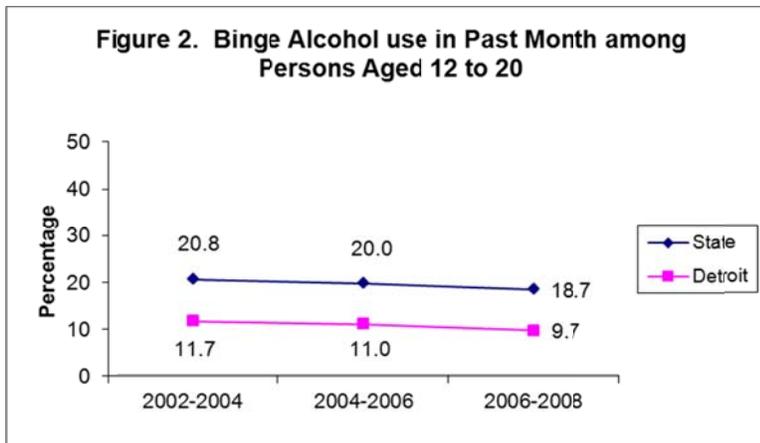
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center. ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health Statistics

Alcohol Consumption

Among people 12 to 20 years-of-age, the prevalence estimates of self-reported alcohol use and binge drinking in the past month were significantly lower than the state's estimates since 2002 (Figure 1 and Figure 2). Binge drinking is defined as consuming five or more drinks per occasion (for men), or four or more drinks per occasion (for women), in the previous month.

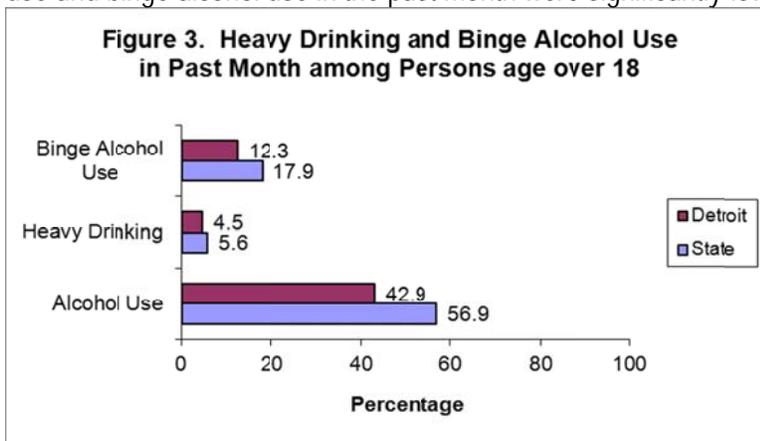


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of heavy drinking, defined as consuming an average of more than two alcohol drinks per day for men, or more than one per day for women, in the previous month, was not significantly different than the state’s estimate (Figure 3). The prevalence of any alcohol use and binge alcohol use in the past month were significantly lower in the region than in the state.



Source: Michigan BRFSS, 2006-2008

Alcohol Intervening Factors

The percent of persons 12 years-of-age or older who perceived heavy drinking as a risk was higher in the region than in the state (Table 5).

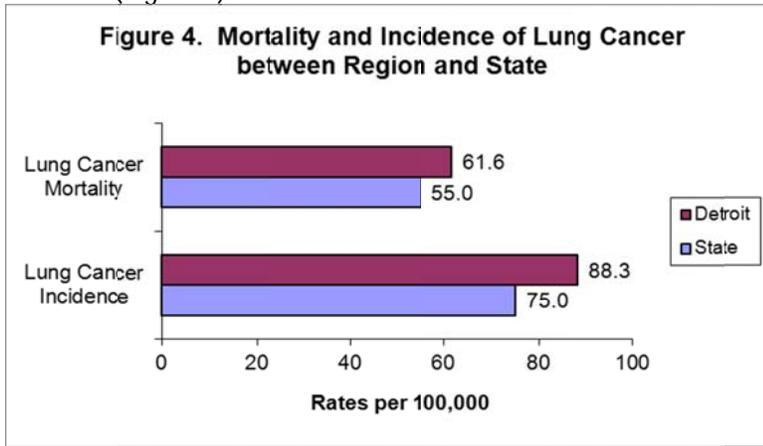
Table 5. Alcohol Consumption Intervening Factor, 2006-2008		
	Detroit (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	49.8 (46.5-53.2)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	7.4 (5.9-9.2)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

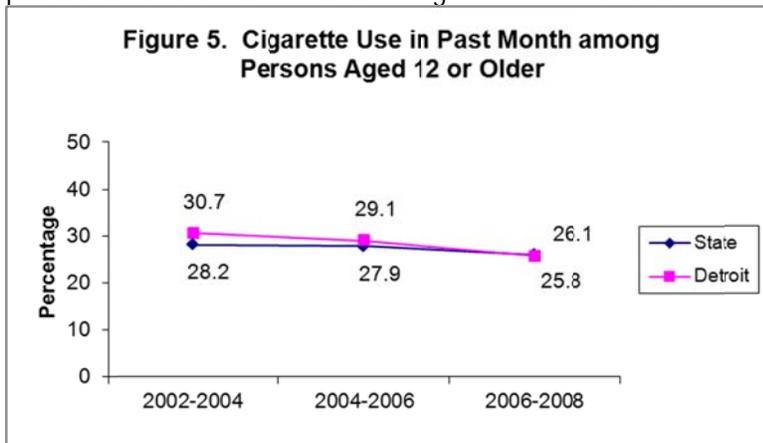
The lung cancer death rate and the incidence of lung cancer were significantly higher in the region than in the state (Figure 4).



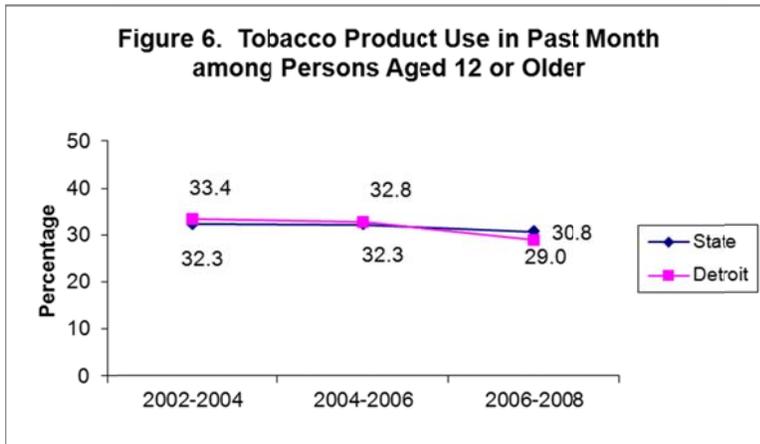
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

The prevalence estimates of self-reported cigarette and tobacco consumption in the past month have decreased in the region since 2002 (Figures 5 & 6). There were no significant statistical differences in prevalence estimates between the region and the state from 2002 to 2008.



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

Between 2006 and 2008, the percent of people who saw heavy smoking as a risk was slightly higher, but not significantly, in the region than in the state (Table 6).

	Detroit (95% CI)	State (95% CI)
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	73.3 (70.6-75.9)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

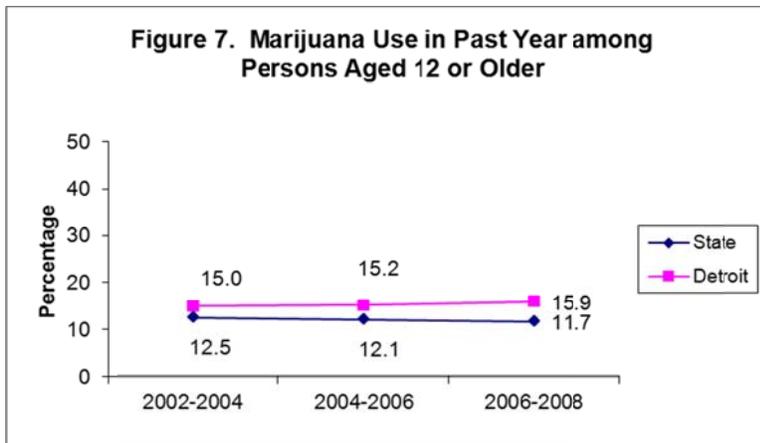
Between 2005 and 2009, the drug-induced death rate in the region was significantly higher than the state's rate (Table 7).

	Detroit (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	25.1 (23.6-26.6)	15.4 (15.1-15.7)

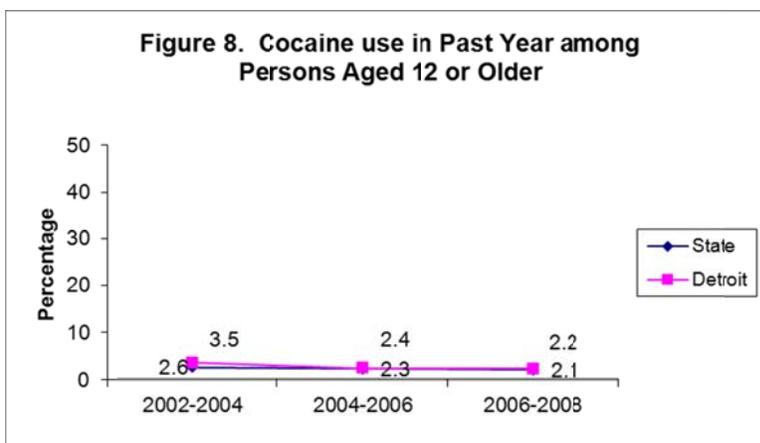
Source: Michigan Resident Death File, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

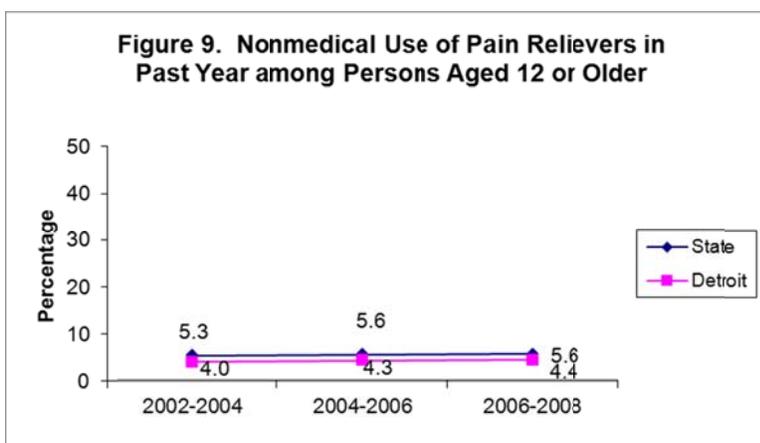
Among people 12 years-of-age and older, the prevalence estimate of self-reported marijuana use in the past year was significantly higher in the region compared to the state's estimate between 2006 and 2008 (Figure 7). The cocaine use and nonmedical use of pain relievers in the past year were comparable to the state between 2002 and 2008 (Figures 8 & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

Average annual rate of first use of marijuana was close to the state rate. The percent of people who saw smoking marijuana once a month as risky was higher in the region than in the state. For those who reported needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem, were higher compared to state's proportion (Table 8).

Table 8. Drug Use Intervening Factors, 2006-2008		
	Detroit (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	2.1 (1.8-2.6)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	39.9 (36.1-43.8)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	4.4 (3.3-6.0)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

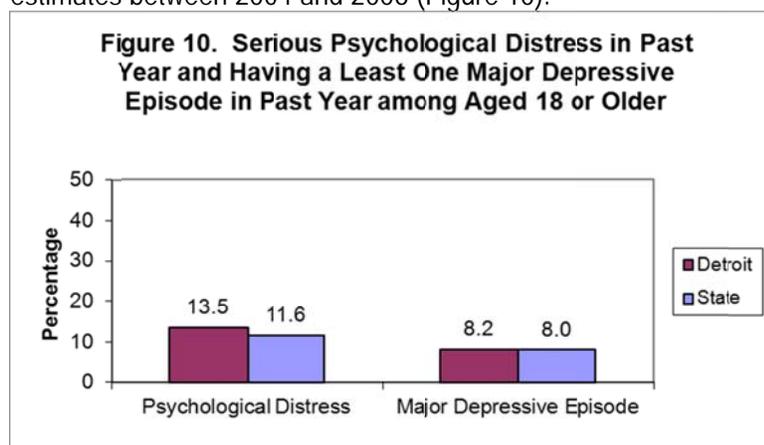
Mental Health Indicators

Between 2005 and 2009, the age-adjusted suicide rate in the region was significantly lower than the state's rate. The prevalence of self-reported poor physical and poor mental health was significantly higher in the region than in the state (Table 9).

Table 9. Mental Health Indicators, 2006-2008 (2005-2009 ²)		
	Detroit (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	13.9 (12.2-15.9)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	13.3 (11.4-15.3)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	7.9 (7.0-8.8)	11.1 (10.8-11.4)

Source: ¹Michigan BRFSS, 2006-2008 ²MDCH, Division for Vital Records and Health Statistics

The prevalence estimates of psychological distress and having a least one major depressive episode in the past year among people 18 years-of-age or older in the region were not statistically different than the state estimates between 2004 and 2006 (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

Genesee County Community Mental Health

The Genesee County Community Mental Health service region of Genesee County includes the city of Flint.

Community Context

Demographic Characteristics

In this region, 26 percent of the population was under 18 years-of-age and 12.6 percent was 65 years-of-age and older, comparable to the state (Table 1). There was a larger proportion of blacks or African Americans in the region (19.2%) compared to the state (13.9%).

Demographic Characteristics	Genesee	State
Total population	432,720	10,039,208
Population under age 18	111,419 (25.7%)	2,438,971 (24.3%)
Population over age 65	54,586 (12.6%)	1,292,048 (12.9%)
% Hispanic or Latino	2.5	4.0
% White	74.6	77.5
% Black or African American	19.2	13.9
% Native American	0.4	0.5
% Asian	1.0	2.3
% Hawaiian and Pacific Islander	0.0	0.0
% Other	0.1	0.1
% Multiple Races	2.0	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on U.S. Census from 2005-2009, the median household income in the region was lower (\$44,376) compared to the state (\$48,700). Overall, poverty levels were higher than those of the state (Table 2).

Economic Characteristics	Genesee	State
Median household income	\$44,376	\$48,700
% Unemployed	11.7	10.4
% Family below poverty level	13.4	10.3
% Individuals below poverty level	17.3	14.5
% Under age 18 in poverty	26.4	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators of education, health, and public safety in this region, as compared to the state as a whole. For adults 25 years-of-age or older, the percent of people having a bachelor's degree or higher was lower in the region compared to the state. The estimate of adults with obesity was significantly higher in the region than in the state. In addition, the infant mortality rate and the violent crime rate were significantly higher in the region than in the state.

Social Characteristics	Genesee (95% CI)	State (95% CI)
% Adults with bachelor's degree or higher ¹	18.8	24.5
% Adults with obesity ²	34.5 (30.3-39.0)	29.2 (28.4-30.0)
% No health insurance coverage ²	11.2 (8.5-14.5)	14.2 (13.4-14.9)
Infant mortality rate (per 1,000) ³	9.2 (8.1-10.3)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	8.0 (7.8-8.1)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFS, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

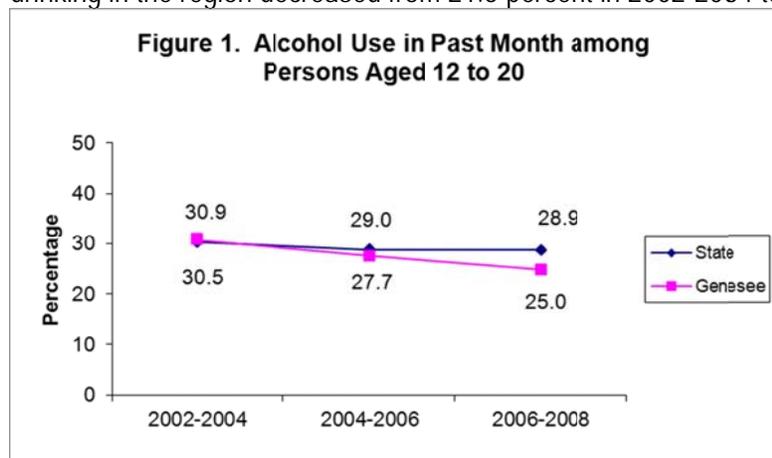
The region's rate of alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes was not significantly different than the state's rate (Table 4).

Alcohol Consequences	Genesee (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	15.9 (14.2-17.6)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	7.8 (6.7-8.9)	6.8 (6.6-7.0)

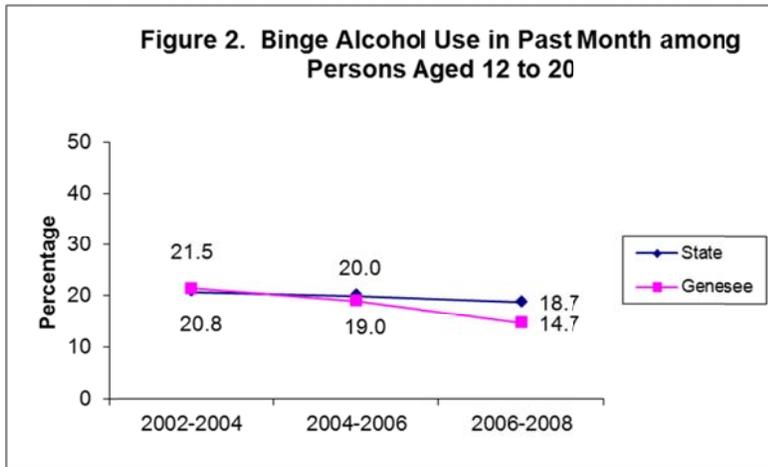
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health Statistics

Alcohol Consumption

Figure 1 shows the prevalence estimates of self-reported alcohol use in the past month for persons 12 to 20 years-of-age between 2002 and 2008. While the estimates for the state remained relatively consistent, the regional estimates decreased from 2002 to 2008. Among persons 12 to 20 years-of-age, one out of four reported alcohol use in the region between 2006 and 2008. The prevalence estimates of binge drinking in the region decreased from 21.5 percent in 2002-2004 to 14.7 percent in 2006-2008 (Figure 2).

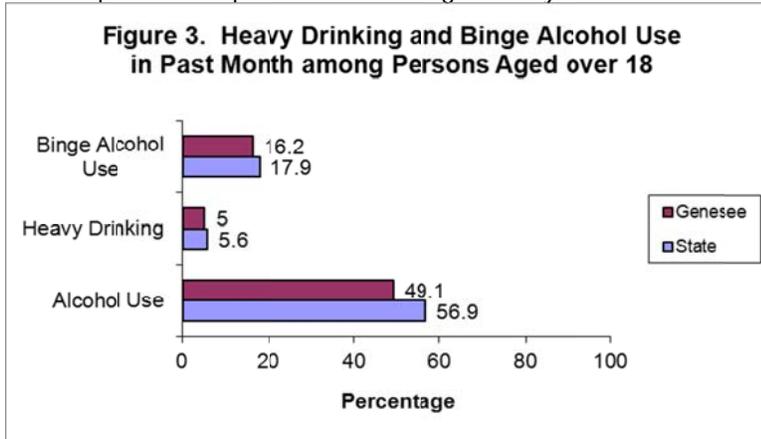


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of binge alcohol use and heavy drinking in the previous month were similar to the state's estimates (Figure 3). The prevalence of any alcohol consumption in the past month was significantly lower than the state's estimate.



Source: Michigan BRFSS, 2006-2008

Alcohol Intervening Factors

The percent of persons 12 years-of-age or older who reported that they saw heavy drinking as a risk and the percent of people who met the criteria for treatment of an alcohol problem, but not receiving, treatment in the past year, were comparable to the state proportions (Table 5).

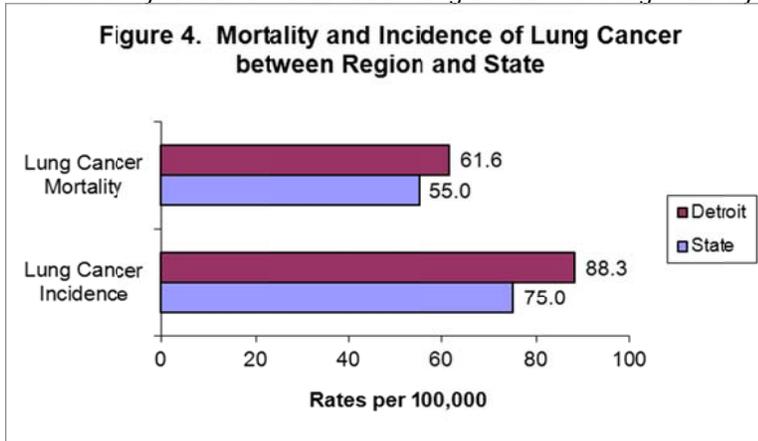
Table 5. Alcohol Consumption Intervening Factor, 2006-2008		
	Genesee (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	39.8 (36.1-43.7)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	7.3 (5.9-9.1)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

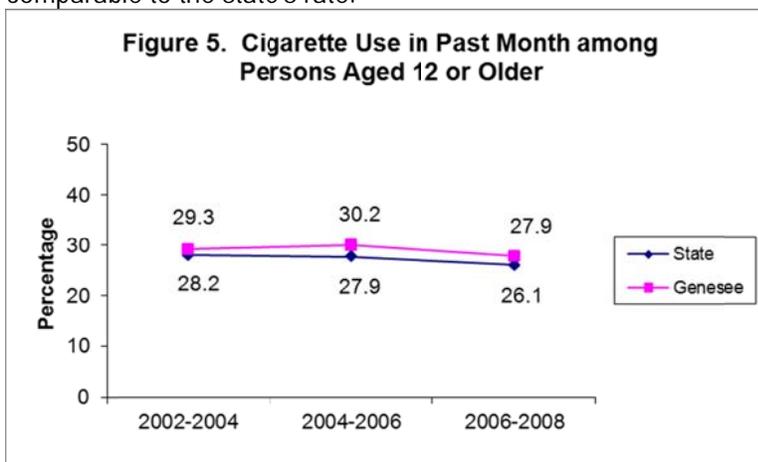
The mortality rate and incidence of lung cancer were significantly higher than the state levels (Figure 4).



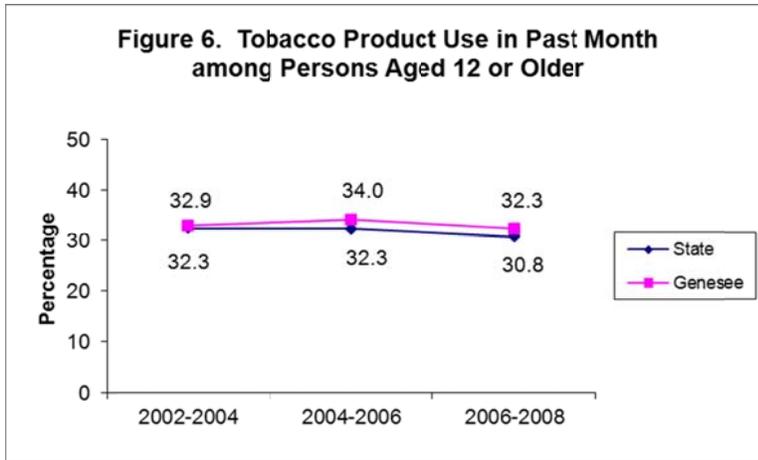
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

For self-reported cigarette and tobacco product use in the past month, on average 28 percent of persons 12 years-of-age and older in the region smoked cigarette and 32 percent of them smoked other tobacco products between 2006 and 2008 (Figures 5 & 6). The tobacco consumption prevalence in the region was comparable to the state's rate.



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

The percent of people who saw heavy smoking as a risk was not significantly different between the region and the state (Table 6).

	Genesee (95% CI)	State (95% CI)
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	70.9 (67.8-73.9)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

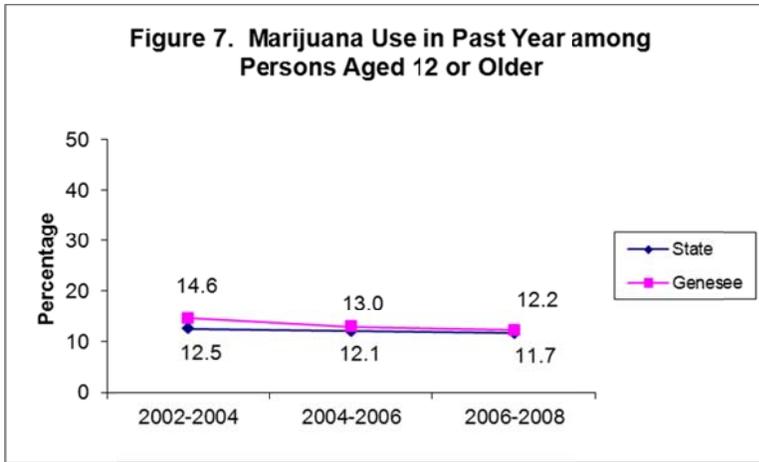
Between 2005 and 2009, drug use contributed to about 20 deaths per 100,000 people in the region. The drug-induced mortality rate in the region was significantly higher than the state (Table 7).

	Genesee (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	20.4 (18.5-22.3)	15.4 (15.1-15.7)

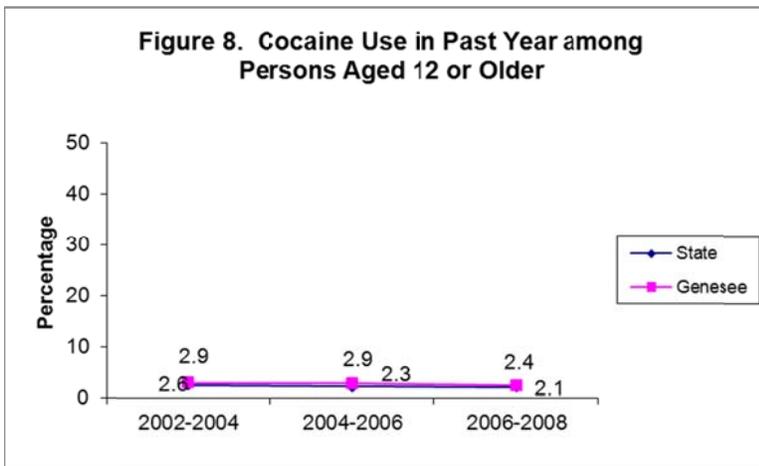
Source: Michigan Resident Death File, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

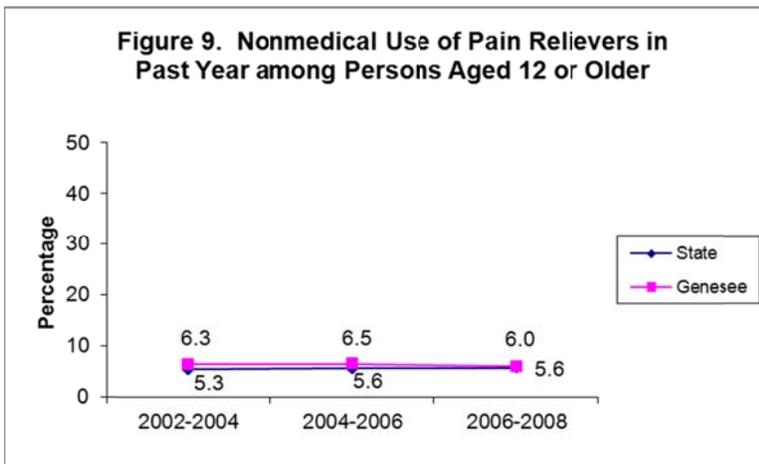
Among people 12 years-of-age and older, the prevalence estimates of self-reported marijuana use have decreased both in the region and in the state since 2002 (Figure 7). The prevalence of self-reported cocaine use and nonmedical use of pain relievers in the past year were comparable in the region to the state between 2002 and 2008 (Figures 8 & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

The percent of people who met the criteria for treatment of an illicit drug use problem, but not receiving, treatment in the past year was comparable to the state (Table 8).

Table 8. Drug Use Intervening Factors, 2006-2008		
	Genesee (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	1.8 (1.5-2.3)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	34.3 (30.2-38.6)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	2.6 (1.8-3.8)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

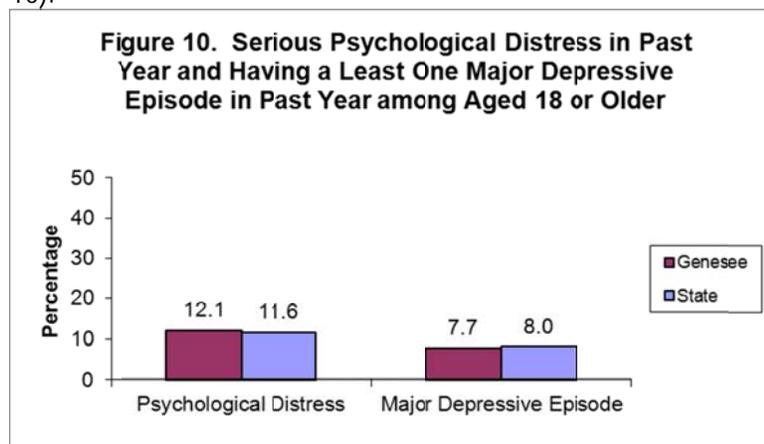
Mental Health Indicators

Between 2005 and 2009, the prevalence of people that perceived their physical health as poor was higher than the state's estimate although the difference was not significant (Table 9).

Table 9. Mental Health Indicators, 2006-2008 (2005-2009 ²)		
	Genesee (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	14.2 (11.4-17.4)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	12.5 (10.1-15.4)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	11.2 (9.8-12.6)	11.1 (10.8-11.4)

Source: ¹Michigan BRFSS, 2006-2008. ²MDCH, Division for Vital Records and Health Statistics, 2005-2009

The prevalence estimates of psychological distress and having a least one major depressive episode in the past year among people 18 years-of-age or older in the region were comparable to state estimates (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

Lakeshore Coordinating Council

The Lakeshore Coordinating Council serves the following counties: Allegan, Berrien, Ottawa, and Muskegon. It includes the cities of Muskegon, Grand Haven, Holland, Benton Harbor, and St. Joseph.

Community Context

Demographic Characteristics

Table 1 indicates the distribution of blacks or African Americans is lower in the region (7.2%) compared to the state (13.9%).

Demographic Characteristics	Lakeshore	State
Total population	705,666	10,039,208
Population under age 18	180,732 (25.6%)	2,438,971 (24.3%)
Population over age 65	88,963 (12.6%)	1,292,048 (12.9%)
% Hispanic or Latino	5.9	4.0
% White	83.4	77.5
% Black or African American	7.2	13.9
% Native American	0.4	0.5
% Asian	1.4	2.3
% Hawaiian and Pacific Islander	0.0	0.0
% Other	0.1	0.1
% Multiple Races	1.4	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on US Census data from 2005 to 2009, the median household income in the region was \$48,917. Overall, the indicators of economic stability were relatively similar to the state (Table 2).

Economic Characteristics	Lakeshore	State
Median household income	\$48,917	\$48,700
% Unemployed	9.2	10.4
% Family below poverty level	8.6	10.3
% Individuals below poverty level	12.4	14.5
% Under age 18 in poverty	16.3	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators of education, health, and public safety in the region compared to the state as a whole. The infant mortality rate and the violent crime rate were significantly lower in the region than in the state.

Social Characteristics	Lakeshore (95% CI)	State (95% CI)
% Adults with bachelor's degree or higher ¹	22.9	24.5
% Adults with obesity ²	27.1 (24.3-30.2)	29.2 (28.4-30.0)
% No health insurance coverage ²	11.6 (9.5-14.1)	14.2 (13.4-14.9)

Table 3. Social Characteristics, 2005-2009		
Social Characteristics	Lakeshore (95% CI)	State (95% CI)
Infant mortality rate (per 1,000) ³	6.6 (5.9-7.3)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	3.1 (3.0-3.2)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFS, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

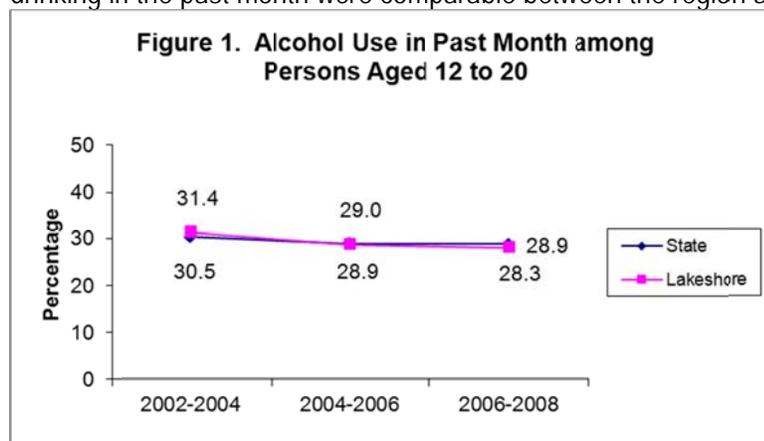
Between 2005 and 2009, the rate of alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes and the alcohol-induced death rate were comparable to the state's rates (Table 4).

Table 4. Alcohol Consequences, 2005-2009		
Alcohol Consequences	Lakeshore (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	17.7 (16.3-19.1)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	6.5 (5.7-7.3)	6.8 (6.6-7.0)

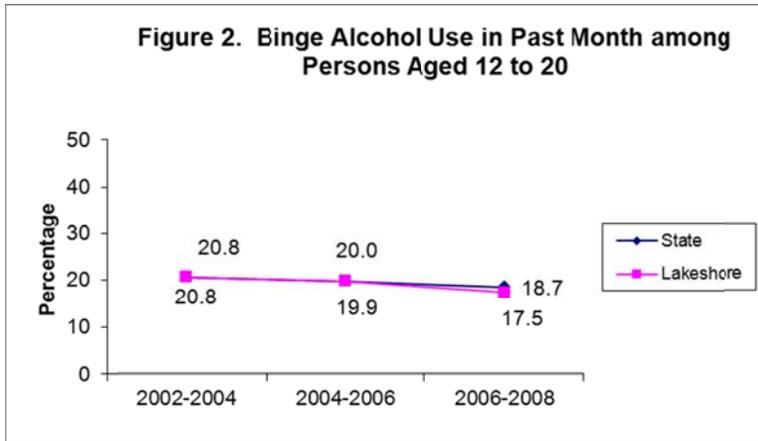
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health Statistics

Alcohol Consumption

Among people 12 to 20 years-of-age, the prevalence estimates of self-reported alcohol use and binge drinking in the past month were comparable between the region and the state (Figures 1 & 2).

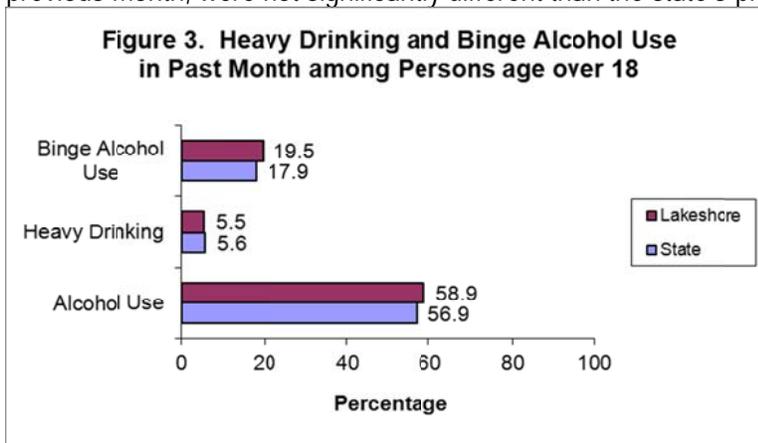


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of binge alcohol use and heavy drinking in the previous month, were not significantly different than the state’s prevalence estimates (Figure 3).



Source: Michigan BRFS, 2006-2008

Alcohol Intervening Factors

The percent of persons 12 years-of-age or older who perceived heavy drinking as a risk was not significantly different than the state’s rate (Table 5).

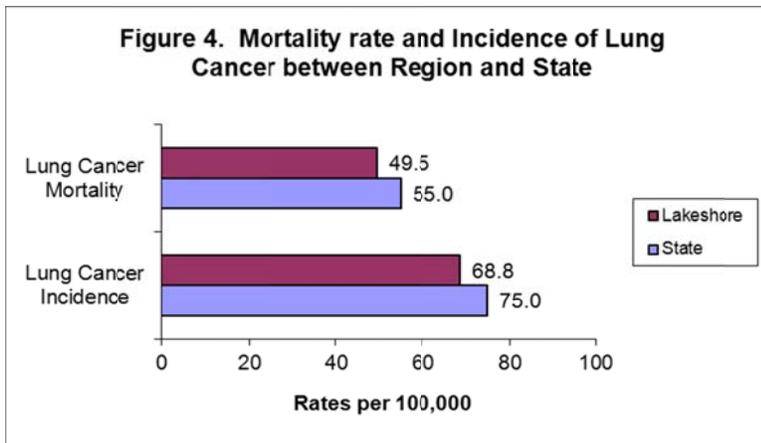
	Lakeshore (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	37.3 (33.9-40.7)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	7.9 (6.5-9.6)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

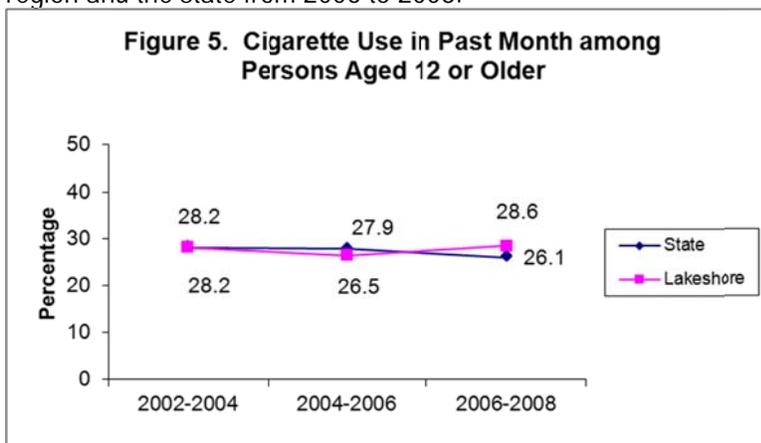
The lung cancer death rate and the incidence of lung cancer were significantly lower in the region than in the state (Figure 4).



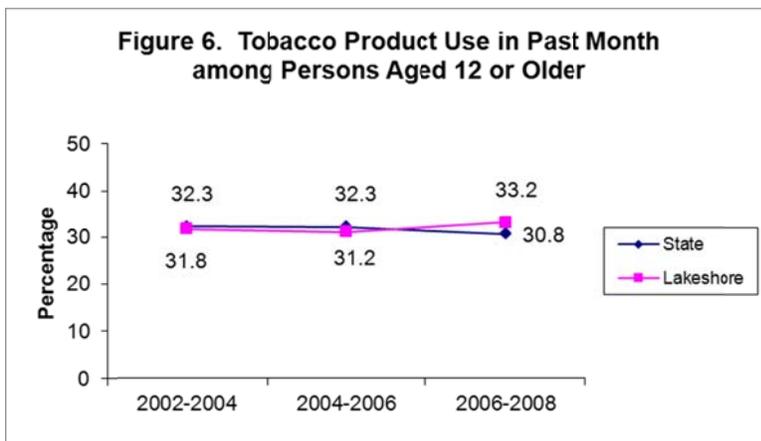
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

The prevalence estimate of self-reported cigarette consumption in the past month in the region had a slight but non-significant increase from 26.5 percent during 2004 to 2006, to 28.6 percent during 2006 to 2008; while the prevalence estimate for the state showed a slight, but non-significant decrease over the same period of time (Figure 5). Overall, there were no statistical differences in prevalence estimates between the region and the state from 2006 to 2008.



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

Between 2006 and 2008, the percent of people who perceived heavy smoking as a risk was comparable to the state (Table 6).

Table 6. Tobacco Intervening Factor, 2006-2008		
	Lakeshore (95% CI)	State (95% CI)
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	71.8 (68.7-74.6)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

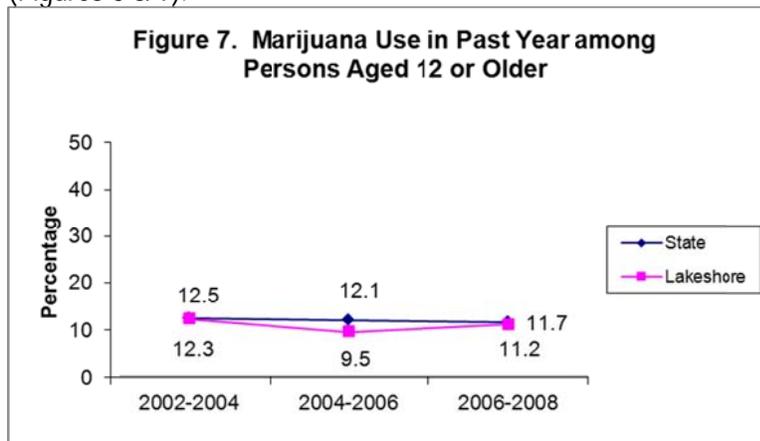
Between 2005 and 2009, the drug-induced death rate in the region was significantly lower than the state's rate (Table 7).

Table 7. Drug Use Consequences, 2005-2009		
	Lakeshore (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	11.6 (10.5-12.7)	15.4 (15.1-15.7)

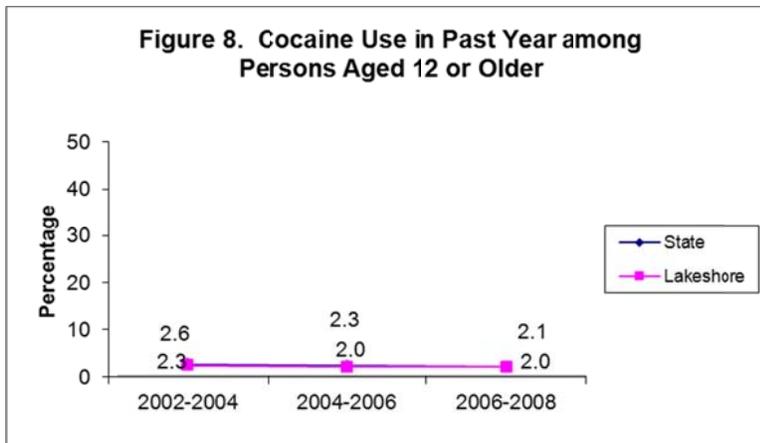
Source: Michigan Resident Death File, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

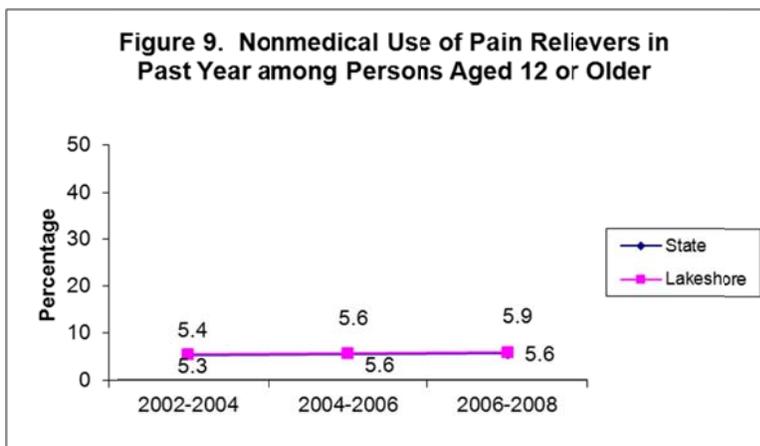
Among people 12 years-of-age and older, the prevalence estimate of self-reported marijuana use in the past year was slightly lower, but not significantly, in the region than in the state between 2004 and 2006; however, the prevalence estimates became close to the state's afterward (Figure 7). The cocaine use and nonmedical use of pain relievers in the past year were comparable to the state between 2002 and 2008 (Figures 8 & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

Average annual rate of first use of marijuana was close to the state rate. The percent of people who saw smoking marijuana once a month as risky was comparable to the state (Table 8).

	Lakeshore (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	2.1 (1.7-2.5)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	37.7 (33.8-41.7)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	2.5 (1.9-3.4)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

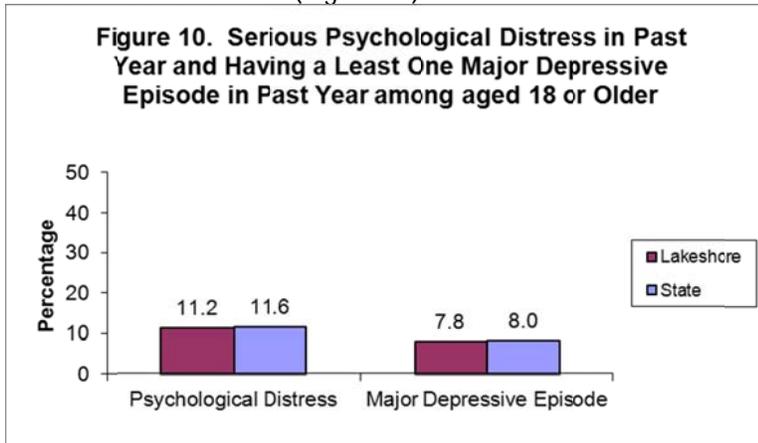
Mental Health Indicators

Between 2005 and 2009, the age-adjusted suicide rate in the region was significantly lower than the state's rate (Table 9).

Table 9. Mental Health Indicators, 2006-2008 (2005-2009 ²)		
	Lakeshore (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	10.6 (9.1-12.4)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	11.0 (9.2-13.2)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	9.6 (8.6-10.6)	11.1 (10.8-11.4)

Source: ¹Michigan BRFSS, 2006-2008 ²MDCH, Division for Vital Records and Health Statistics

The prevalence estimates of psychological distress and having a least one major depressive episode in past year among people 18 years-of-age or older in the region were comparable to the state estimates between 2004 and 2006 (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

Macomb County Community Mental Health

The Macomb County Community Mental Health includes the city of Romeo.

Community Context

Demographic Characteristics

In the region, there was a larger proportion of whites and a smaller proportion of blacks or African Americans compared to state's proportion (Table 1).

Demographic Characteristics	Macomb	State
Total population	828,469	10,039,208
Population under age 18 (%)	193,700 (23.4%)	2,438,971 (24.3%)
Population over age 65 (%)	113,641 (13.7%)	1,292,048 (12.9%)
% Hispanic or Latino	2.1	4.0
% White	86.5	77.5
% Black or African American	6.6	13.9
% Native American	0.3	0.5
% Asian	3.1	2.3
% Hawaiian and Pacific Islander	0.0	0.0
% Other	0.0	0.1
% Multiple Races	1.4	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on U.S. Census data from 2005-2009, the median household income in the region was higher (\$55,466) compared to the state (\$48,700) (Table 2). Between 2005 and 2009, the proportion of unemployed in the region was comparable to the state. Overall, the proportions of family, individual, and children below poverty were less than state's proportions.

Economic Characteristics	Macomb	State
Median household income	\$55,466	\$48,700
% Unemployed	10.2	10.4
% Family below poverty level	6.8	10.3
% Individuals below poverty level	8.9	14.5
% Under age 18 in poverty	11.9	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators measuring performance in education, health, and public safety. The infant mortality rate and violent crime rate were significantly lower in the region than in the state.

Social Characteristics	Macomb (95% CI)	State (95% CI)
% Adults with bachelor's degree or higher ¹	21.5	24.5
% Adults with obesity ²	28.2 (25.1-31.4)	29.2 (28.4-30.0)
% No health insurance coverage ²	11.7 (9.4-14.4)	14.2 (13.4-14.9)

Infant mortality rate (per 1,000) ³	6.5 (5.8-7.2)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	3.3 (3.2-3.3)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFSS, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

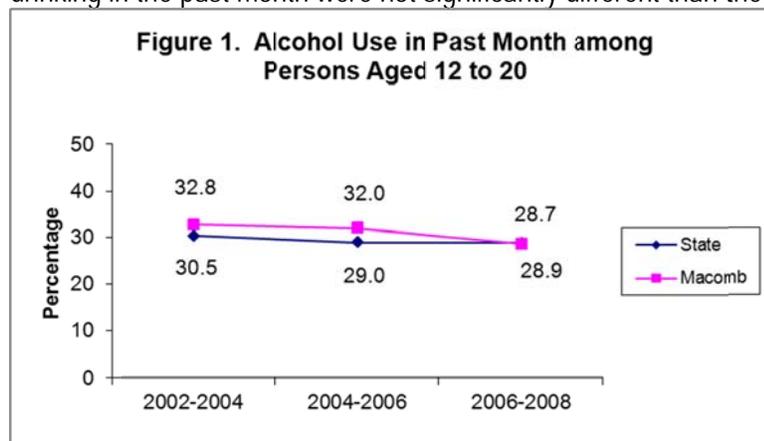
The rate of alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes was significantly lower in the region than in the state (Table 4).

Alcohol Consequences	Macomb (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	10.3 (9.1-11.0)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	7.4 (6.6-8.2)	6.8 (6.6-7.0)

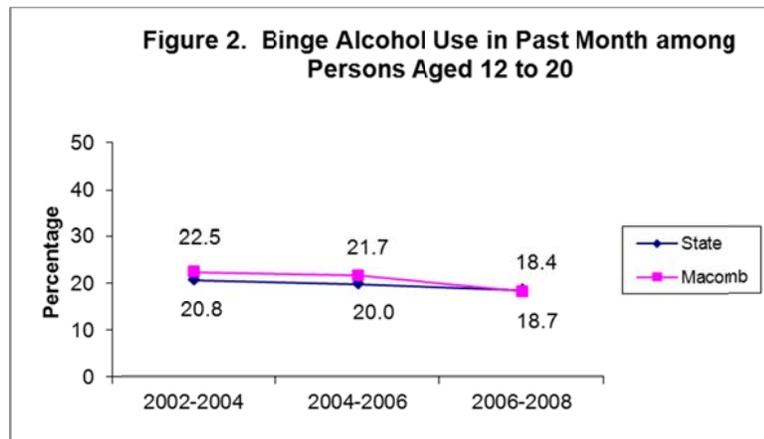
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health

Alcohol Consumption

Among people 12 to 20 years-of-age, the prevalence estimates of self-reported alcohol use and binge drinking in the past month were not significantly different than the state (Figures 1 & 2).

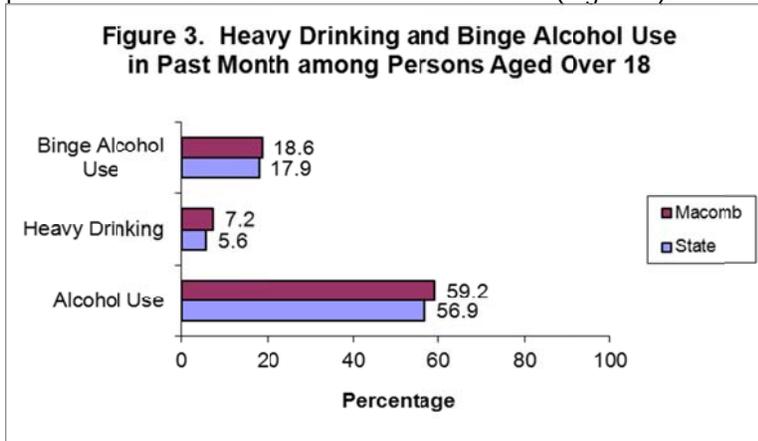


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of binge alcohol use and heavy drinking in the previous month were close to state's estimates (Figure 3).



Source: Michigan BRFSS, 2006-2008

Alcohol Intervening Factors

There were no significant differences between the region and the state for the percent of people who perceived heavy drinking to be a risk and the percent of people needing, but not receiving treatment for an alcohol problem in the past year (Table 5).

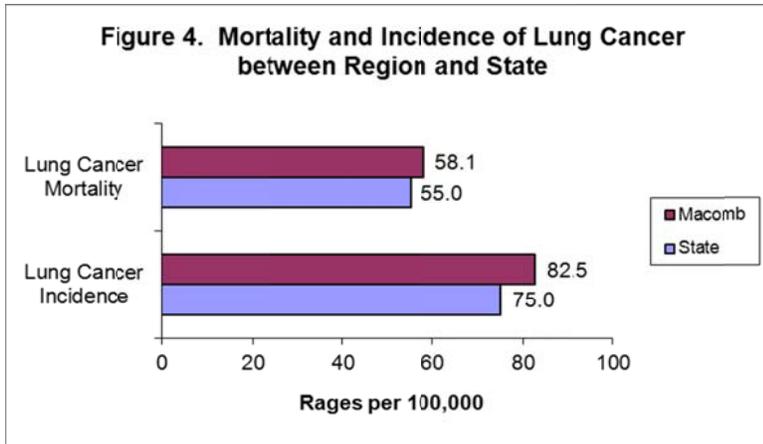
	Macomb (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	38.2 (35.2-41.3)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	6.4 (5.2-7.8)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

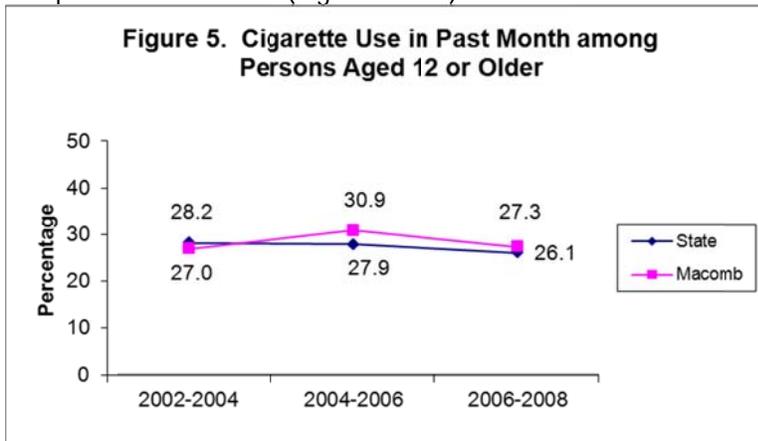
The rate of lung cancer deaths in the region and the incidence of lung cancer were significantly higher in the region than in the state (Figure 4).



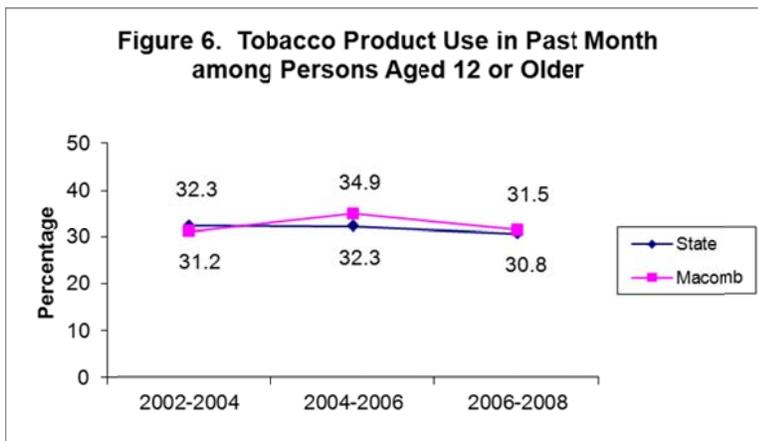
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

For self-reported cigarette and tobacco product use in the past month, the prevalence estimates were comparable to the state (Figures 5 & 6).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

The percent of people who perceived heavy smoking as a risk was comparable to the state (Table 6).

Table 6. Tobacco Intervening Factor, 2006-2008		
	Macomb (95% CI)	State (95% CI)
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	71.1 (68.1-73.9)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

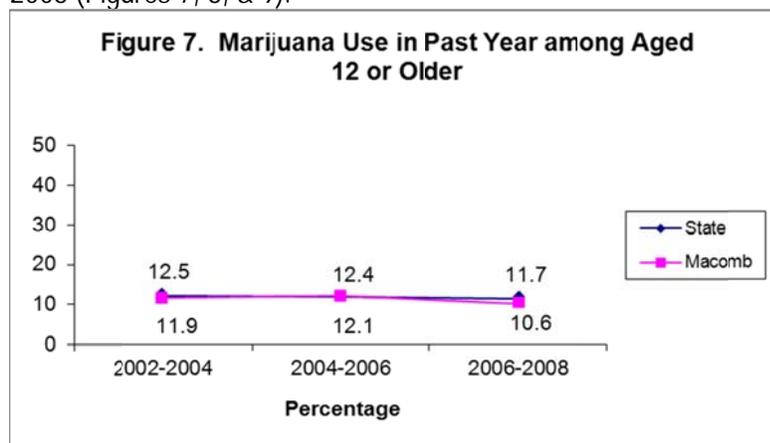
Between 2005 and 2009, the drug-induced death rate in the region was significantly higher than the state's rate (Table 7).

Table 7. Drug Use Consequences, 2005-2009		
	Macomb (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	21.3 (19.9-22.7)	15.4 (15.1-15.7)

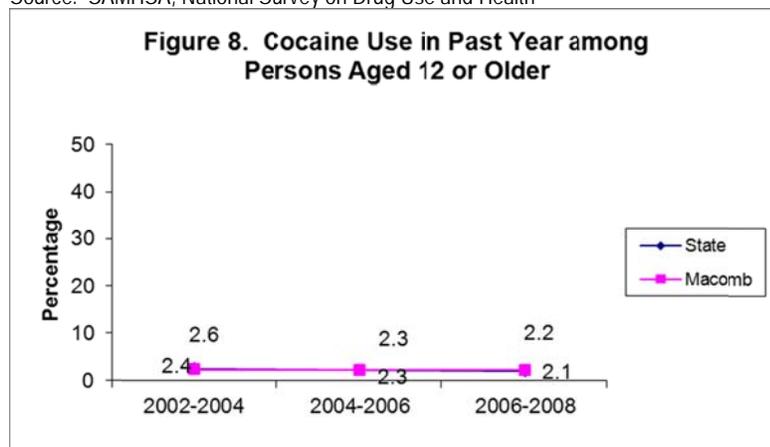
Source: Michigan Resident Death File, 2005-2009, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

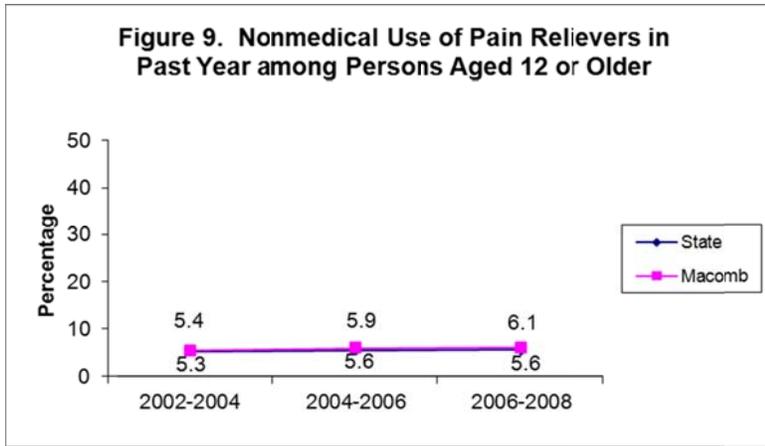
Among people 12 years-of-age and older, the prevalence estimates of self-reported marijuana use, cocaine use and nonmedical use of pain relievers in the past year were comparable to the state between 2002 and 2008 (Figures 7, 8, & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

The region's average annual rate of first use of marijuana was close to the state rate. The percent of people who saw smoking marijuana once a month as risky was similar in both the region and the state (Table 8).

	Macomb (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	1.6 (1.3-1.9)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	34.8 (31.3-38.4)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	2.3 (1.7-3.0)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

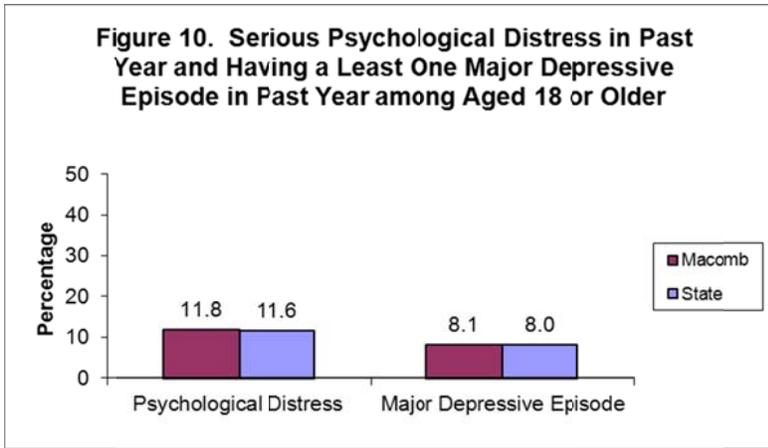
Mental Health Indicators

Between 2005 and 2009, overall mental health indicators in Macomb County were comparable to the state (Table 9).

	Macomb (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	9.9 (8.3-11.9)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	10.2 (8.4-12.4)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	12.1 (11.1-13.1)	11.1 (10.8-11.4)

Source: ¹Michigan BRFSS, 2006-2008 ²MDCH, Division for Vital Records and Health Statistics, 2005-2009

The prevalence estimates of psychological distress and having a least one major depressive episode in past year among people 18 years-of-age or older in the region were comparable to the state's prevalence estimates (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

network180

The network180 serves Kent County and includes the city of Grand Rapids.

Community Context

Demographic Characteristics

In the region, 26 percent of the population was under 18 years-of-age and 11 percent was 65 years-of-age and older. The proportion of Hispanic or Latino was larger than the state as a whole, and there was a smaller percentage of blacks or African Americans in the region (Table 1).

Demographic Characteristics	network180	State
Total population	601,813	10,039,208
Population under age 18	159,045 (26.4%)	2,438,971 (24.3%)
Population over age 65	63,562 (10.6%)	1,292,048 (12.9%)
% Hispanic or Latino	9.1	4.0
% White	78.0	77.5
% Black or African American	8.7	13.9
% Native American	0.3	0.5
% Asian	2.1	2.3
% Hawaiian and Pacific Islander	0.1	0.0
% Other	0.1	0.1
% Multiple Races	1.7	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on U.S. Census data from 2005-2009, the median household income in the region was \$49,908. Overall, the indicators of economic stability were comparable to the state (Table 2).

Economic Characteristics	network180	State
Median household income	\$49,908	\$48,700
% Unemployed	8.6	10.4
% Family below poverty level	9.7	10.3
% Individuals below poverty level	13.1	14.5
% Under age 18 in poverty	17.9	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators measuring performance in education, health, and public safety. The percent with no health insurance was significantly lower in the region than in the state. In addition, the violent crime rate was lower than the state's rate.

Social Characteristics	network180 (95% CI)	State (95% CI)
% Adults with bachelor's degree or higher ¹	29.4	24.5
% Adults with obesity ²	25.6 (22.5-29.0)	29.2 (28.4-30.0)
% No health insurance coverage ²	10.1 (7.9-12.9)	14.2 (13.4-14.9)

Table 3. Social Characteristics, 2005-2009		
Social Characteristics	network180 (95% CI)	State (95% CI)
Infant mortality rate (per 1,000) ³	7.4 (6.6-8.2)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	4.6 (4.5-4.7)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFs, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

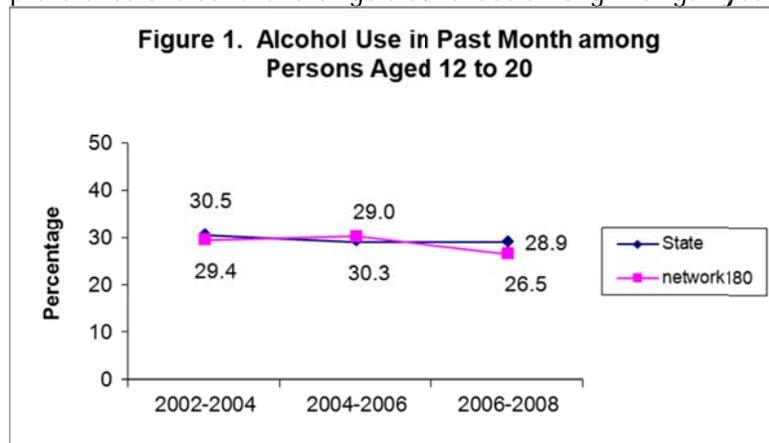
The rate of alcohol-induced death was significantly higher in the region than in the state, but no significant differences were noted among rates of alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes between network180 and the state.

Table 4. Alcohol: Consequences, 2005-2009		
Alcohol Consequences	network180 (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	17.0 (15.5-18.5)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	8.5 (7.5-9.5)	6.8 (6.6-7.0)

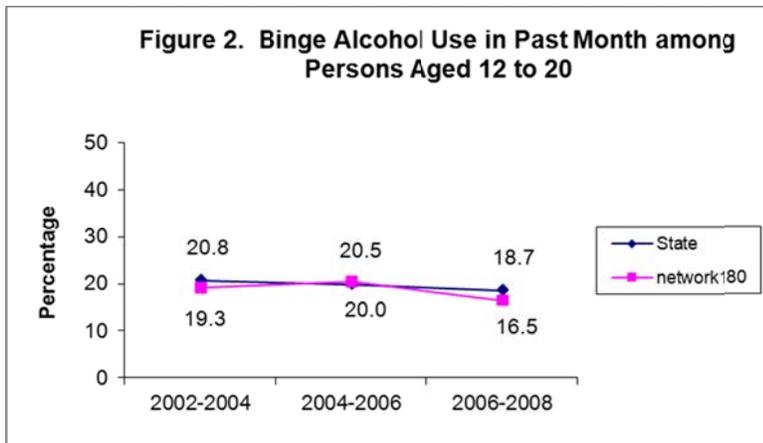
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center. ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health Statistics

Alcohol Consumption

Among youth 12 to 20 years-of-age in the region, prevalence estimates of self-reported alcohol use and binge drinking in the past month have decreased in the region since 2004 (Figures 1 & 2), while the prevalence of alcohol and binge alcohol use among Michigan youth remained consistent.

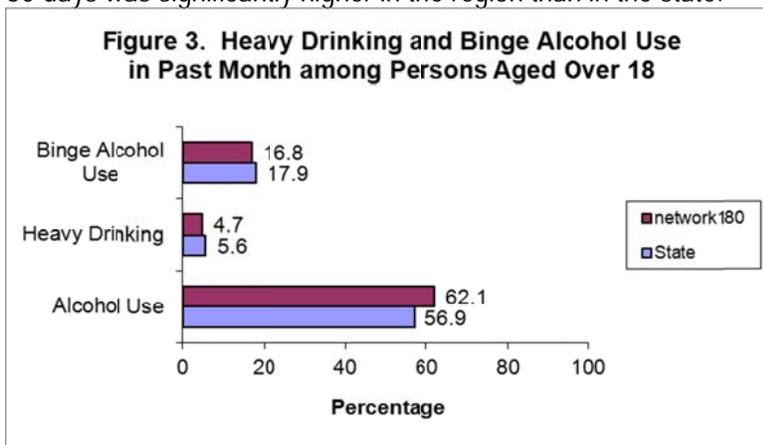


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of binge alcohol use and heavy drinking in the previous month were comparable to state’s estimates (Figure 3). The prevalence of alcohol use in the past 30 days was significantly higher in the region than in the state.



Source: Michigan BRFSS, 2006-2008

Alcohol Intervening Factors

There were no significant differences between the region and the state for alcohol intervening factors such as perception of risk in having five or more drinks of an alcoholic beverage once or twice a week (Table 5).

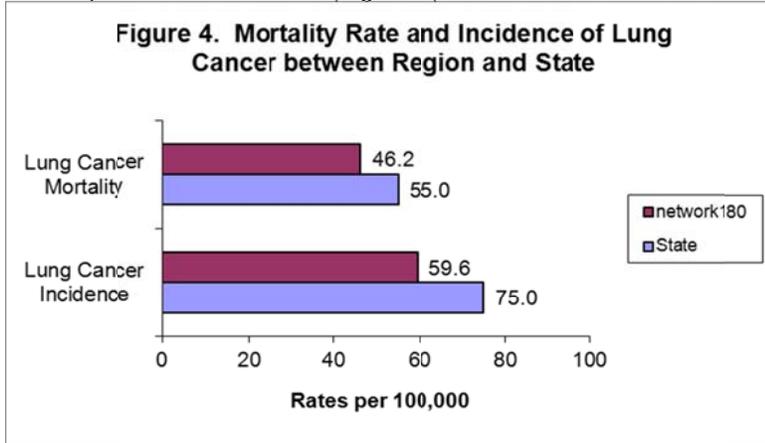
Table 5. Alcohol Consumption Intervening Factor, 2006-2008		
	network180 (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	37.4 (34.2-40.8)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	7.9 (6.5-9.6)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

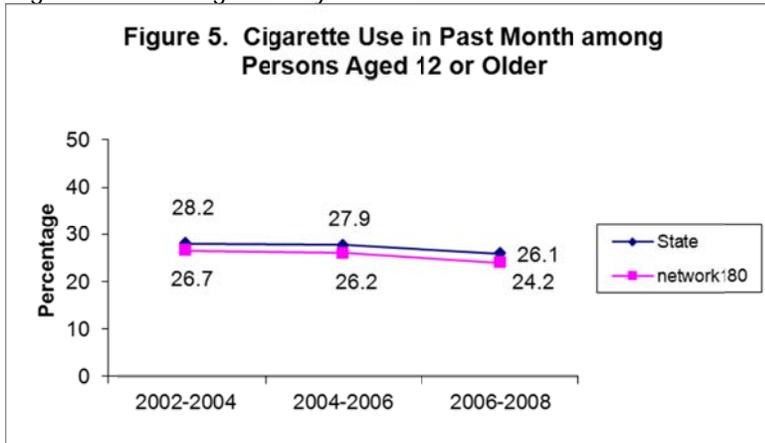
The lung cancer death rate and the incidence of lung cancer in the region were significantly lower than the state's prevalence estimate (Figure 4).



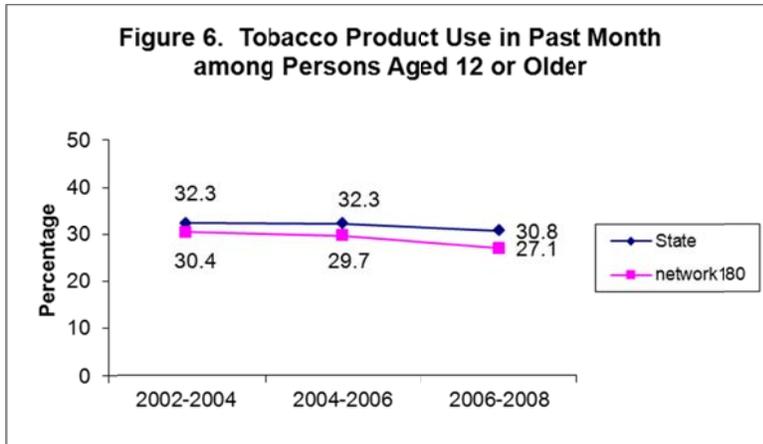
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

For self-reported cigarette and tobacco product use in the past month, the prevalence estimates in the region were not significantly different than the state's estimate between 2002 and 2008 (Figures 5 & 6).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

Between 2006 and 2008, the percent of people who saw heavy smoking as a risk in the region was comparable to the state (Table 6).

	network180	State
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	72.5 (69.4-75.4)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

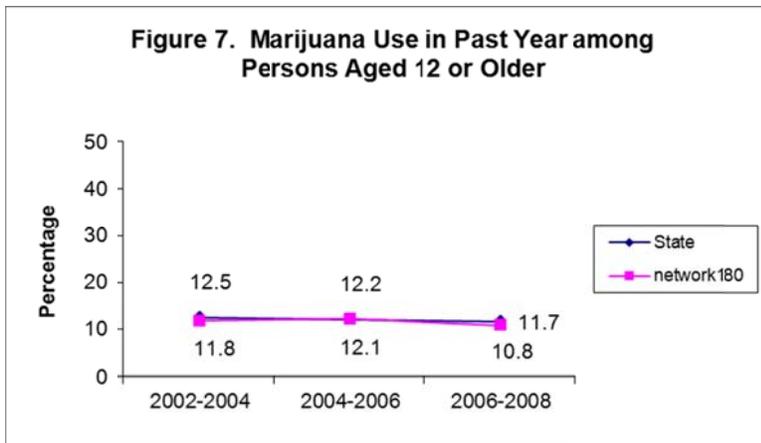
Between 2005 and 2009, the drug-induced death rate in the region was significantly lower than the state's rate (Table 7).

	network180 (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	9.6 (8.5-10.7)	15.4 (15.1-15.7)

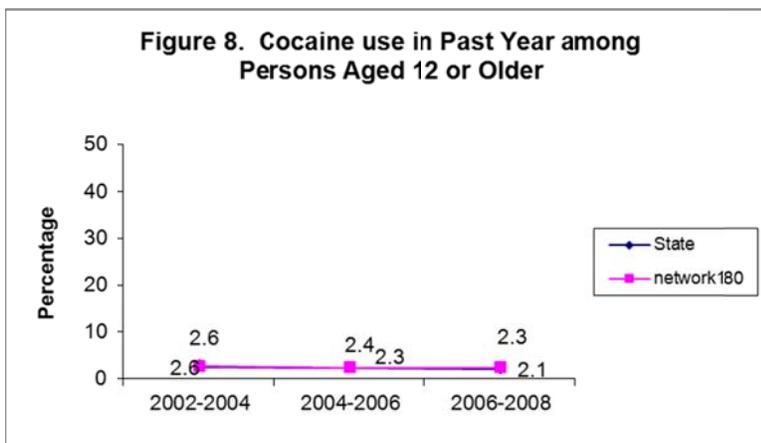
Source: Michigan Resident Death File, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

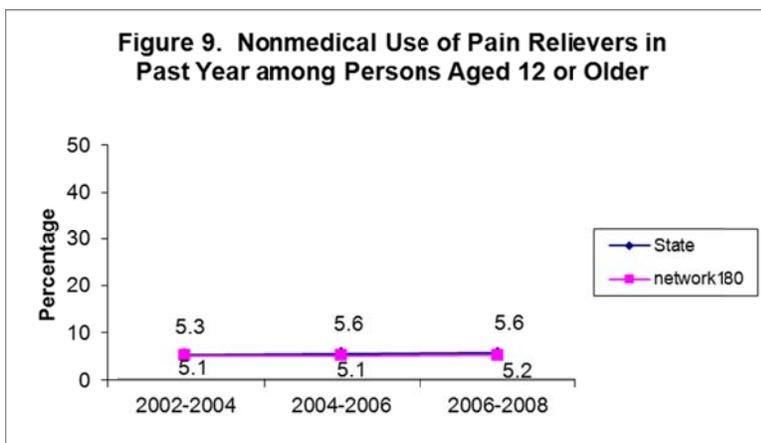
Among people 12 years-of-age and older, the prevalence estimates of self-reported marijuana use and cocaine use in the past year were comparable to the state during 2002 to 2008. The prevalence estimate of self-reported nonmedical use of pain relievers was also comparable to the state's prevalence estimate (Figures 7, 8, & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

Average annual rate of first use of marijuana was close to the state rate. The percent of people who saw smoking marijuana once a month as risky was comparable to the state (Table 8).

Table 8. Drug Use Intervening Factors, 2006-2008		
	network180 (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	1.7 (1.4-2.1)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	33.4 (29.3-37.7)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	2.5 (1.8-3.5)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

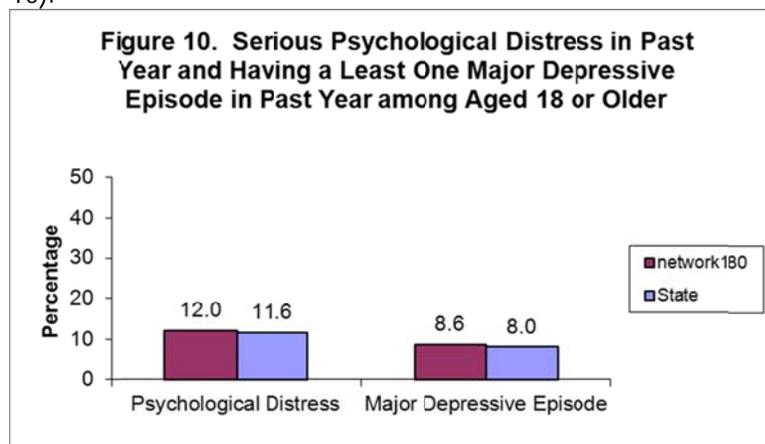
Mental Health Indicators

Overall, the mental health prevalence estimates and suicide rate in the region were close to the state estimates and rate (Table 9).

Table 9. Mental Health Indicators, 2006-2008 (2005-2009 ²)		
	network180 (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	9.7 (7.8-12.1)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	9.1 (7.2-11.6)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	9.8 (8.7-10.9)	11.1 (10.8-11.4)

Source: ¹Michigan BRFS, 2006-2008 ²MDCH, Division for Vital Records and Health Statistics, 2005-2009

The prevalence estimates of psychological distress and having a least one major depressive episode in past year among people 18 years-of-age or older in the region were comparable to state estimates (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

Northern Michigan Substance Abuse Services (NMSAS)

The Northern Michigan Substance Abuse Services serves 30 counties in the northern part of the Lower Peninsula and includes Traverse City.

Community Context

Demographic Characteristics

In the region, 17 percent of the population was 65 years-of-age and older, which is higher than the state's proportion. The population was less diverse in the region than the state as a whole. Ninety-four percent of the population was white (Table 1).

Table 1. Region: Demographic Characteristics, 2005-2009		
Demographic Characteristics	NMSAS	State
Total population	847,574	10,039,208
Population under age 18	181,897 (21.5%)	2,438,971 (24.3%)
Population over age 65	146,035 (17.2%)	1,292,048 (12.9%)
% Hispanic or Latino	2.2	4.0
% White	93.6	77.5
% Black or African American	1.1	13.9
% Native American	0.9	0.5
% Asian	0.6	2.3
% Hawaiian and Pacific Islander	0.0	0.0
% Other	0.0	0.1
% Multiple Races	1.6	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on US Census data from 2005 to 2009, the median household income in the region was \$41,583, which is lower than the state's median household income of \$48,700. The percent of unemployed and the percent of people in poverty were comparable to the state's rates (Table 2).

Table 2. Region: Economic Characteristics, 2005-2009		
Economic Characteristics	NMSAS	State
Median household income	\$41,583	\$48,700
% Unemployed	10.8	10.4
% Family below poverty level	10.3	10.3
% Individuals below poverty level	15.7	14.5
% Under age 18 in poverty	20.9	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators of education, health, and public safety in the region compared to the state as a whole. The infant mortality rate and the violent crime rate were also significantly lower in the region than in the state (Table 3).

Table 3. Region: Social Characteristics, 2005-2009		
Social Characteristics	NMSAS (95% CI)	State (95% CI)
% Adults with bachelor's degree or higher ¹	20.0	24.5

Social Characteristics	NMSAS (95% CI)	State (95% CI)
% Adults with obesity ²	30.1 (27.8-32.4)	29.2 (28.4-30.0)
% No health insurance coverage ²	16.3 (14.3-18.6)	14.2 (13.4-14.9)
Infant mortality rate (per 1,000) ³	6.5 (5.8-7.2)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	1.9 (1.8-1.9)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFSS, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

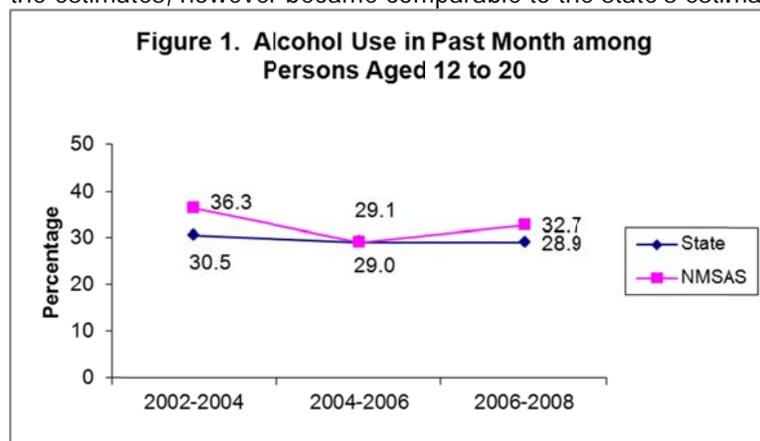
Between 2005 and 2009, the rate of alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes was significantly higher in the region than in the state (Table 4).

Alcohol Consequences	NMSAS (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	26.7 (25.2-28.3)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	7.0 (6.3-7.7)	6.8 (6.6-7.0)

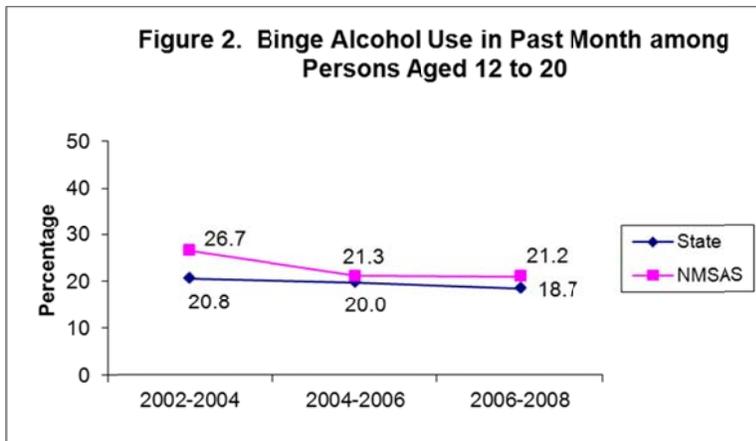
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health Statistics

Alcohol Consumption

Among people 12 to 20 years-of-age, the prevalence estimates of self-reported alcohol use and binge drinking in the past month were significantly higher in the region than in the state between 2002 and 2004, the estimates, however became comparable to the state's estimates since 2004 (Figure 1 and Figure 2).

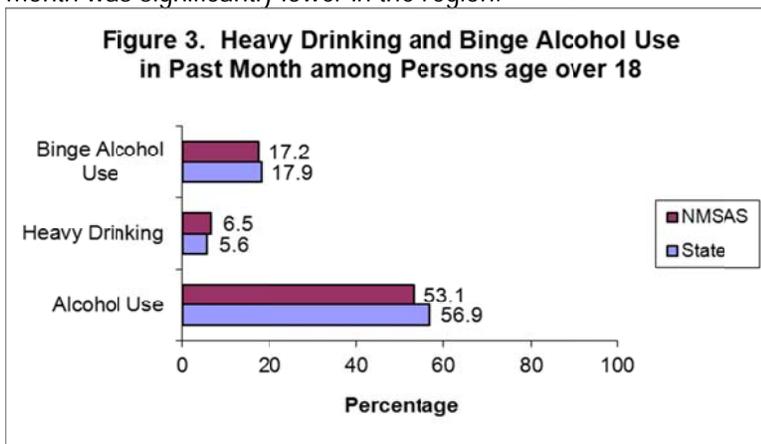


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of binge alcohol use and heavy drinking were not significantly different than the state's estimates (Figure 3). The prevalence of any alcohol use in the past month was significantly lower in the region.



Source: Michigan BRFS, 2006-2008

Alcohol Intervening Factors

The percent of persons 12 years-of-age or older who perceived heavy drinking as a risk was comparable to the state's rate (Table 5).

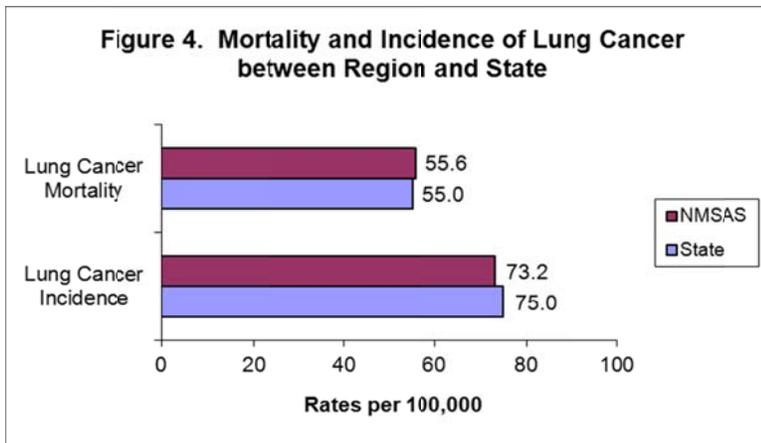
Table 5. Alcohol Consumption Intervening Factor, 2006-2008		
	NMSAS (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	35.1 (32.0-38.3)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	7.0 (5.8-8.5)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

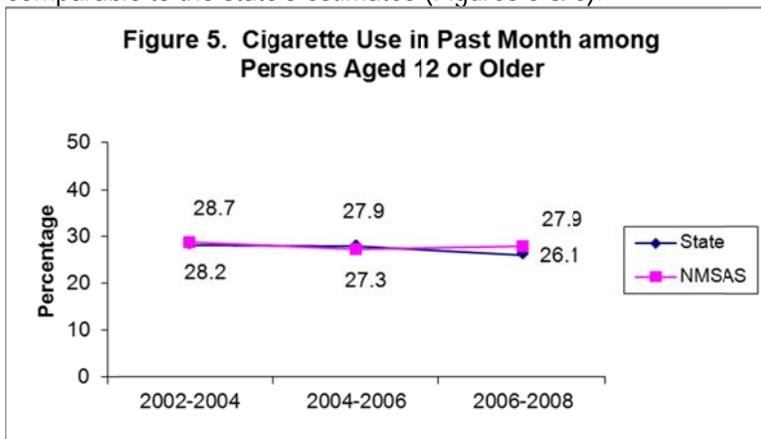
The lung cancer death rate and the incidence of lung cancer were close to the state rate (Figure 4).



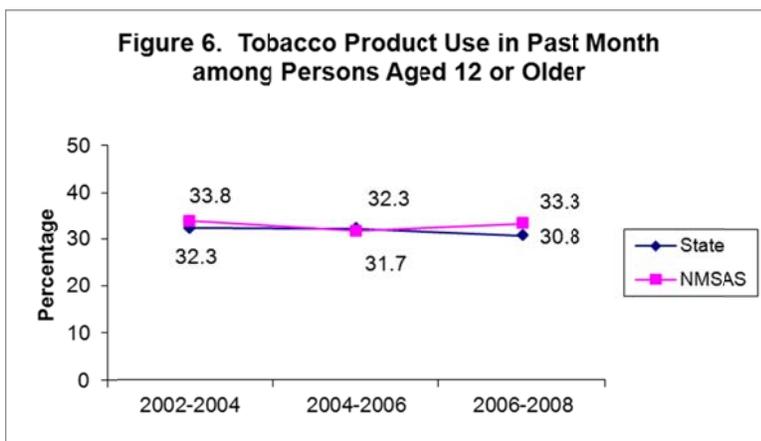
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

The prevalence estimates of self-reported cigarette and tobacco consumption in the past month were comparable to the state’s estimates (Figures 5 & 6).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

Between 2006 and 2008, the percent of people who saw heavy smoking as a risk was close the state's rate (Table 6).

Table 6. Tobacco Intervening Factor, 2006-2008		
	NMSAS (95% CI)	State (95% CI)
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	69.8 (66.9-72.5)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

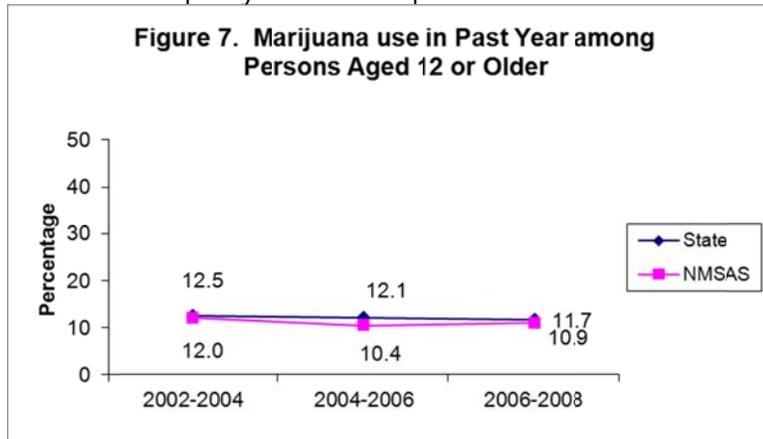
Between 2005 and 2009, the drug-induced death rate in the region was significantly lower in the region than in the state (Table 7).

Table 7. Drug Use Consequences, 2005-2009		
	NMSAS (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	13.1 (12.0-14.2)	15.4 (15.1-15.7)

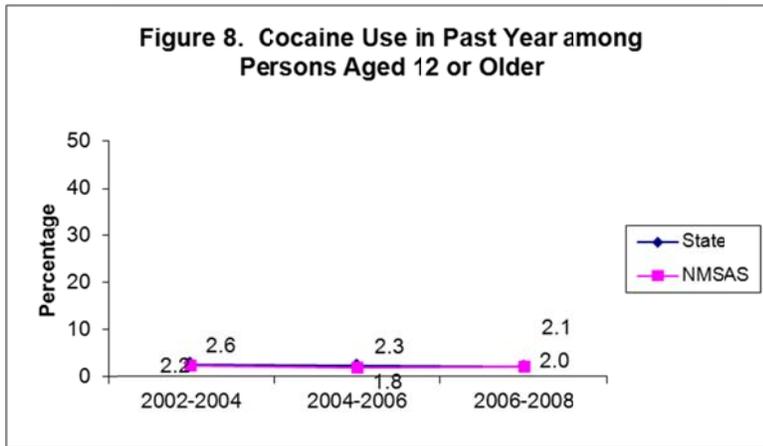
Source: Michigan Resident Death File, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

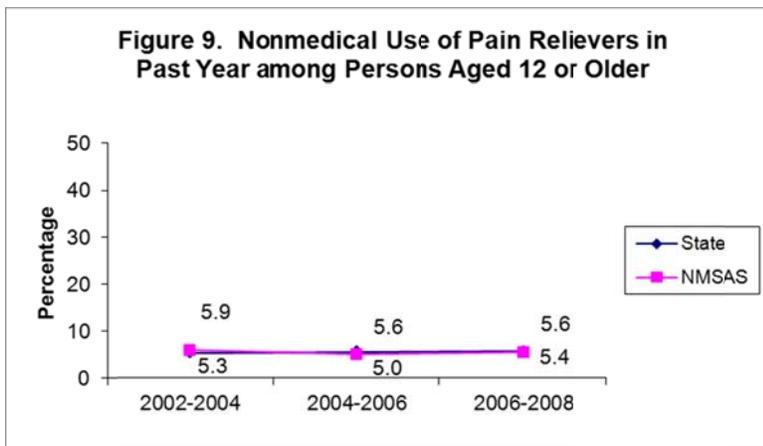
Among people 12 years-of-age and older, the prevalence estimate of self-reported marijuana use in the past year was close to the state's estimate (Figure 7). The cocaine use and nonmedical use of pain relievers in the past year were comparable to the state between 2002 and 2008 (Figures 8 & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

Average annual rate of first use of marijuana was close to the state rate. The percent of people who saw smoking marijuana once a month as risky was comparable to the state (Table 8).

	NMSAS (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	2.1 (1.7-2.5)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	30.1 (27.4-34.7)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	2.2 (1.6-3.0)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

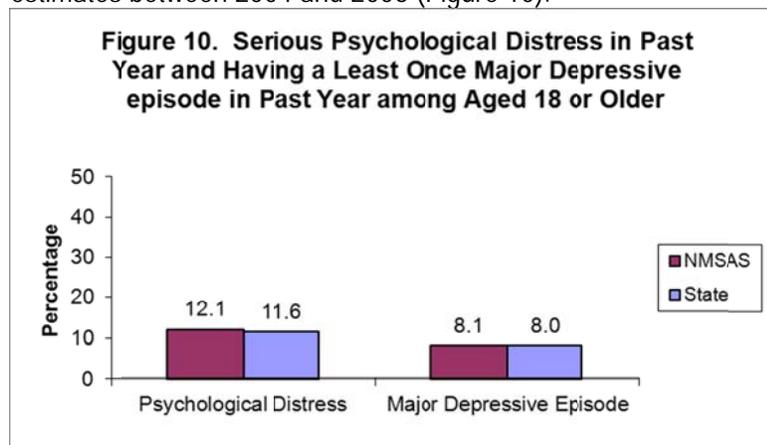
Mental Health Indicators

Between 2005 and 2009, the age-adjusted suicide rate in the region was significantly higher than the state's rate (Table 9).

Table 9. Mental Health Indicators, 2006-2008 (2005-2009 ²)		
	NMSAS (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	12.5 (11.0-14.2)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	10.5 (9.0-12.1)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	13.5 (12.4-14.6)	11.1 (10.8-11.4)

Source: ¹Michigan BRFSS, 2006-2008 ²MDCH, Division for Vital Records and Health Statistics

The prevalence estimates of psychological distress and having a least one major depressive episode in past year among people 18 years-of-age or older in the region were not statistically different than the state estimates between 2004 and 2006 (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

Oakland County Health Division

The Oakland County Health Division service region of Oakland County includes the city of Pontiac.

Community Context

Demographic Characteristics

The population's age in the region was comparable to the state as a whole (Table 1). There was a larger proportion of Asians in the region (5.4%) than in the state (2.3%).

Table 1. Demographic Characteristics, 2005-2009		
Demographic Characteristics	Oakland	State
Total population	1,203,288	10,039,208
Population under age 18	288,834 (24.0%)	2,438,971 (24.3%)
Population over age 65	147,305 (12.2%)	1,292,048 (12.9%)
% Hispanic or Latino	3.1	4.0
% White	77.9	77.5
% Black or African American	11.7	13.9
% Native American	0.2	0.5
% Asian	5.4	2.3
% Hawaiian and Pacific Islander	0.0	0.0
% Other	0.3	0.1
% Multiple Races	1.4	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on US Census data from 2005 to 2009, the median household income in the region was \$67,292, which is higher than the state's median household income of \$48,700. The percent of unemployed and the percent of people in poverty were lower in the region than in the state (Table 2).

Table 2. Economic Characteristics, 2005-2009		
Economic Characteristics	Oakland	State
Median household income	\$67,292	\$48,700
% Unemployed	8.0	10.4
% Family below poverty level	5.7	10.3
% Individuals below poverty level	8.2	14.5
% Under age 18 in poverty	10.6	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators of education, health, and public safety in the region compared to the state as a whole. There were more adults with a bachelor's degree or higher in the region than in the state. The percent of adults with obesity and the percent of no health insurance were significantly lower in the region. The infant mortality rate and the violent crime rate were also significantly lower in the region than in the state.

Table 3. Region: Social Characteristics, 2005-2009		
Social Characteristics	Oakland (95% CI)	State (95% CI)
% Adults with bachelor's degree or higher ¹	41.6	24.5

Social Characteristics	Oakland (95% CI)	State (95% CI)
% Adults with obesity ²	23.8 (21.6-26.3)	29.2 (28.4-30.0)
% No health insurance coverage ²	7.3 (5.9-9.0)	14.2 (13.4-14.9)
Infant mortality rate (per 1,000) ³	6.4 (5.8-7.0)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	3.1 (3.0-3.1)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFSS, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

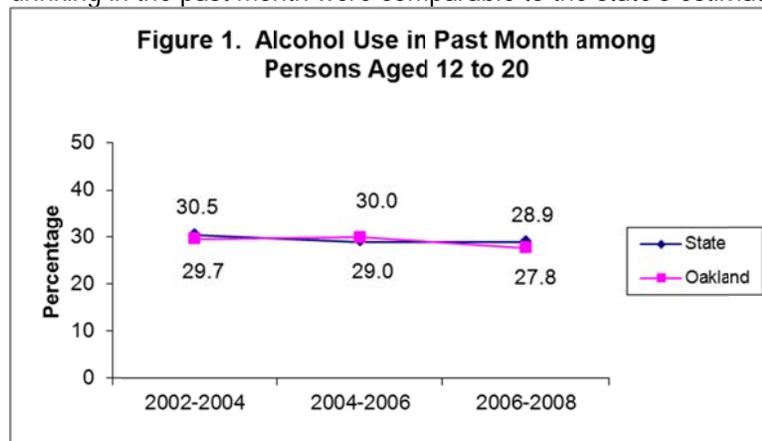
Between 2005 and 2009, the rate of alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes was significantly lower in the region than in the state. The alcohol-induced death rate was also significantly lower in the region than the state (Table 4).

Alcohol Consequences	Oakland (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	9.7 (8.9-10.5)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	5.3 (4.8-5.8)	6.8 (6.6-7.0)

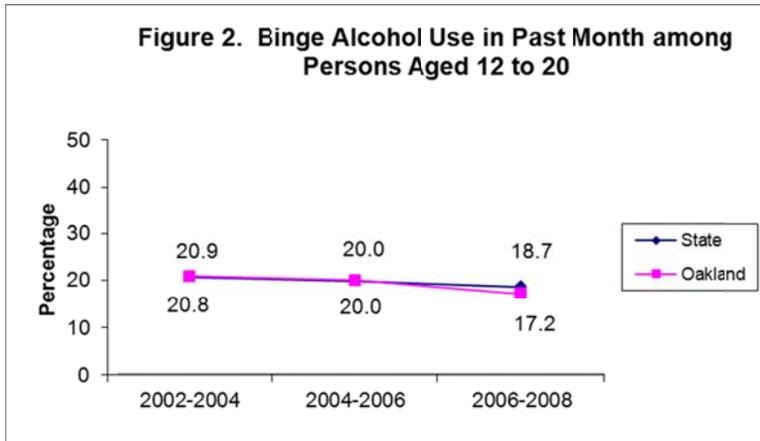
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health Statistics

Alcohol Consumption

Among people 12 to 20 years-of-age, the prevalence estimates of self-reported alcohol use and binge drinking in the past month were comparable to the state's estimates (Figures 1 & 2).

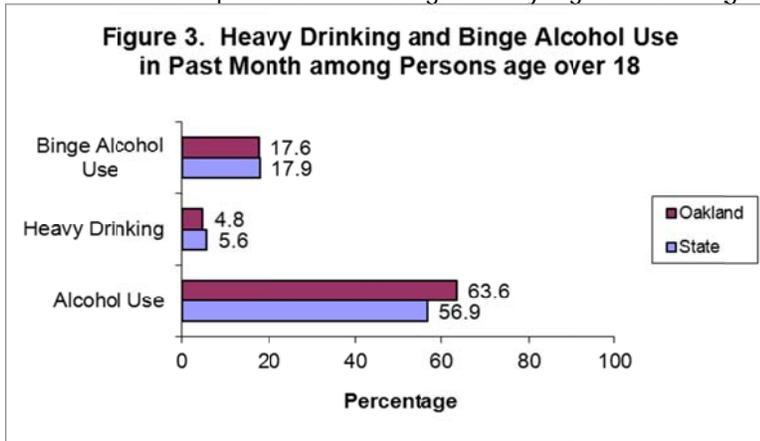


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of binge alcohol use and heavy drinking in the previous month, were not significantly different than the state’s estimates (Figure 3). The prevalence of any alcohol use in the past month was significantly higher in the region.



Source: Michigan BRFS, 2006-2008

Alcohol Intervening Factors

The percent of persons 12 years-of-age or older who perceived heavy drinking as a risk was comparable to the state’s rate (Table 5).

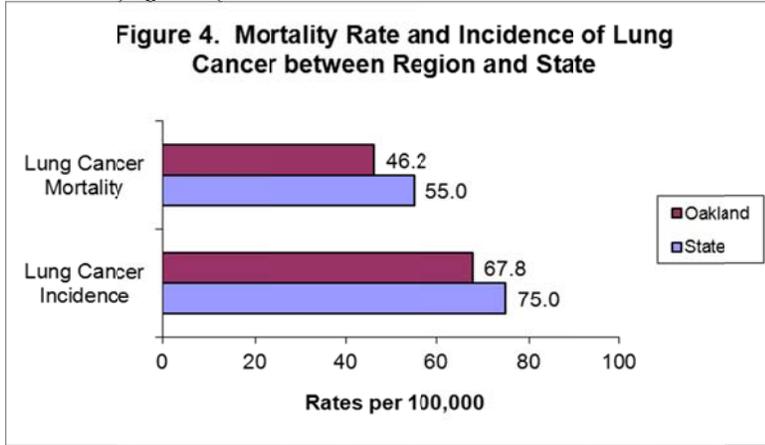
Table 5. Alcohol Consumption Intervening Factor, 2006-2008		
	Oakland (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	38.5 (35.5-41.5)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	7.4 (6.2-8.9)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

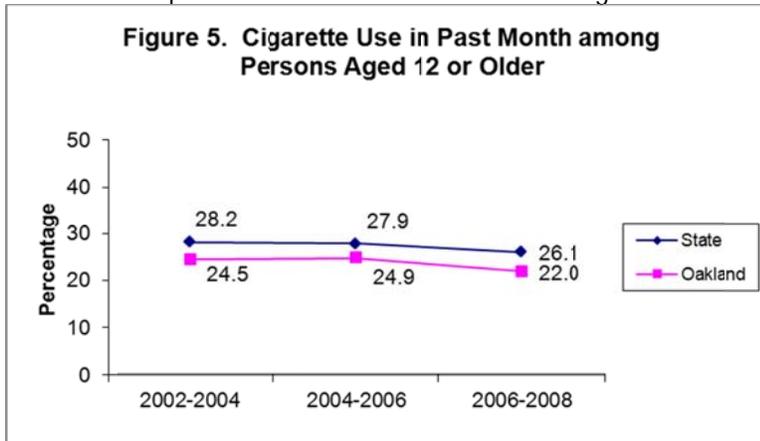
The lung cancer death rate and the incidence of lung cancer were significantly lower in the region than in the state (Figure 4).



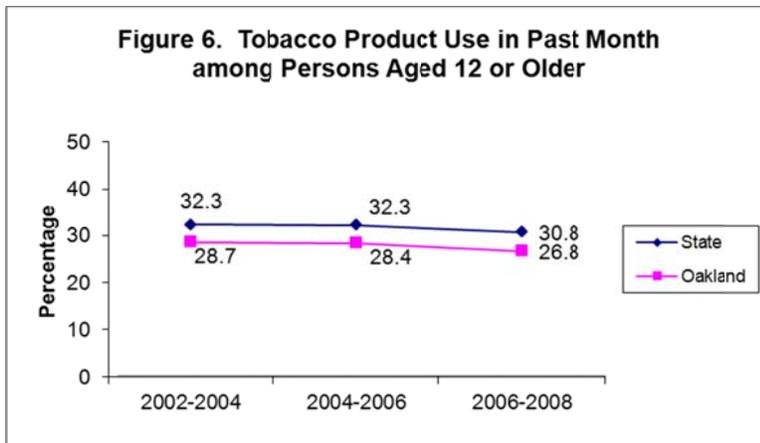
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

The prevalence estimates of self-reported cigarette and tobacco consumption in the past month have been lower, but not significantly, in the region than in the state since 2002. There were significant statistical differences in prevalence estimates between the region and the state from 2006 to 2008 (Figures 5 & 6).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

Between 2006 and 2008, the percent of people who saw heavy smoking as a risk was slightly higher, but not significantly, in the region than in the state (Table 6).

	Oakland (95% CI)	State (95% CI)
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	74.2 (71.6-76.7)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

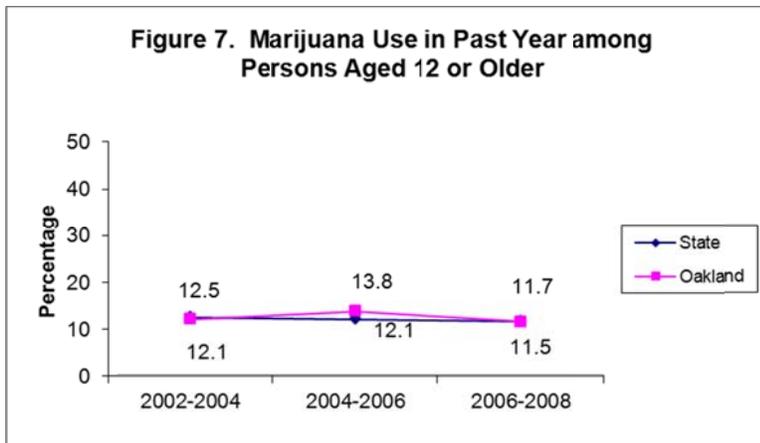
Between 2005 and 2009, the drug-induced death rate in the region was comparable to the state's rate (Table 7).

	Oakland (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	14.7 (13.7-15.7)	15.4 (15.1-15.7)

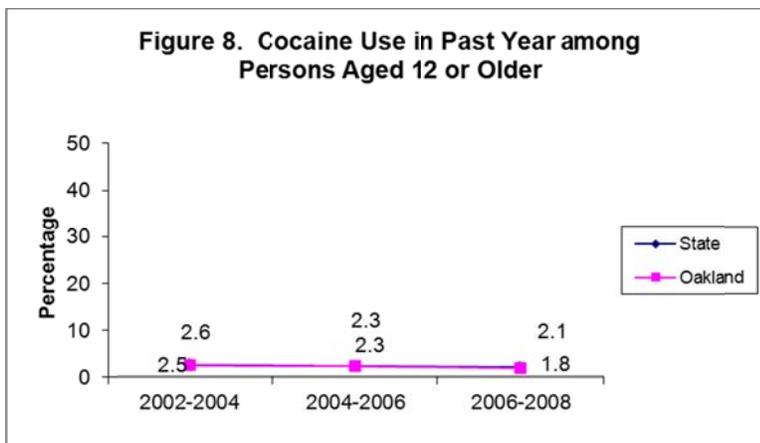
Source: Michigan Resident Death File, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

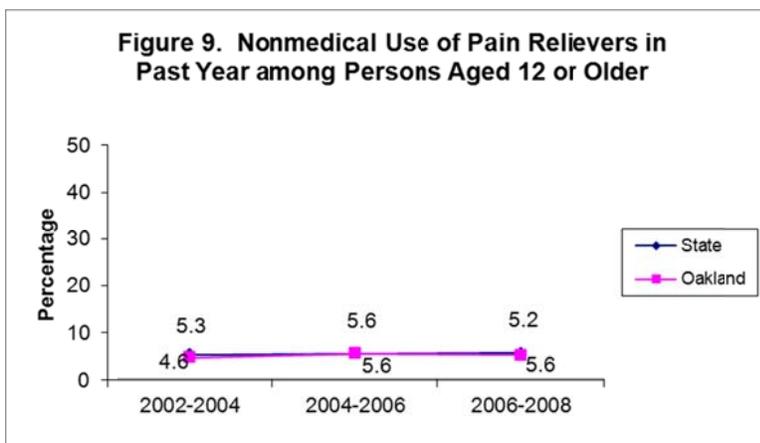
Among people 12 years-of-age and older, the prevalence estimate of self-reported marijuana use in the past year was close to the state's estimate (Figure 7). The cocaine use and nonmedical use of pain relievers in the past year were comparable to the state between 2002 and 2008 (Figures 8 & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

Average annual rate of first use of marijuana was close to the state rate. The percent of people who saw smoking marijuana once a month as risky was comparable to the state (Table 8).

Table 8. Drug Use Intervening Factors, 2006-2008		
	Oakland (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	1.9 (1.6-2.2)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	31.5 (28.4-34.8)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	2.4 (1.9-3.1)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

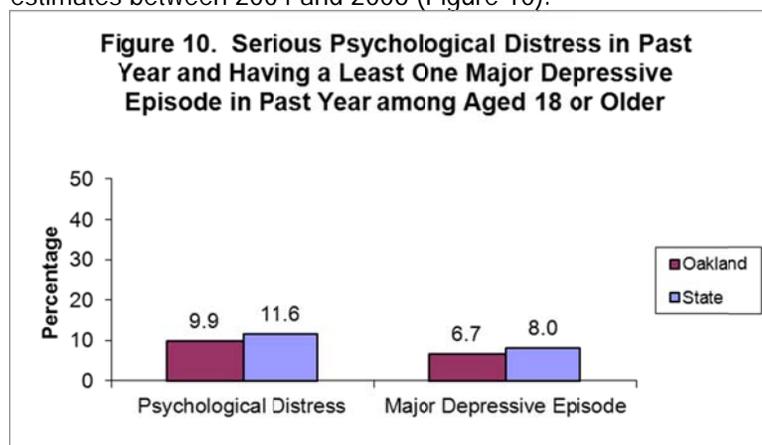
Mental Health Indicators

Between 2005 and 2009, the age-adjusted suicide rate in the region was significantly lower than the state's rate (Table 9).

Table 9. Mental Health Indicators, 2006-2008 (2005-2009 ²)		
	Oakland (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	10.5 (9.0-12.2)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	9.7 (8.1-11.5)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	9.8 (9.0-10.6)	11.1 (10.8-11.4)

Source: ¹Michigan BRFSS, 2006-2008 ²MDCH, Division for Vital Records and Health Statistics

The prevalence estimates of psychological distress and having a least one major depressive episode in past year among people 18 years-of-age or older in the region were not statistically different than the state estimates between 2004 and 2006 (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

Saginaw County Department of Public Health

The Saginaw County Department of Public Health service region of Saginaw County includes the city of Saginaw.

Community Context

Demographic Characteristics

In the region, the percentage of whites was slightly smaller, while the proportion of non-whites, specifically Hispanic and Black, were slightly larger in the region than in the state (Table 1).

Table 1. Demographic Characteristics, 2005-2009		
Demographic Characteristics	Saginaw	State
Total population	202,814	10,039,208
Population under age 18	49,748 (24.5%)	2,438,971 (24.3%)
Population over age 65	29,988 (14.8%)	1,292,048 (12.9%)
% Hispanic or Latino	7.3	4.0
% White	71.7	77.5
% Black or African American	17.9	13.9
% Native American	0.3	0.5
% Asian	1.1	2.3
% Hawaiian and Pacific Islander	0.0	0.0
% Other	0.1	0.1
% Multiple Races	1.5	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on US Census data from 2005 to 2009, the median household income in the region was \$42,244. Overall, the proportions of people below or in poverty were higher in the region than in the state (Table 2).

Table 2. Economic Characteristics, 2005-2009		
Economic Characteristics	Saginaw	State
Median household income	\$42,244	\$48,700
% Unemployed	11.5	10.4
% Family below poverty level	14.1	10.3
% Individuals below poverty level	18.9	14.5
% Under age 18 in poverty	27.8	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators measuring performance in education, health, and public safety comparing the state of Michigan to the region. The proportion of adults with obesity was significantly higher in the region. The infant mortality rate and the violent crime rate were significantly higher in the region than in the state.

Table 3. Social Characteristics, 2005-2009		
Social Characteristics	Saginaw (95% CI)	State (95% CI)
% Adults with bachelor's degree or higher ¹	17.9	24.5
% Adults with obesity ²	36.8 (31.6-42.2)	29.2 (28.4-30.0)

Table 3. Social Characteristics, 2005-2009		
Social Characteristics	Saginaw (95% CI)	State (95% CI)
% No health insurance coverage ²	11.1 (7.8-15.7)	14.2 (13.4-14.9)
Infant mortality rate (per 1,000) ³	9.8 (8.1-11.5)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	9.6 (9.4-9.8)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFs, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

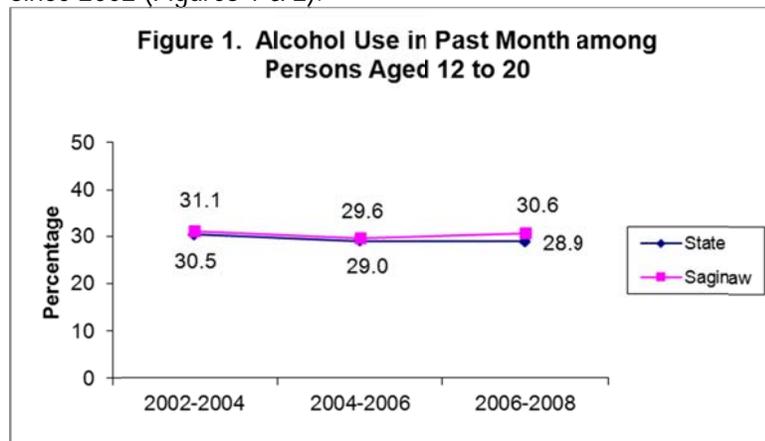
The rate of alcohol-impaired deaths and incapacitating injuries rate in motor vehicle crashes and the alcohol-induced death rate were significantly higher in the region than in the state (Table 4).

Table 4. Alcohol: Consequences, 2005-2009		
Alcohol Consequences	Saginaw (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	20.9 (18.1-23.7)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	11.0 (9.1-12.9)	6.8 (6.6-7.0)

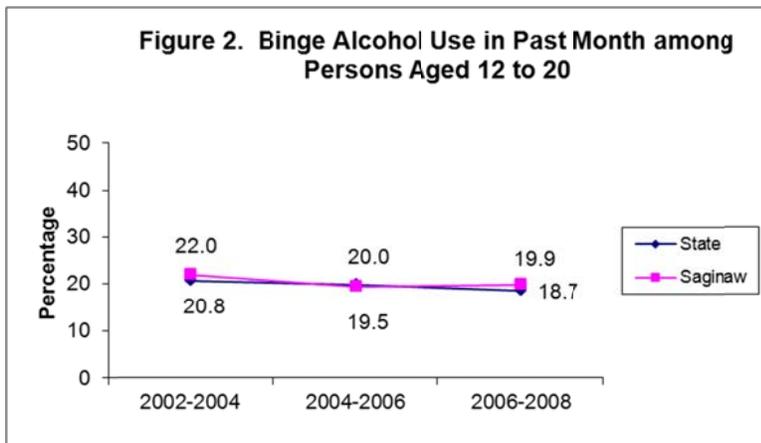
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health Statistics

Alcohol Consumption

Among people 12 to 20 years-of-age, the prevalence estimates of self-reported alcohol use in the past month in the region and binge drinking prevalence in the region were comparable to the state estimates since 2002 (Figures 1 & 2).

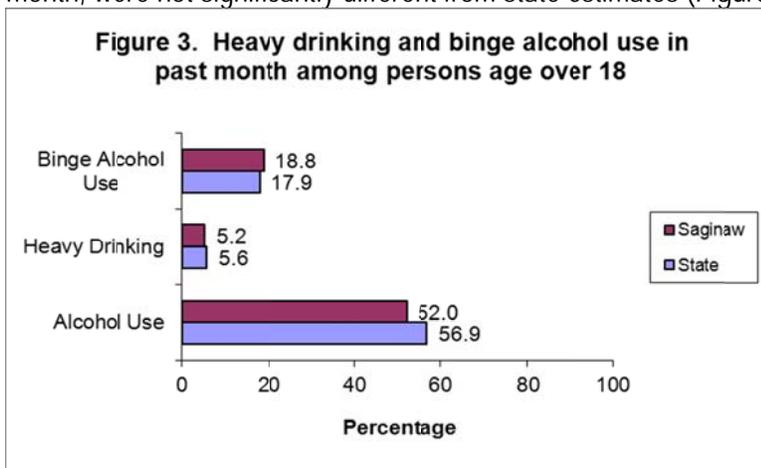


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of binge drinking and heavy drinking in the previous month, were not significantly different from state estimates (Figure 3).



Source: Michigan BRFSS, 2006-2008

Alcohol Intervening Factors

The percent of persons 12 years-of-age or older who perceived heavy drinking as a risk was not significantly different than the state's estimate (Table 5).

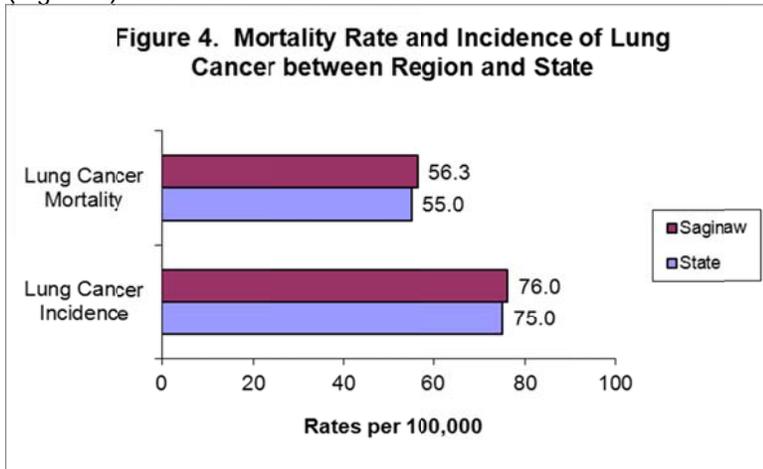
	Saginaw (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	38.9 (34.9-43.0)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	7.1 (5.7-8.9)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

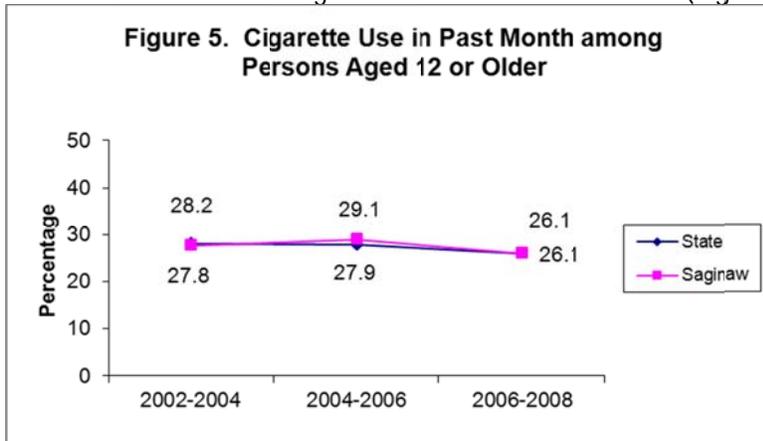
The lung cancer death rate and the incidence of lung cancer were comparable in the region and the state (Figure 4).



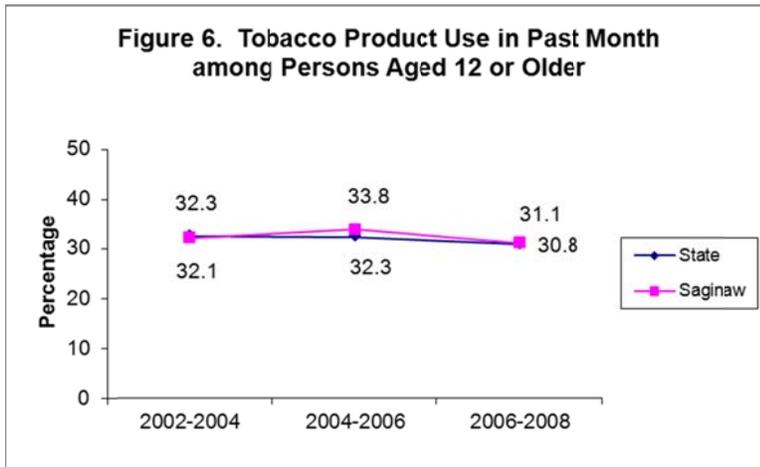
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

For self-reported cigarette and tobacco product use in the past month, there were no statistical significant differences between the region's estimates and the state's (Figures 5 & 6).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

The percent of people who perceived heavy smoking as a risk was comparable to the state (Table 6).

	Saginaw (95% CI)	State (95% CI)
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	70.6 (66.9-74.0)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

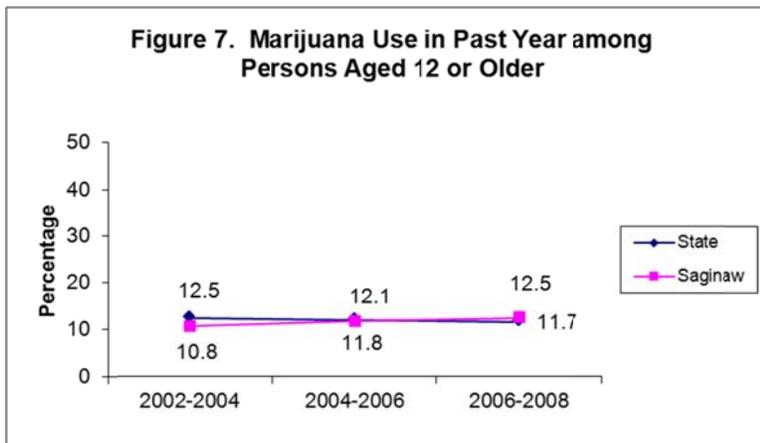
Between 2005 and 2009, the drug-induced death rate in the region was not significantly different than the state's rate (Table 7).

	Saginaw (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	14.2 (11.8-16.6)	15.4 (15.1-15.7)

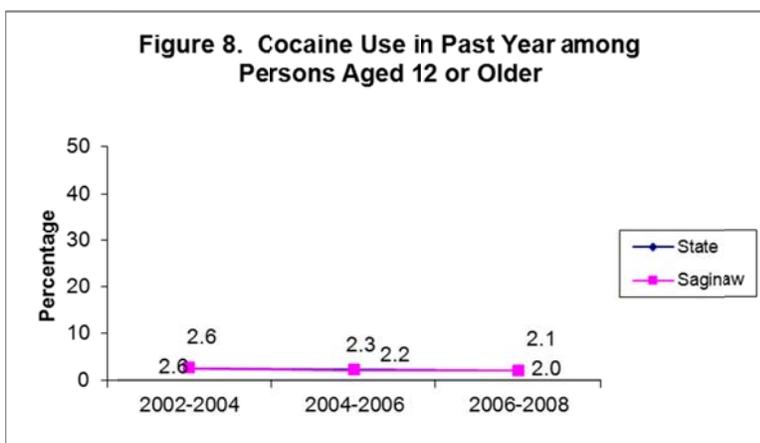
Source: Michigan Resident Death File, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

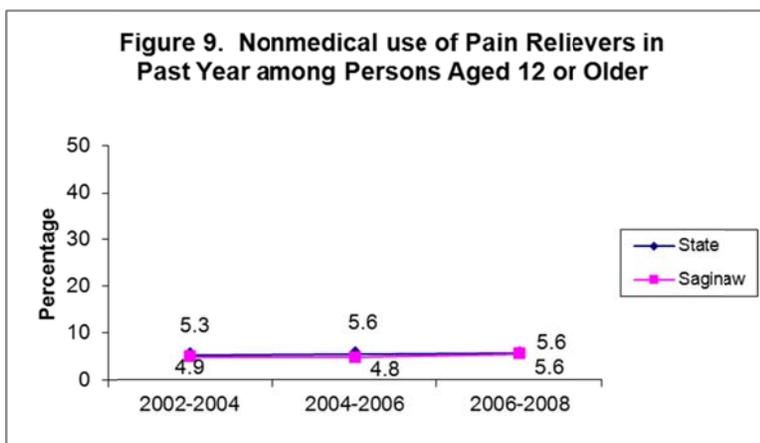
Among people 12 years-of-age and older, the prevalence estimates of self-reported marijuana use, cocaine use and nonmedical use of pain relievers in the past year were comparable to the state between 2002 and 2008 (Figures 7, 8 & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

Average annual rate of first use of marijuana was close to the state rate. The percent of people who saw smoking marijuana once a month as risky was comparable to the state (Table 8).

Table 8. Drug Use Intervening Factors, 2006-2008		
	Saginaw (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	2.2 (1.7-2.8)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	35.5 (30.9-40.5)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	2.5 (1.7-3.6)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

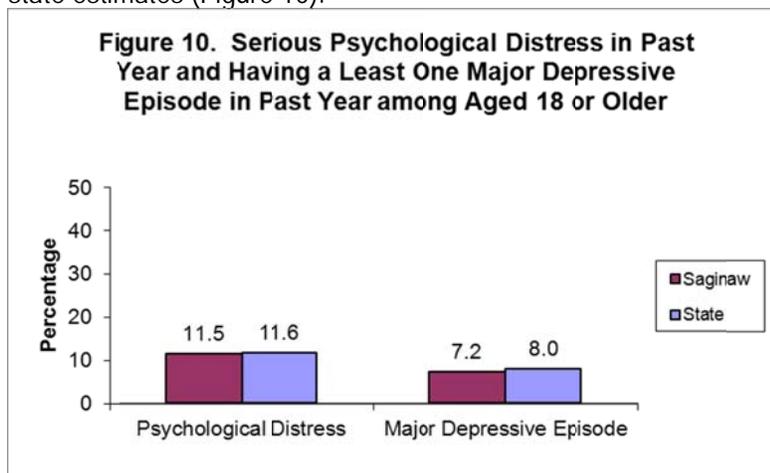
Mental Health Indicators

Between 2005 and 2009, the mental health indicators of the region were not significantly different than the state's indicators (Table 9).

Table 9. Mental Health Indicators, 2006-2008 (2005-2009 ²)		
	Saginaw (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	13.3 (10.5-16.6)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	11.8 (8.9-15.5)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	11.0 (9.0-13.0)	11.1 (10.8-11.4)

Source: ¹Michigan BRFSS, 2006-2008 ²MDCH, Division for Vital Records and Health Statistics, 2005-2009

Between 2004 and 2006, the prevalence estimates of psychological distress and having a least one major depressive episode in past year among people 18 years-of-age or older in the region were comparable to state estimates (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

St. Clair County Community Mental Health

The St. Clair County Community Mental Health serves Lapeer, Sanilac and St. Clair counties. It includes the city of Port Huron.

Community Context

Demographic Characteristics

The population under age 18 and the population over age 65 in the region was comparable to the state as a whole (Table 1). There was a smaller proportion of non-whites (6.8%) in the region than in the state (22.5%).

Table 1. Region: Demographic Characteristics, 2005-2009		
Demographic Characteristics	St. Clair	State
Total population	304,004	10,039,208
Population under age 18	74,782 (24.6%)	2,438,971 (24.3%)
Population over age 65	40,006 (13.2%)	1,292,048 (12.9%)
% Hispanic or Latino	3.1	4.0
% White	93.2	77.5
% Black or African American	1.7	13.9
% Native American	0.3	0.5
% Asian	0.5	2.3
% Hawaiian and Pacific Islander	0.0	0.0
% Other	0.0	0.1
% Multiple Races	1.3	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on US Census data from 2005 to 2009, the median household income in the region was \$50,678. The percent of unemployed was slightly higher in the region, while the percent of people in poverty were slightly lower in the region than in the state (Table 2).

Table 2. Region: Economic Characteristics, 2005-2009		
Economic Characteristics	St. Clair	State
Median household income	\$50,678	\$48,700
% Unemployed	14.5	10.4
% Family below poverty level	8.1	10.3
% Individuals below poverty level	11.2	14.5
% Under age 18 in poverty	16.1	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators of education, health, and public safety in the region compared to the state as a whole. There were fewer adults with a bachelor’s degree or higher in the region than in the state. The violent crime rate was significantly lower in the region than in the state.

Table 3. Region: Social Characteristics, 2005-2009		
Social Characteristics	St. Clair (95% CI)	State (95% CI)
% Adults with bachelor’s degree or higher ¹	14.9	24.5

Social Characteristics	St. Clair (95% CI)	State (95% CI)
% Adults with obesity ²	33.0 (28.6-37.8)	29.2 (28.4-30.0)
% No health insurance coverage ²	14.4 (10.8-18.8)	14.2 (13.4-14.9)
Infant mortality rate (per 1,000) ³	6.5 (5.3-7.7)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	2.4 (2.3-2.5)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFSS, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

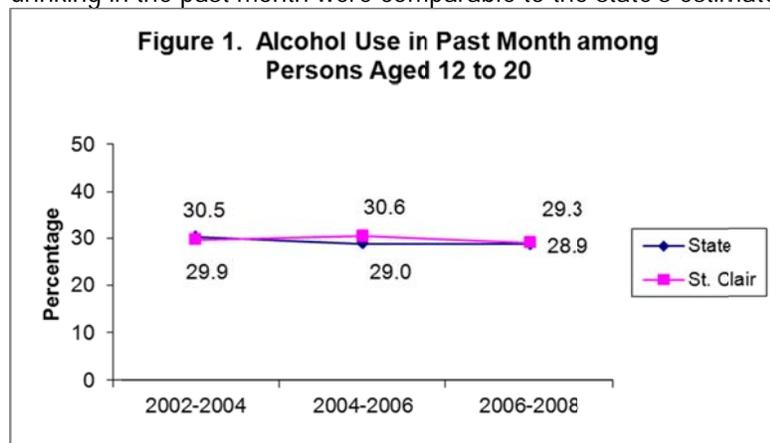
Between 2005 and 2009, the rate of alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes was significantly higher in the region than in the state (Table 4).

Alcohol Consequences	St. Clair (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	20.2 (17.9-22.5)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	7.4 (6.1-8.7)	6.8 (6.6-7.0)

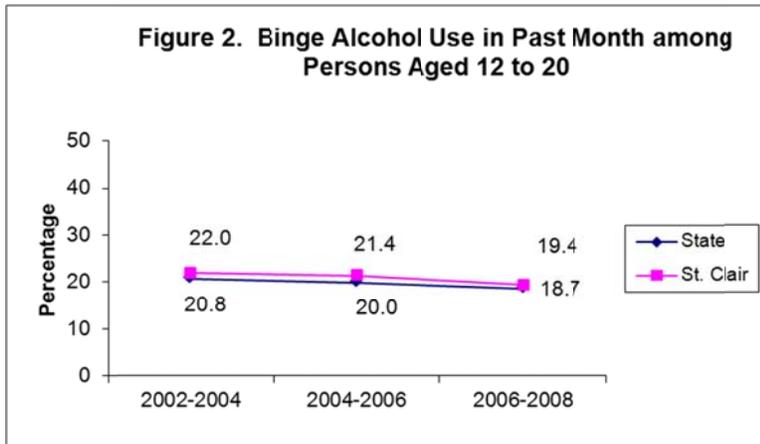
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health Statistics

Alcohol Consumption

Among people 12 to 20 years-of-age, the prevalence estimates of self-reported alcohol use and binge drinking in the past month were comparable to the state's estimates (Figures 1 & 2).

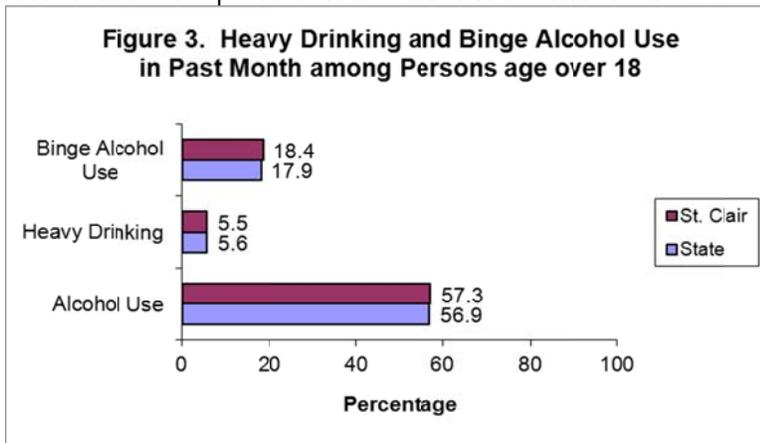


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of binge alcohol use and heavy drinking in the previous month were not significantly different than the state's estimates (Figure 3). The prevalence of any alcohol use in the past month was close to the state's rate.



Source: Michigan BRFS, 2006-2008

Alcohol Intervening Factors

The percent of persons 12 years-of-age or older who saw heavy drinking as a risk was comparable to the state's rate (Table 5).

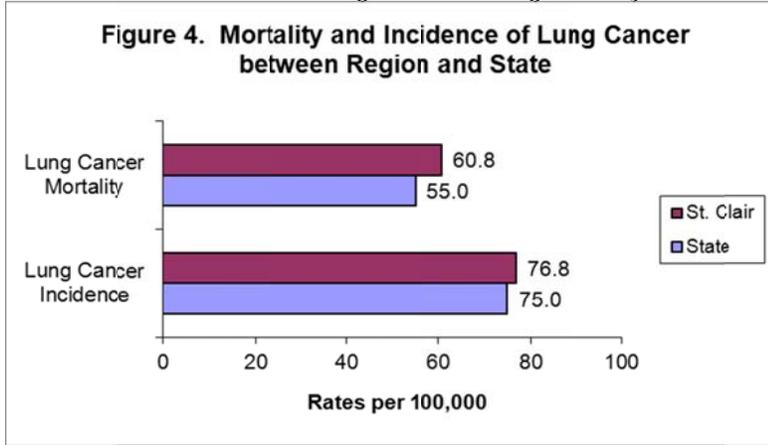
	St. Clair (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	37.3 (33.2-41.7)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	7.0 (5.5-8.8)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

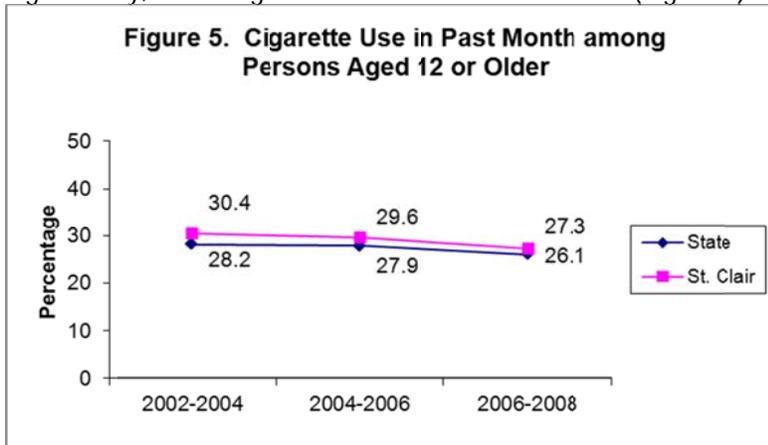
The lung cancer death rate was significantly higher in the region than in the state. However, the lung cancer incidence rate in the region was not significantly different than the state's rate (Figure 4).



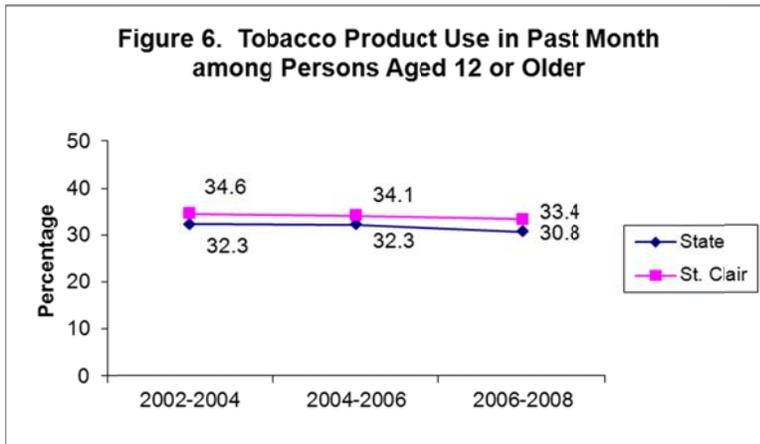
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

The estimates of cigarette use in the past month in the region have decreased in the region since 2002 (Figure 5). The prevalence estimates of tobacco consumption in the past month have been higher, but not significantly, in the region than in the state since 2002 (Figure 6).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

Between 2006 and 2008, the percent of people who perceived heavy smoking as a risk was close to the state's rate (Table 6).

	St. Clair (95% CI)	State (95% CI)
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	68.6 (64.9-72.1)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

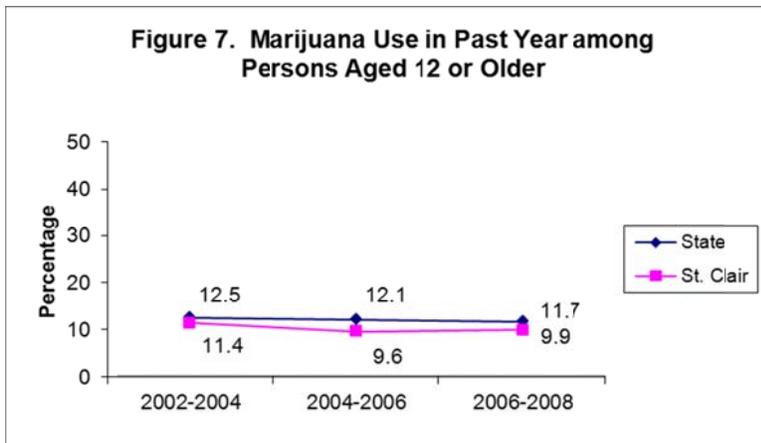
Between 2005 and 2009, the drug-induced death rate in the region was comparable to the state's rate (Table 7).

	St. Clair (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	15.7 (13.7-17.7)	15.4 (15.1-15.7)

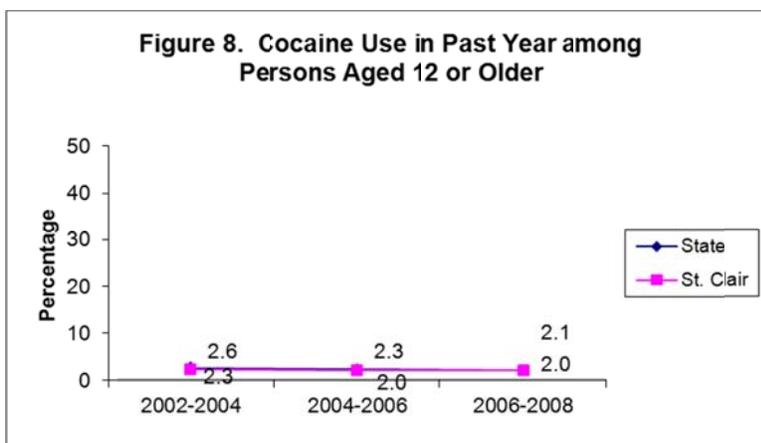
Source: Michigan Resident Death File, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

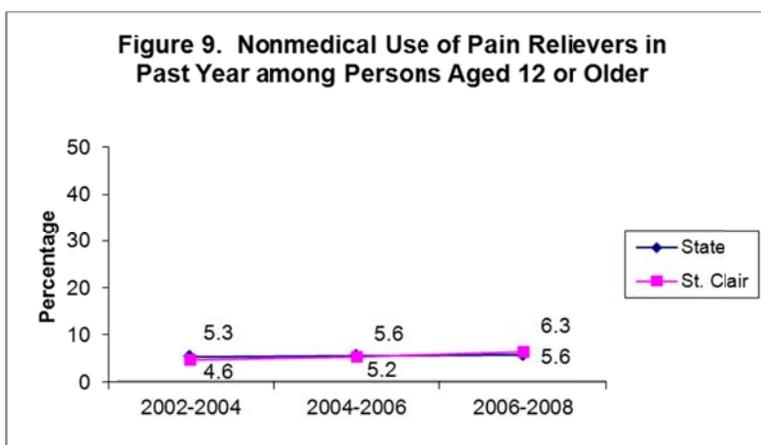
Among people 12 years-of-age and older, the prevalence estimate of self-reported marijuana use in the past year was close to the state's estimate (Figure 7). The cocaine use and nonmedical use of pain relievers in the past year were comparable to the state between 2002 and 2008 (Figures 8 & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

Average annual rate of first use of marijuana was close to the state rate. The percent of people who saw smoking marijuana once a month as risky was comparable to the state (Table 8).

Table 8. Drug Use Intervening Factors, 2006-2008		
	St. Clair (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	1.7 (1.3-2.2)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	35.0 (30.3-40.0)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	2.3 (1.6-3.3)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

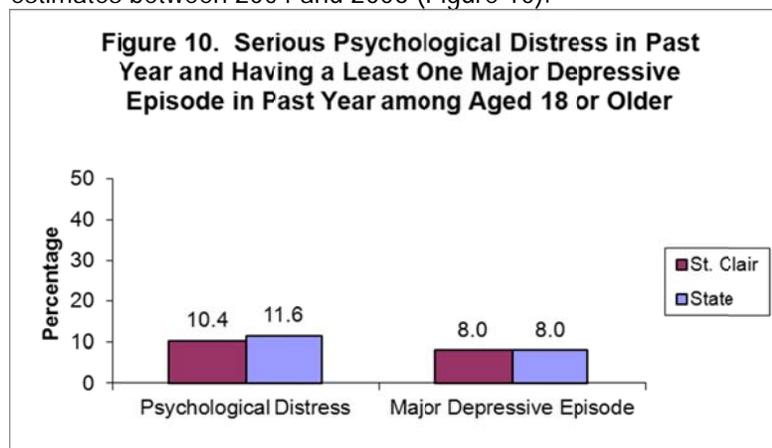
Mental Health Indicators

Between 2005 and 2009, overall estimates of mental health indicators in the region were comparable to the state's estimates (Table 9).

Table 9. Mental Health Indicators, 2006-2008 (2005-2009 ²)		
	St. Clair (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	12.2 (9.7-15.4)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	8.8 (6.6-11.5)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	11.7 (10.0-13.4)	11.1 (10.8-11.4)

Source: ¹Michigan BRFS, 2006-2008 ²MDCH, Division for Vital Records and Health Statistics

The prevalence estimates of psychological distress and having a least one major depressive episode in past year among people 18 years-of-age or older in the region were not statistically different than the state estimates between 2004 and 2006 (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

Southeast Michigan Community Alliance (SEMCA)

The Southeast Michigan Community Alliance serves Monroe and Wayne counties excluding the city of Detroit. The CA includes the city of Monroe and Dearborn.

Community Context

Demographic Characteristics

The population's age in the region was comparable to the state as a whole. There was a larger proportion of whites and a smaller proportion of blacks or African Americans in the region compared to the state (Table 1).

Table 1. Region: Demographic Characteristics, 2005-2009		
Demographic Characteristics	SEMCA	State
Total population	1,214,763	10,039,208
Population under age 18	297,648 (24.5%)	2,438,971 (24.3%)
Population over age 65	154,965 (12.8%)	1,292,048 (12.9%)
% Hispanic or Latino	3.0	4.0
% White	84.0	77.5
% Black or African American	8.3	13.9
% Native American	0.3	0.5
% Asian	3.0	2.3
% Hawaiian and Pacific Islander	0.0	0.0
% Other	0.2	0.1
% Multiple Races	1.3	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on US Census data from 2005 to 2009, the median household income in the region was \$61,609, which is higher than the state's median household income of \$48,700. The percent of unemployed and the percent of people in poverty were lower in the region than in the state (Table 2).

Table 2. Region: Economic Characteristics, 2005-2009		
Economic Characteristics	SEMCA	State
Median household income	\$61,609	\$48,700
% Unemployed	9.9	10.4
% Family below poverty level	8.6	10.3
% Individuals below poverty level	11.0	14.5
% Under age 18 in poverty	15.0	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators of education, health, and public safety in the region compared to the state as a whole. The percent with no health insurance was significantly lower in the region. The infant mortality rate and the violent crime rate were also significantly lower in the region than in the state (Table 3).

Table 3. Region: Social Characteristics, 2005-2009		
Social Characteristics	SEMCA (95% CI)	State (95% CI)
% Adults with bachelor's degree or higher ¹	23.9	24.5

Social Characteristics	SEMCA (95% CI)	State (95% CI)
% Adults with obesity ²	29.1 (26.7-31.6)	29.2 (28.4-30.0)
% No health insurance coverage ²	9.8 (8.1-11.8)	14.2 (13.4-14.9)
Infant mortality rate (per 1,000) ³	6.7 (6.1-7.3)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	3.6 (3.6-3.7)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFSS, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

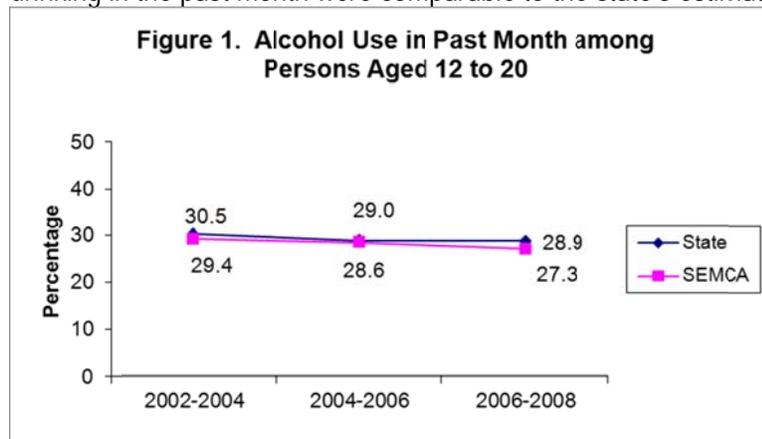
Between 2005 and 2009, the rate of alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes was significantly lower in the region than in the state. The alcohol-induced death rate was also significantly lower in the region than the state (Table 4).

Alcohol Consequences	SEMCA (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	11.8 (10.9-12.7)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	5.6 (5.0-6.2)	6.8 (6.6-7.0)

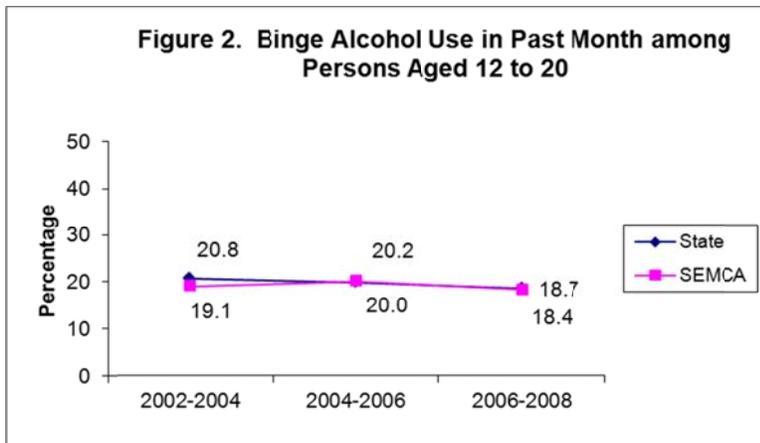
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center. ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health Statistics

Alcohol Consumption

Among people 12 to 20 years-of-age, the prevalence estimates of self-reported alcohol use and binge drinking in the past month were comparable to the state's estimates (Figures 1 & 2).

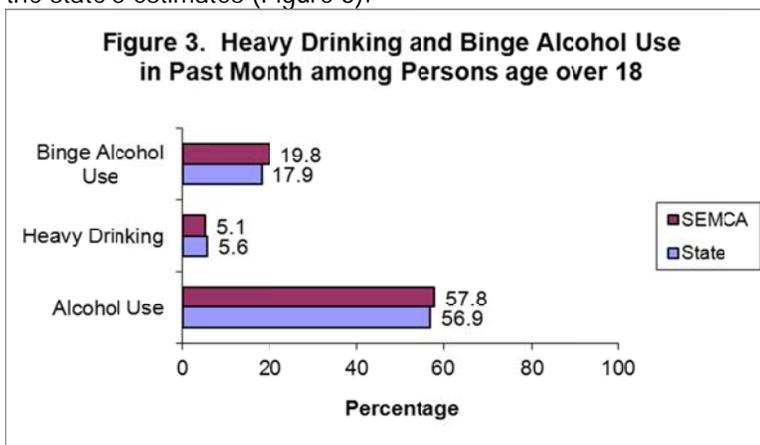


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of binge alcohol use and heavy drinking were close to the state's estimates (Figure 3).



Source: Michigan BRFS, 2006-2008

Alcohol Intervening Factors

The percent of persons 12 years-of-age or older who perceived heavy drinking as a risk was comparable to the state's rate (Table 5).

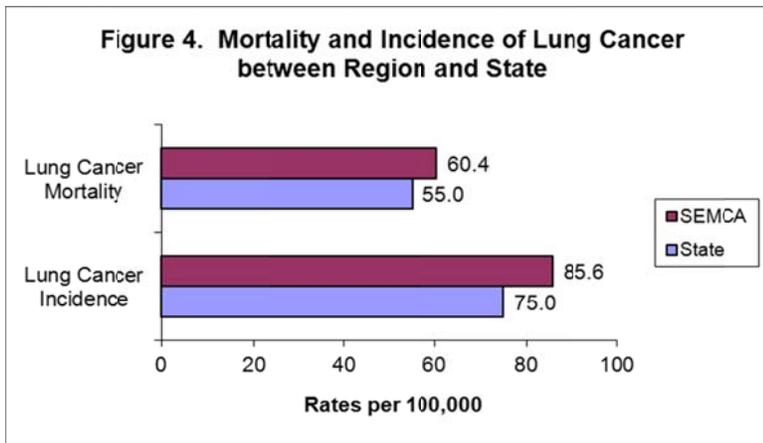
Table 5. Alcohol Consumption Intervening Factor, 2006-2008		
	SEMCA (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	39.3 (36.5-42.2)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	7.0 (5.9-8.2)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

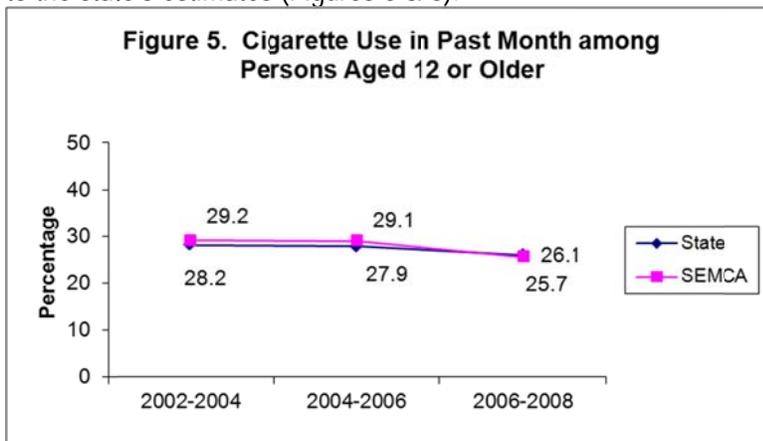
The lung cancer death rate and the incidence of lung cancer were significantly higher in the region than in the state (Figure 4).



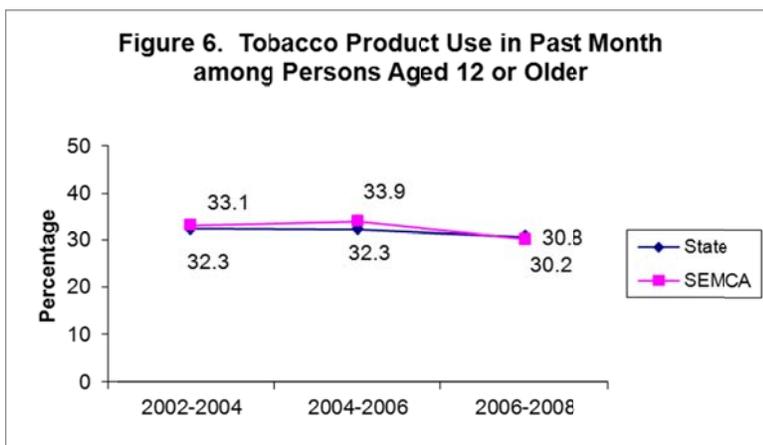
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

The prevalence estimates of self-reported cigarette and tobacco consumption in the past month were close to the state’s estimates (Figures 5 & 6).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

Between 2006 and 2008, the percent of people who saw heavy smoking as a risk in the region was not significantly different than the state's estimate (Table 6).

Table 6. Tobacco Intervening Factor, 2006-2008		
	SEMCA (95% CI)	State (95% CI)
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	72.6 (70.1-75.0)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

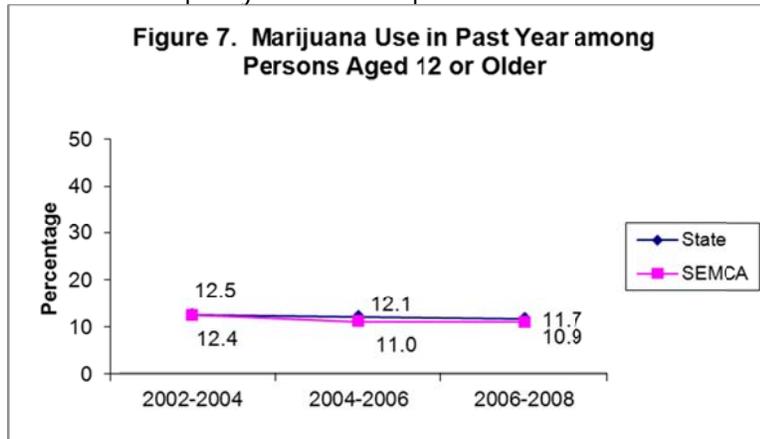
Between 2005 and 2009, the drug-induced death rate was significantly higher in the region than in the state (Table 7).

Table 7. Drug Use Consequences, 2005-2009		
	SEMCA (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	19.8 (18.7-20.9)	15.4 (15.1-15.7)

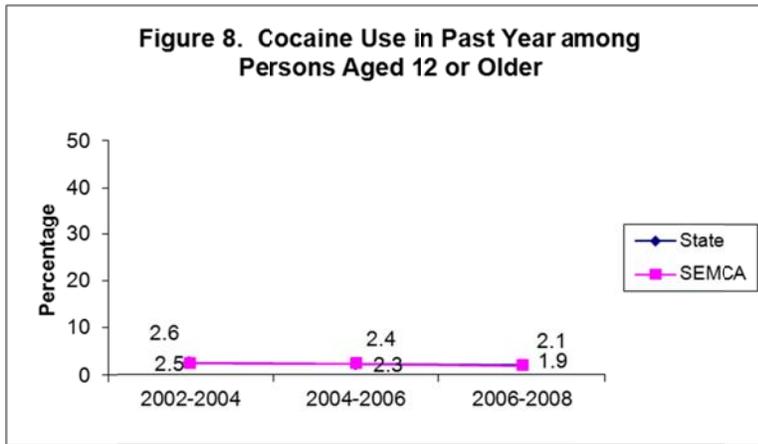
Source: Michigan Resident Death File, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

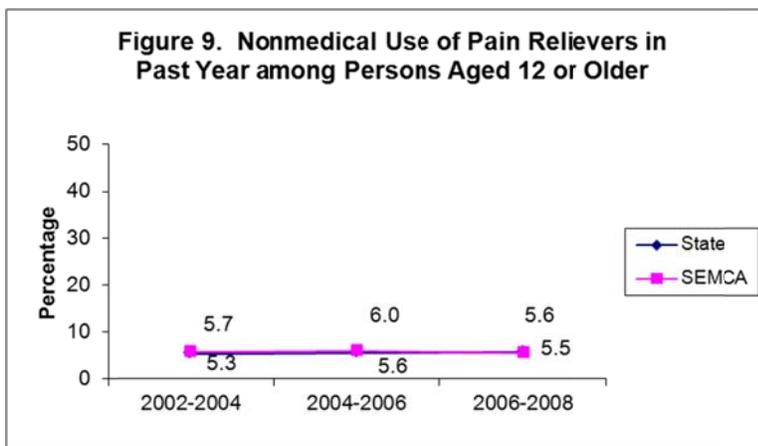
Among people 12 years-of-age and older, the prevalence estimate of self-reported marijuana use in the past year was close to the state's estimate (Figure 7). The cocaine use and nonmedical use of pain relievers in the past year were comparable to the state between 2002 and 2008 (Figures 8 & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

Average annual rate of first use of marijuana was close to the state rate. The percent of people who saw smoking marijuana once a month as risky was comparable to the state (Table 8).

	SEMCA (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	1.7 (1.5-2.0)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	37.2 (34.1-40.5)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	2.2 (1.7-2.8)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

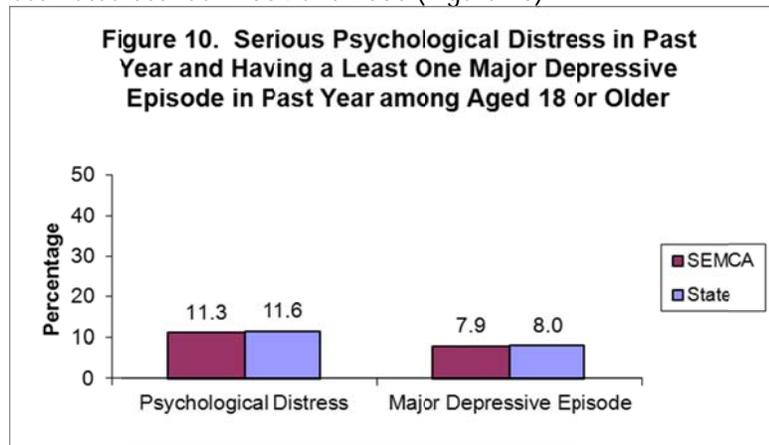
Mental Health Indicators

Between 2005 and 2009, overall estimates of mental health indicators in the region were comparable to the state's estimates (Table 9).

Table 9. Mental Health Indicators, 2006-2008 (2005-2009 ²)		
	SEMCA (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	10.3 (8.9-11.7)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	12.5 (10.8-14.4)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	11.1 (10.3-11.9)	11.1 (10.8-11.4)

Source: ¹Michigan BRFSS, 2006-2008 ²MDCH, Division for Vital Records and Health Statistics

The prevalence estimates of psychological distress and having a least one major depressive episode in past year among people 18 years-of-age or older in the region were not statistically different than the state estimates between 2004 and 2006 (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

Washtenaw Community Health Organization

The Washtenaw Community Health Organization CA serves Washtenaw and Livingston counties. It includes the cities of Ann Arbor and Howell.

Community Context

Demographic Characteristics

The population in the region was less diverse than the state as a whole. There was a smaller percentage of Blacks and a larger percentage of Asians in the region compared to the state. The percentage of older adults was lower in the region than the state's distribution (Table 1).

Table 1. Demographic Characteristics, 2005-2009		
Demographic Characteristics	Washtenaw	State
Total population	528,088	10,039,208
Population under age 18	120,168 (22.8%)	2,438,971 (24.3%)
Population over age 65	50,138 (9.5%)	1,292,048 (12.9%)
% Hispanic or Latino	2.8	4.0
% White	81.4	77.5
% Black or African American	8.0	13.9
% Native American	0.3	0.5
% Asian	5.3	2.3
% Hawaiian and Pacific Islander	0.0	0.0
% Other	0.2	0.1
% Multiple Races	2.1	1.6

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Economic Characteristics

Based on US Census data from 2005 to 2009, the median household income in the region was \$63,934, which is higher than the state's median household income of \$48,700. The proportions of unemployed and below poverty level were lower than the state's proportions (Table 2).

Table 2. Economic Characteristics, 2005-2009		
Economic Characteristics	Washtenaw	State
Median household income	\$63,934	\$48,700
% Unemployed	7.5	10.4
% Family below poverty level	5.7	10.3
% Individuals below poverty level	11.7	14.5
% Under age 18 in poverty	10.5	19.8

Source: U.S. Census Bureau, American Community Survey, 2005-2009

Social Characteristics

Table 3 includes some indicators of education, health, and public safety in the region compared to the state as a whole. The percent of adults with a bachelor's degree or higher was higher than the state's rate. The proportions of adults with obesity and no health insurance were significantly lower in the region. The infant mortality rate and violent crime rate were also significantly lower in the region than in the state.

Social Characteristics	Washtenaw (95% CI)	State (95% CI)
% Adults with bachelor's degree or higher ¹	43.3	24.5
% Adults with obesity ²	24.1 (20.8-27.8)	29.2 (28.4-30.0)
% No health insurance coverage ²	8.2 (6.0-11.0)	14.2 (13.4-14.9)
Infant mortality rate (per 1,000) ³	5.5 (4.7-6.4)	7.6 (7.4-7.8)
Violent crime rate (per 1,000) ⁴	2.5 (2.4-2.5)	5.1 (5.1-5.2)

Source: ¹U.S. Census Bureau, American Community Survey, 2005-2009 ²Michigan BRFS, 2006-2008 ³Michigan Resident Birth and Death Files, 2005-2009, Division for Vital Records and Health Statistics ⁴Michigan Uniform Crime Report, 2005-2009

Alcohol Use

Alcohol Consequences

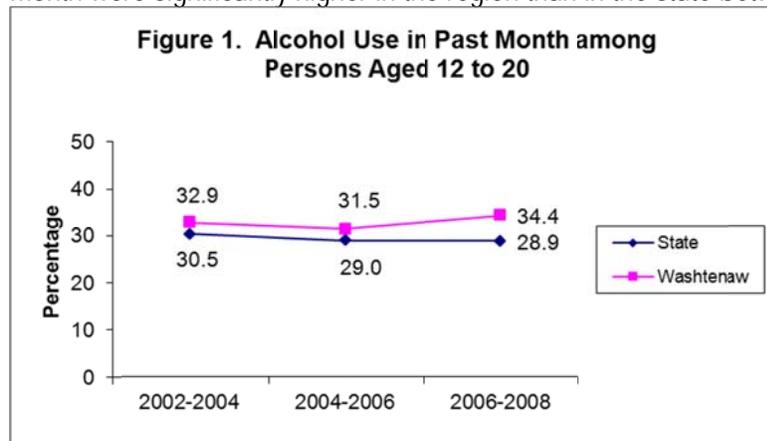
Between 2005 and 2009, the rate of alcohol-impaired deaths and incapacitating injuries in motor vehicle crashes was comparable to the state's rate. The alcohol-induced death rate was significantly lower in the region than the state (Table 4).

Alcohol Consequences	Washtenaw (95% CI)	State (95% CI)
Alcohol-impaired deaths and incapacitating injuries rate (per 100,000) ¹	15.7 (14.2-17.2)	16.6 (16.2-16.9)
Alcohol-induced death rate (per 100,000) ²	4.4 (3.6-5.2)	6.8 (6.6-7.0)

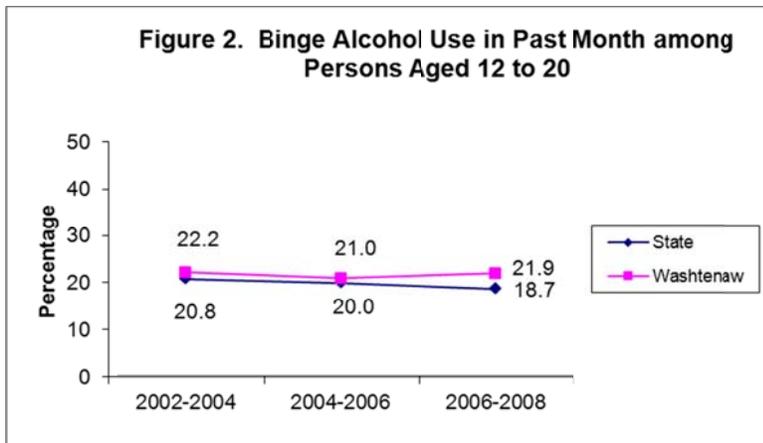
Source: ¹Crash Statistics, Michigan State Police, Criminal Justice Information Center ²Michigan Resident Death File, Michigan Department of Community Health, Division for Vital Records and Health Statistics

Alcohol Consumption

Among people 12 to 20 years-of-age, the prevalence estimates of self-reported alcohol use in the past month were significantly higher in the region than in the state between 2006 and 2008 (Figures 1 & 2).

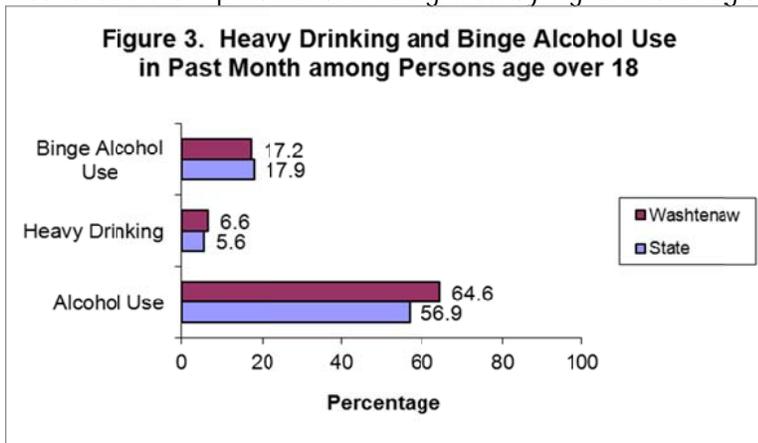


Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

For those 18 years-of-age and older, the prevalence of binge alcohol use and heavy drinking in the previous month were not significantly different than the state's estimates (Figure 3). The prevalence of any alcohol use in the past month was significantly higher in the region than in the state.



Source: Michigan BRFSS, 2006-2008

Alcohol Intervening Factors

The percent of persons 12 years-of-age or older who perceived heavy drinking as a risk was slightly, but not significantly, lower than the state's rate (Table 5).

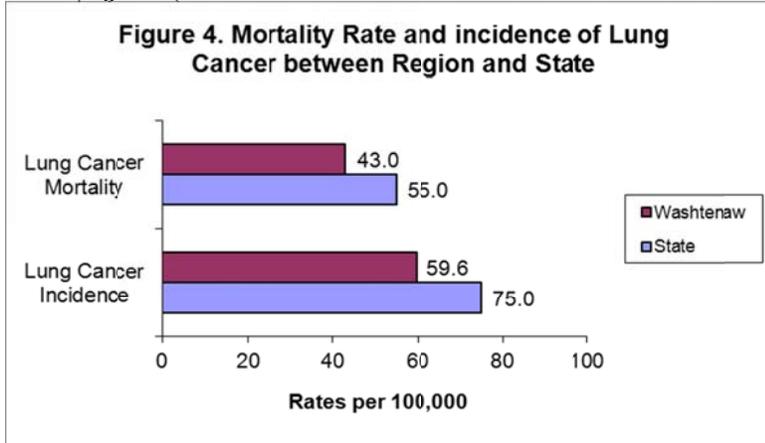
Table 5. Alcohol Consumption Intervening Factor, 2006-2008		
	Washtenaw (95% CI)	State (95% CI)
% Reporting a perception of great risk in having five or more drinks of an alcoholic beverage once or twice a week	36.4 (32.9-40.1)	38.4 (37.1-39.6)
% Reporting needing, but not receiving, treatment for alcohol use in past year	8.1 (6.6-9.8)	7.4 (6.8-8.0)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Tobacco Use

Tobacco Consequences

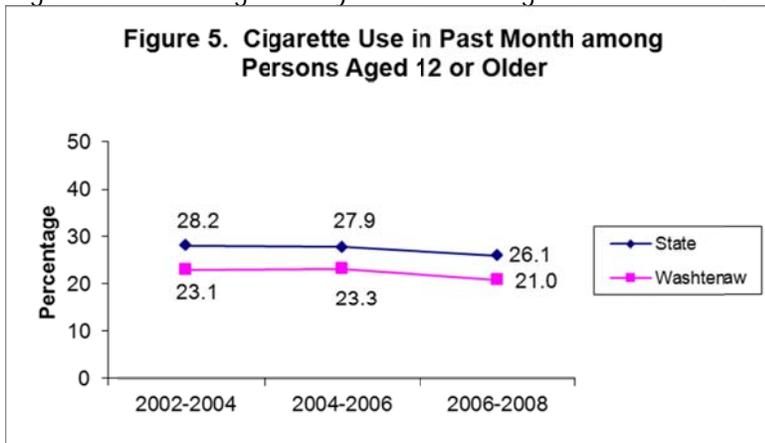
The lung cancer death rate and the incidence of lung cancer rate were significantly lower than the state's rates (Figure 4).



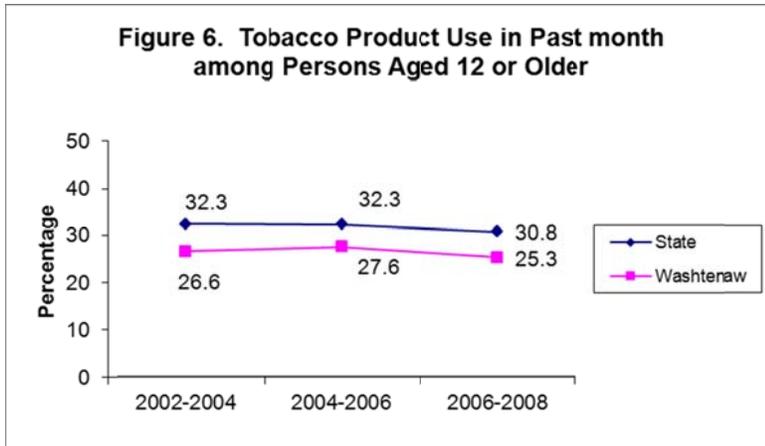
Source: Michigan Resident Cancer Incidence File, Includes cases diagnosed in 2003 – 2007 and deaths in 2005-2009, processed by the Michigan Department of Community Health, Division for Vital Records and Health Statistics

Tobacco Consumption

The prevalence estimates of self-reported cigarette and tobacco consumption in the past month in the region have been significantly lower in the region than in the state since 2002 (Figures 5 & 6).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Tobacco Intervening Factor

Between 2006 and 2008, the percent of people who perceived heavy smoking as a risk was higher in the region, but not significantly, than in the state (Table 6).

	Washtenaw (95% CI)	State (95% CI)
% Reporting a perception of great risk of smoking one or more packs of cigarettes per day	74.2 (71.1-77.0)	71.6 (70.4-72.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

Drug Use

Drug Use Consequences

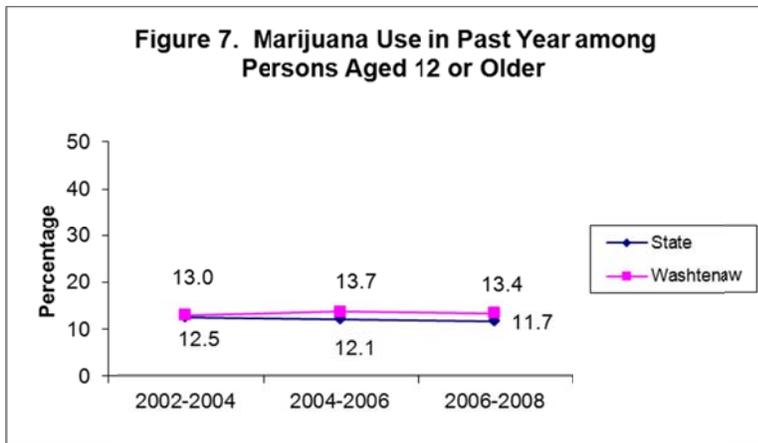
Between 2005 and 2009, the drug-induced death rate in the region was significantly lower than the state's rate (Table 7).

	Washtenaw (95% CI)	State (95% CI)
Drug-induced mortality (per 100,000)	11.5 (10.3-12.7)	15.4 (15.1-15.7)

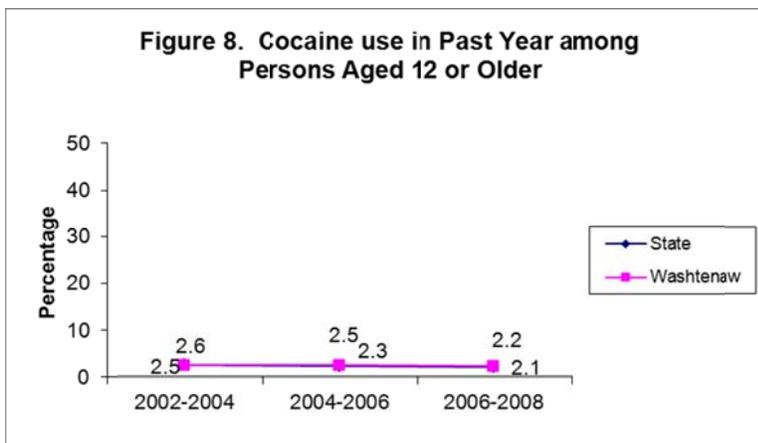
Source: Michigan Resident Death File, MDCH, Division for Vital Records and Health Statistics

Drug Use Consumption

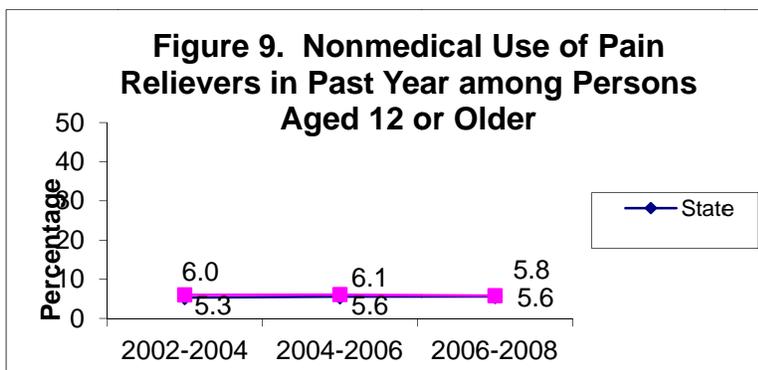
Among people 12 years-of-age and older, the prevalence estimate of self-reported marijuana use in the past year was close to the state's estimate (Figure 7). The cocaine use and nonmedical use of pain relievers in the past year were comparable to the state between 2002 and 2008 (Figures 8 & 9).



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health



Source: SAMHSA, National Survey on Drug Use and Health

Drug Use Intervening Factors

Average annual rate of first use of marijuana was significantly higher in the region than in the state. The percent of people who saw smoking marijuana once a month as risky was significantly lower in the region (Table 8).

Table 8. Drug Use Intervening Factors, 2006-2008		
	Washtenaw (95% CI)	State (95% CI)
Average annual rate of first use of marijuana per 1,000 potential new users	2.7 (2.2-3.4)	1.9 (1.8-2.1)
% Reporting a perception of great risk of smoking marijuana once a month	28.3 (24.3-32.6)	34.4 (33.1-35.7)
% Reporting needing, but not receiving, treatment for illicit drug use in past year	2.3 (1.6-3.2)	2.5 (2.3-2.8)

Source: SAMHSA, National Survey on Drug Use and Health, 2006-2008

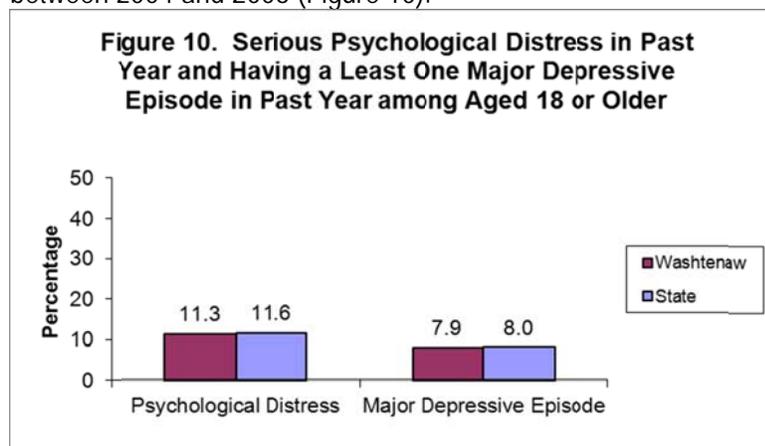
Mental Health Indicators

Between 2005 and 2009, the percent of perceiving self in poor physical health and the age-adjusted suicide rate in the region were significantly lower than the state's rate (Table 9).

Table 9. Mental Health Indicators, 2006-2008 (2005-2009 ²)		
	Washtenaw (95% CI)	State (95% CI)
% Perceiving self in poor physical health ¹	6.6 (5.1-8.5)	10.9 (10.5-11.4)
% Perceiving self in poor mental health ¹	9.3 (7.1-12.0)	10.8 (10.3-11.3)
Suicide rate, age-adjusted ²	7.9 (6.8-9.0)	11.1 (10.8-11.4)

Source: ¹Michigan BRFSS, 2006-2008 ²MDCH, Division for Vital Records and Health Statistics

The prevalence estimates of psychological distress and having a least one major depressive episode in past year among people 18 years-of-age or older in the region were comparable to the state estimates between 2004 and 2006 (Figure 10).



Source: SAMHSA, National Survey on Drug Use and Health, 2004-2006

Summary

The following table provides comparisons for each region of the state for the 24 ATOD and mental health indicators and four social and health indicators. Only significant differences between the indicators for the regions and state are listed below, which are based on 95% confidence intervals.

Coordinating Agency	Region Indicator is Significantly Better than State Indicator	Region Indicator is Significantly Worse than State Indicator
Detroit	Alcohol-impaired deaths and incapacitating injuries in a motor vehicle crash Alcohol use among persons aged 12 to 20 Binge alcohol use among persons aged 12 to 20 Any alcohol use among persons age over 18 Binge alcohol use among persons age over 18 Perception of risk of heavy drinking Perception of risk of smoking marijuana Suicide deaths	Adults with obesity Health insurance coverage Infant mortality Violent crime Lung cancer deaths Lung cancer incidence Drug-induced deaths Marijuana use among persons age over 12 (2006-2008 only) Needing, but not receiving treatment for illicit drug use Perceiving in poor physical health Perceiving self in poor mental health
Genesee	Infant mortality Violent crime	Alcohol-impaired deaths and incapacitating injuries in a motor vehicle crash Perception of great risk of smoking one or more packs of cigarettes per day Suicide deaths
Lakeshore	Infant mortality Violent crime rate Lung cancer deaths Lung cancer incidence Drug-induced mortality Suicide deaths	
Macomb	Violent crime	Alcohol-impaired deaths and incapacitating injuries in a motor vehicle crash Binge alcohol use among persons aged 12 to 20 (2002-2004 only) Lung cancer deaths Suicide deaths
network180	Health insurance coverage Infant mortality Violent crime Incidence of lung cancer Drug-induced deaths	Alcohol-impaired deaths and incapacitating injuries in a motor vehicle crash Alcohol and binge alcohol use among persons aged 12 to 20 (2006-2008 only)

Coordinating Agency	Region Indicator is Significantly Better than State Indicator	Region Indicator is Significantly Worse than State Indicator
NMSAS	Infant mortality Violent crime Any alcohol use among persons age over 18 Drug-induced deaths	Alcohol-impaired deaths and incapacitating injuries in a motor vehicle crash Alcohol use among persons aged 12 to 20 (2002-2004 only) Binge alcohol use among persons aged 12 to 20 (2002-2004 only) Suicide deaths
Oakland	Adults with obesity Health insurance coverage Infant mortality Violent crime Alcohol-impaired deaths and incapacitating injuries rate Alcohol-induced death rate Lung cancer deaths Lung cancer incidence Cigarette use among persons age over 12 (2006-2008 only) Tobacco product use among persons age over 12 (2006-2008 only) Suicide deaths	Any alcohol use among persons age over 18
Saginaw	Infant mortality Violent crime Drug-induced deaths	Alcohol-impaired deaths and incapacitating injuries in a motor vehicle crash Alcohol-induced deaths Alcohol (2002-2004 and 2006-2008) and binge alcohol use (2002-2008) among persons aged 12 to 20 Suicide deaths
St. Clair	Violent crime	Alcohol-impaired deaths and incapacitating injuries in a motor vehicle crash Lung cancer deaths
SEMCA	Health insurance coverage Infant mortality Violent crime Alcohol-impaired deaths and incapacitating injuries Alcohol-induced deaths	Lung cancer deaths Lung cancer incidence Drug-induced deaths
Washtenaw	Violent crime Drug-induced deaths Use of marijuana (2002-2004 only)	Alcohol-impaired deaths and incapacitating injuries in a motor vehicle crash Alcohol-induced deaths Alcohol and binge alcohol use among persons aged 12 to 20 (2006-2008 only) Suicide deaths

Data Limitations and Gaps

As is the case in many states, information gaps exist in ATOD and mental health data available within Michigan at the state and local level. These gaps in information may limit the ability to address a complete profiling of population needs, resources, and readiness. The State Epidemiological Outcomes Workgroup (SEOW) has identified these information gaps, which are primarily the result of systems issues. Subsequently, these gaps may have impacted the formulation of statewide and local community indicators and need statements, and what has been included in this document.

When assessing data, the SEOW looked at the availability and quality of measure, and availability, analysis and frequency of data collection as a first tier consideration of whether to include specific datasets. This contributed to the level of confidence in what the data appear to be showing. Other considerations related to data gaps and limitations included:

- Limited use of available tools in communities. One example of this was the limited number of school districts using the Michigan Profile for Healthy Youth (MiPHY). Through efforts of the SEOW, community coalitions, CAs, the Michigan Department of Education, and other stakeholders, attention has been given to community readiness and responsiveness in conducting the MiPHY, and the number of school districts now participating has increased substantially.
- Limited data being collected on specific drugs (e.g. methamphetamine, prescription and over-the-counter drugs, etc.) or specific correlations (e.g. the link between child health and maternal alcohol consumption related to fetal alcohol spectrum disorders [FASD] or potential mental health indicators, the link between substance use/abuse and child abuse and neglect cases, etc.).
- The need for substance use disorder treatment data that are not limited to publicly-funded programs (and a disclaimer to be added to current data on this limitation).
- Limitations in data sources available to assess mental health issues in communities, and the link to risk and protective factors, life stressors, and other potential indicators.
- Local-level risk and protective factor data related to environmental/access, school, community and individual domains, as well as specific populations (e.g., college students, adjudicated youth, the elderly, etc.).

The above examples of gaps in data are acknowledged, and are important for the reader to consider when reviewing this document. Although accomplishments have been achieved in developing and accessing more data in recent years, there is still work to be done. It is expected that as the SEOW work proceeds, additional indicators will be added in future reports as data is identified and new linkages are made. The SEOW views this as one of its primary roles. The assistance and support of the Michigan Department of Community Health will be invaluable to this process.

Conclusion

SAMHSA has identified the prevention of substance abuse and mental illness as one of its eight strategic initiatives to guide their work from 2011 through 2014. This entails creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse (including tobacco), and suicide. More information on this initiative can be found at www.samhsa.gov. SAMHSA's initiative aligns with the BSAAS mission to promote wellness, strengthen communities, and facilitate recovery.

In order to implement the BSAAS mission, effective prevention efforts are needed and require a thorough understanding of the community to appropriately target intervention efforts. Valuable data are critical to this step, as well as supporting an overall Strategic Planning Framework process. Assessing and understanding contributing consumption and consequence patterns, other relevant conditions, and intervening variables will allow the state and communities to effectively prioritize problems. This information will also assist the state and communities in choosing targeted interventions, and the use of appropriate programs, policies, and practices to address efforts related to promoting emotional health and the prevention of substance abuse disorders and mental illness.

This document was created to assist in these efforts to assure a data-driven process, grounded in a public health foundation, and implemented across the state for statewide planning and decision-making.

It is the intention of BSAAS that CAs will utilize the Community Epidemiology Profile as a starting point for local efforts. CAs and community coalitions are encouraged to further extrapolate data for each county in their respective region on these same indicators and to use the information to collect additional data at the local level. In doing so, local collaborative planning efforts will be enhanced and partnerships strengthened in order to plan for prevention prepared communities.