2016 Community Health Needs Assessment

Lapeer County Community Health Assessment 2016-2018

This community health assessment was conducted through cooperation with the Lapeer County Community Collaborative with leadership from McLaren Lapeer Region, Lapeer County Health Department and the Community Collaborative Coordinator.

The Collaborative is an executive level, multi-sector group that meets monthly to address the needs of the Lapeer County residents. The mission of the Lapeer County Community Collaborative is to bring together community resources through collaboration, communication and cooperation to identify concerns, initiate action and organize for impact.

Membership in the Collaborative body includes the following:

The Collaborative utilized materials and guidance documents from the Center for Disease Control's Community Health Status Indicators (CHSI 2015), APEX Public Health, the National

Blue Water Center for Independent Living (Disabilities)	GST Michigan Works!	Lapeer County Health Department Alcohol Information and Counseling Center (AICC)	Love, Inc.
Catholic Charities of Southeast Michigan	Great Start Collaborative	Lapeer County Intermediate School District	Mentors for Kids
City of Lapeer Housing	Greater Lapeer Transit Authority	Lapeer County Kids in New Directions (KIND)	McLaren Lapeer
County of Lapeer Administration	Habitat for Humanity of Lapeer	Lapeer County MSU Extension	Mott Community College
County of Lapeer Courts	Lapeer County Bank & Trust	Lapeer County Probate/Family Court	The Child Advocacy Center of Lapeer County
Department of Health & Human Services DHHS Adult Protective Services	Lapeer County Board of Commissioners	Lapeer County Prosecuting Attorney	The Refuge (Shelter)
Family Literacy Center	Lapeer County Community Corrections	Lapeer County Sheriff's Office	United Way of Lapeer County
Faith Christian Fellowship Church	Lapeer County Community Foundation	Lapeer County Treasurer	Valley Area Agency on Aging (VAAA)
	Lapeer County Community Mental Health	Lapeer District Library	Veteran Affairs Lapeer County

Association of County and City Health Officials (NACCHO) and the Community Tool Box from the Work Group for Community Health and Development at the University of Kansas.

Lapeer County Demographics

Profile of Lapeer County, 2013

POPULATION

As of July 1, 2013	88,389
Rank Among Counties:	23
Per Square Mile:	135.1

MARRIAGE

Marriages:	511
Marriage Rate:	11.6

NATALITY

Live Births:	802
Teenage Mothers:	59
Low Weight Births:	49
First Births:	298

DIVORCE

Divorces:	322
Divorce Rate:	7.3

MORTALITY

Total Deaths:	767
Infant Deaths:	4
Neonatal Deaths:	4
Postneonatal Deaths:	-
Perinatal Deaths:	7
Fetal Deaths:	3

NATALITY BY RACE OF MOTHER

	Total Number	Rate	White Number	Rate	Black Number	Rate	Other Number	Rate
Live Births	802	9.1	749	8.7	6	4.7	39	37.7

	Total Number	Ratio	White Number	Ratio	Black Number	Ratio	Other Number	Ratio
Teenage Mothers	68	82.6	61	77.6	-	-	6	187.5
Low Weight	49	61.1	41	54.7	2	*	5	*
Under 1,500 Grams	3	*	3	*	-	-	-	-
< 37 weeks Gestation	104	129.7	93	124.2	2	*	9	230.8
Prenatal Care Began in First Trimester	605	735.1	582	740.5	-	-	21	656.3

Note: Rate is per 1,000 estimated 2013 population and ratio per 1,000 live births in 2013 in specified group.

INFANT AND PERINATAL MORTALITY BY RACE

	Total Number	Ratio	White Number	Ratio	Black Number	Ratio	Other Number	Ratio
Infant Deaths	4	*	4	*	-	-	-	-
Neonatal Deaths	1	*	1	*	-	-	-	-
Postneonatal Deaths	-	-	-	-	-	-	-	-
Perinatal Deaths	3	*	2	*	-	-	1	*
Fetal Deaths	3	*	1	*	-	-	-	-

Note: Rate is per 1,000 live births or total births in 2013 in specified group.

MORTALITY

	Total			White			Black			Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Deaths	767	367	400	757	360	397	4	3	1	5	3	2
Crude Death Rate	8.8	8.7	8.8	8.9	8.8	8.9	*	*	*	9.0	15.4	*

	Age in Years												
	<1	1-4	5-8	10-14	15-19	20-24	25-29	30-39	40-49	50-59	60-69	70+	Unk
Total Deaths	2	1	-	-	4	3	6	14	28	73	119	523	-
White Male	3	-	-	2	1	5	6	8	14	47	59	215	-
White Female	2	1	-	-	-	-	3	4	8	29	52	284	-
Black Male	-	-	-	-	-	-	-	-	-	1	1	1	-
Black Female	-	-	-	-	-	-	-	-	-	1	-	-	-
Other Male	-	-	-	-	-	-	-	1	-	1	1	-	-
Other Female	-	-	-	-	-	-	-	-	-	-	-	2	-

Note: Rate is per 100,000, 2013 population in specified group.

LEADING CAUSES OF DEATH

	Deaths	Rate
Total	767	776.8
Heart Disease	210	215.5
Cancer	193	182.0
C.L.R.D.	50	51.3
Stroke	35	36.9
Accidents	33	39.6
Alzheimer's	17	*
Diabetes Mellitus	21	18.1
Pneumonia/Flu	14	*
Kidney Disease	12	*
Suicide	16	*

LEADING HOSPITAL DISCHARGES--2013

	Discharges	Rate
All Hospitalizations	11,615	1,317.3
Heart Diseases	1,251	141.9
Newborns and Neonates (Less than 7 days)	812	92.1
Females with Deliveries	789	89.5
Injury and Poisoning	934	105.9
Septicemia	507	57.5
Psychoses	414	47.0
Osteoarthrosis and Allied Disorders	430	48.8
Cancer (Malignant Neoplasms)	404	45.8
Cerebrovascular Diseases	316	35.8
Pneumonia	309	35.0

Children Ages 1-19

	Deaths	Rate
Total	5	*
Accidents	4	*
Assault (Homicide)	2	*
Suicide	1	*
Cancer	1	*
Congenital malformations	-	-

Children Ages 1-19

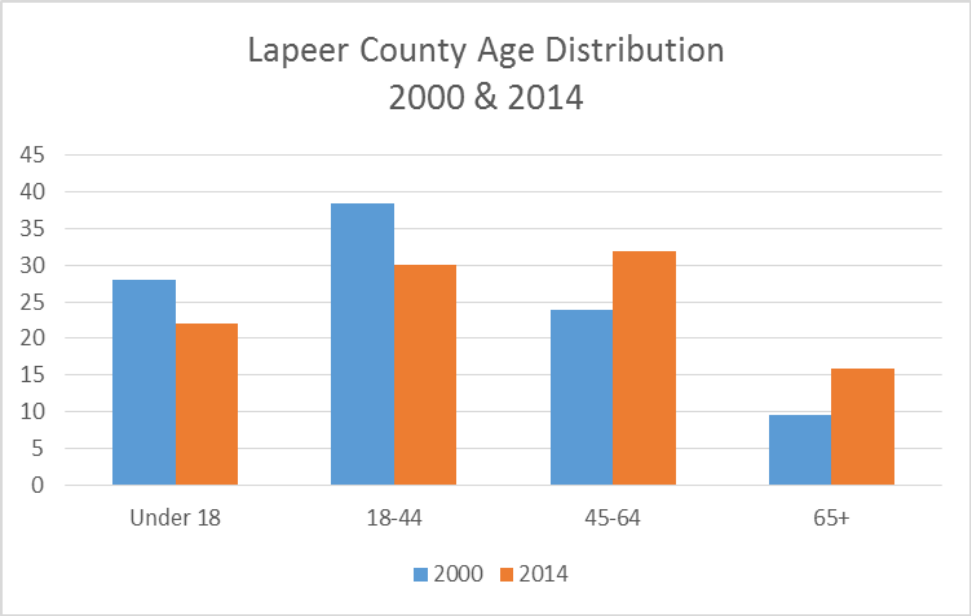
	Discharges	Rate
All Hospitalizations	485	222.0
Females with Deliveries	71	32.5
Injury and Poisoning	45	20.6
Pneumonia	31	14.2
Asthma	7	3.2
Psychoses	27	12.4

Note: Rates are per 100, 000. Leading causes of death are computed by the direct method, using as the standard population the age distribution of the total population of the United States for the year 2000. Children and discharge data are per 100,000, 2013 population in specified group.

Population

Year	Lapeer County	Michigan Population
2000	87,904	9,938,444
2013	88,323	9,883,640

Age Comparison



Lapeer County has grown in the past 14 years. However, the age demographics have changed considerably with a rapidly increasing older (ages 45-64 and 65+) population.

Lapeer County Community Collaborative Community Health Assessment

Many factors combine together to affect the health of individuals and communities. Whether people are healthy or not, is determined by their circumstances and environment. To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.

The determinants of health include:

- the social and economic environment,
- the physical environment, and
- the person's individual characteristics and behaviors.

The context of people's lives determine their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health. These determinants—or things that make people healthy or not—include the above factors, and many others:

- Income and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- Education – low education levels are linked with poor health, more stress and lower self-confidence.
- Physical environment – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions
- Social support networks – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.

- Genetics - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behavior and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- Health services - access and use of services that prevent and treat disease influences health
- Gender - Men and women suffer from different types of diseases at different ages.

The following two compiled documents were reviewed by the Collaborative during the assessment process:

Lapeer County Data (3 year averages: 2011-2013)
*Kid's Count 2015 Profile (2013 data)
** County Health Rankings 2015

WIC Data (low income women, infants and children) from Lapeer County:
Women pre-pregnancy overweight: 56% (89 out of 159)

	Lapeer Better	Michigan (per 100,000)	Lapeer Worse
1. Heart Disease		199	207
2. Cancer		174	183
3. Kidney Disease		13.9	19.8
4. Stroke		37.4	41.6
5. Pneumonia & Influenza		14.7	15.8
Contributing Factors: Adult Smoking** Obesity** Physical Inactivity**		% of MI Adults 20% 32% 23%	% of Lapeer County Adults 21% 33% 25%
6. Suicide		12.5	19.2
7. Homicide	*	7.2	
8. Teen Pregnancy	29.5/1000	41.6/1000	
9. Infant Mortality	2.4/1000 live births	6.8/1000 live births	
10. Abortion Rate	6.2/1000	9.5/1000	
11. Low Birth Weight (<2,500 gm)	6.8	8.4	
12. Children in Poverty (ages 0-17)**	17%	24%	
13. Fully Immunized Toddlers (19-25 mo)*		74%	62.9%
14. Unemployment*		8.8%	10.8%
15. Students not graduating on time*	14.9%	23%	
16. Some College**		65.6%	58.4%
17. Long commute—driving alone**		32%	51%

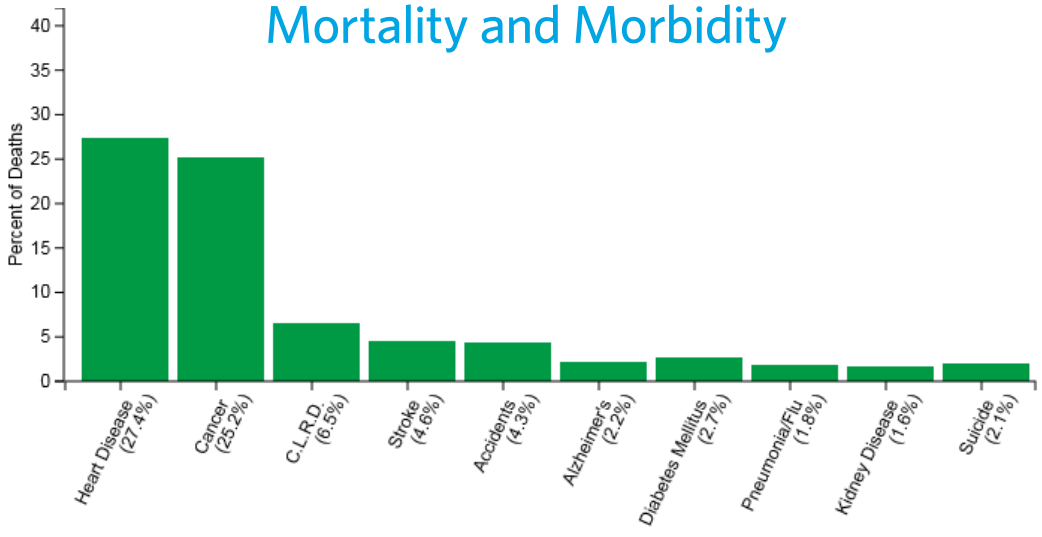
High maternal weight gain: 46.1% (65 out of 141)

Infants at risk of overweight (one or both parents overweight): 28.8% (n=124)
Children at risk of overweight (one or both parents overweight): 30.3% (n=348)

Leading Cause of Deaths for Ten Leading Causes by Age Lapeer County, Michigan 2012

Cause of Death	All Ages	Under 25 Years	25-54 Years	55-64 Years	65-74 Years	75-84 Years	85+ Years
							Data
All Causes of Death	774	10	75	94	153	209	233
1. Heart Disease	196	-	13	21	28	52	82
2. Cancer	195	-	11	38	63	50	33
3. Chronic Lower Respiratory Diseases	54	-	2	4	15	20	13
4. Stroke	42	-	2	2	5	14	19
5. Unintentional Injuries	30	7	13	1	5	2	2
6. Alzheimer's Disease	21	-	-	1	2	7	11
7. Diabetes Mellitus	26	-	1	8	5	7	5
8. Kidney Disease	25	-	1	1	6	9	8
9. Pneumonia/Influenza	22	-	3	-	4	6	9
10. Intentional Self-harm (Suicide)	18	2	11	2	2	1	-
All Other Causes	145	1	18	16	18	41	51

Mortality and Morbidity



Note: The causes of death are listed in order of the 10 leading causes of death for Michigan residents in 2013. Data displayed are by the underlying cause of death which is the condition giving rise to the chain of events leading to death. Causes of death are classified in accordance with the Tenth Revision of the International Classifications of Diseases (ICD-10), a coding structure developed by the World Health Organization. This revision has been used to classify deaths occurring on or after January 1, 1999. The ICD-10 codes are grouped into broader categories for the causes listed in this table in order to classify these selected causes of death (e.g., ICD-10 codes C00-C97 are used to indicate deaths due to cancer).

Source: 2013 Michigan Death Certificate Registry. Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services. Last Updated: 1/08/2015

Selected Health Statistics
Lapeer and Michigan

Selected Mortality Statistics, 2011—2013
Three—Year Averages

Note: Abortion rates are per 1,000 Michigan women aged 15-44. Adequate prenatal care is as defined by the Kessner

Mortality Rates	Lapeer	Michigan
AIDS	-	1.2±0.1
Alcohol-Induced	*	7.8±0.3
Alzheimer's Disease	24.6±6.0	25.6±0.5
Cancer	183.4±15.4	174.2±1.4
Chronic Liver Disease	7.2±2.9	9.9±0.3
Chronic Lower Respiratory Disease	53.7±8.7	46.0±0.7
Diabetes-Related	57.8±8.7	75.5±0.9
Heart Disease	206.9±17.0	199.7±1.5
Assault (Homicide)	*	7.2±0.3
Infant mortality	2.4 ±1.9	6.8 ±0.3
Kidney Disease	19.8±5.3	13.9±0.4
Pneumonia & Influenza	15.8±4.7	14.7±0.4
Septicemia	*	9.4±0.3
Stroke	41.6±7.8	37.4±0.6
Intentional Self-harm (Suicide)	19.2±5.5	12.5±0.4
Unintentional Injury	37.7±7.8	37.9±0.7

Index, a classification of prenatal care based on the month in which care began, the number of prenatal visits and the length of the pregnancy. Teen pregnancy rates are per 1,000 females ages 15-19. Pregnancies are the sum of live births, reported induced abortions and estimated miscarriages. Miscarriages are estimated by adding 20% of the live births and 10% of the reported induced abortions. Low weight births are less than 2,500 grams. Infant mortality rates are per 1,000 live births. Death rates are per 100,000 population age-adjusted to the 2000 U.S. population. Death data displayed are by the underlying cause of death which is the condition giving rise to the chain of events leading to death. Causes of death are classified in accordance with the Tenth Revision of the International Classification of Diseases (ICD-10), a coding structure developed by the World Health Organization. This revision has been used to classify deaths since January 1, 1999. The ICD-10 codes are grouped into broader categories for the causes listed in this table in order to classify these selected causes of death. Adding and subtracting the number shown after the + symbol to and from the rate creates the lower and upper bounds of the confidence interval. The true rate lies between the interval with 95% statistical confidence. * An asterisk indicates that data do not meet the standards of precision or reliability.

Source: 2011-2012 Geocoded Michigan Death Certificate Registries; 2013 Michigan Death Certificate Registry. 2011-2013 Geocoded Michigan Birth Certificate Registries and 2011-2013 Reported Induced Abortion Files. Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services; Population Estimate (latest update 9/2014), National Center for Health Statistics, U.S. Census Populations With Bridged Race Categories .

Suicides

	≤ 20	21-35	36-60	60+	Total
2009	1	2	4	2	9
2010	0	1	9	3	13
2011	1	4	9	2	16
2012	2	5	8	4	19
2013	3	3	8	3	17
2014	0	3	4	4	11
2015	0	3	4	7	14

Source: Lapeer County Medical Examiner's Office: Lapeer County Health Department

Selected Health Statistics—Lapeer and Michigan

(View Number of Days of Care and Average Length of Stay)

PRINCIPAL DIAGNOSIS (View ICD-9-CM Codes)	HOSPITALIZATIONS		
	Number	Percent	Rate Per 10,000 Population
All Hospitalizations	11,208	100.0	1,268.0
Heart Diseases	1,341	12.0	151.7
Injury and Poisoning	960	8.6	108.6
Newborns and Neonates (Less than 7 days)	811	7.2	91.8
Females with Deliveries	776	6.9	87.8
Septicemia	519	4.6	58.7
Osteoarthrosis and Allied Disorders	501	4.5	56.7
Psychoses	395	3.5	44.7
Cancer (Malignant Neoplasms)	330	2.9	37.3
Pneumonia	297	2.7	33.6
Cerebrovascular Diseases	283	2.5	32.0
Chronic bronchitis	265	2.4	30.0
Diseases of the Skin and Subcutaneous Tissue	257	2.3	29.1
Kidney/Urinary Infections	158	1.4	17.9
All Infectious & Parasitic Diseases Except Septicemia	150	1.3	17.0
Noninfectious Enteritis and Colitis	149	1.3	16.9
Diabetes Mellitus	147	1.3	16.6
Intervertebral Disc Disorders	145	1.3	16.4
Care Involving Use of Rehabilitation Procedures	119	1.1	13.5
Diseases of the Blood & Blood-Forming Organs	118	1.1	13.4
Diverticula of Intestine	114	1.0	12.9
All Other Hospitalization Conditions	3,373	30.1	381.6

Hospitalizations are inpatient hospital stays as measured by stays that were completed during the specified year. The number of hospitalizations is often greater than the number of persons hospitalized since some persons are hospitalized more than once during a year. **Percent** of all hospitalizations for the specified year. **Hospitalization Rates** are the number of hospitalizations per 10,000 population for the year.

** Indicates the number of hospitalizations is too small (less the 6) to calculate statistically reliable rate.

Source: Michigan Resident Inpatient Files, Division for Vital Records and Health Statistics, Michigan Department of Community Health. Last Updated: 02/25/2015

Lapeer County has one of the lowest Childhood Immunization Rates in the State of Michigan, putting children at increased risk for vaccine preventable disease infections.

Source: Michigan Department of Health and Human Services: http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914_68361-321114--,00.html

COUNTY QUARTERLY IMMUNIZATION REPORT CARD — Data as of: September 30, 2015

Lapeer

	2014 Census	MCIR	Diff.	%
Total	88,153	66,052	22,101	25
Adults (20yrs+)	66,544	43,870	22,674	34
Children (0-19yrs)	21,609	22,182	-573	-2

Lapeer Immunization Sites

	Count	(%)
Active MCIR Immunization Sites	37	
Reported in the last 6 months	33	89
Active Vaccines for Children (VFC) Sites	6	
Reported in the last 6 months	6	100
Reg. Reporting Flu Sentinels (% of Total Sites)	1	100

Michigan is ranked 47th for 4313314 coverage (2014 NIS data)

Your County Immunization Rank

n = 84

43133142 Coverage: (19-35mos)	**76**
1323213 Coverage: (13-17 Years)	**83**
Waivers: (Kindergarten, 7th grade & Other)	**80**
Flu Coverage : (6months through 8 yrs up-to-date)	**81**

How do your Immunization Measures Rank among Michigan's 83 Counties + Detroit (n=84)

Measure	Lapeer (MCIR)	% Diff.*	MI Avg (MCIR)	US Average 2014 NIS	Your County Rank	HP 2020 Goal
19 through 35 months	%	%	%	%	No.	
Birth Dose Hep B coverage	75.9	-0.1	78.9	72.4	63	85%
4313314 coverage†	67.7	0.9	74.3	71.6	75	80%
43133142 coverage†	38.4	1.5	51.6	–	76	-
2+ Hep A	39.9	1.8	53.3	57.5	76	85%
4+ DTaP	78.3	1.3	78.3	84.2	44	90%
4+ PCV	81.0	-0.1	84.7	82.9	75	90%
UTD†† Rota (8 -24 months)	62.7	-	69.6	-	68	-
WIC coverage (4313314)	77.4	2.8	79.6	65.7	68	-
Medicaid coverage (4313314)	74.6	2.8	76.5	–	64	-
13 through 17 years		2014 NIS Teen				
132321 coverage‡	73.6	2.4	71.8	–	66	-
1323213 coverage‡	14.3	1.0	23.8	–	83	-
1+ Tdap	80.7	2.2	77.2	87.6	63	80%**
1+ MCV4	80.3	2.1	77.5	79.3	63	80%**
3+ HPV (Females)	19.3	0.9	30.5	39.7	84	80%**
3+ HPV (Males)	10.9	1.2	19.3	21.6	82	-
UTD†† Mening. (17 yrs)	28.9	0.7	40.2	–	77	-
Adults (Census Denominators)		2013 NHIS				
1+ Tdap (19-64yrs)	23.3	1.2	35.7	17.2	81	-
1+ PPSV (65+ yrs)	19.2	-0.4	26.0	59.7	70	90%
1+ PCV13 (65+ yrs)	4.5	1.9	11.6	–	78	-
1+ Zoster (60+ yrs)	12.9	0.6	18.6	24.2	79	30%
2014-15 Flu Season	Lapeer		MI Avg	US Flu Avg	Rank	HP2020
UTD†† Flu (6mo-8yrs)	14.1	-0.1	24.5	–	81	-
1+ Flu (6mos through 17yrs)	15.9	-1.6	30.6	56.6	81	70%
1+ Flu (18yrs+)	15.2	0.9	20.2	41.5	79	70%
School/CC Immunization Reports	Lapeer		MI Avg	Lapeer	Lapeer	Rank
School Completion (Feb '15)	88.0	-0.3	92.7	–	-	78
Percent Waived (K+7+O)	10.1	0.7	4.8	Kindgtn: 12.3%	7 grd: 7.8%	80
Child Care Completion (Oct '14)	81.2	-1.2	87.1	–	-	82
Percent Waived	10.2	0.5	3.3	–	-	83

* % difference in the county since the last report card; Flu data shows difference between seasons; School and CC diff. between annual reports

† 4313314(2): 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 HepB, 1 Varicella, 4 PCV, (2 HepA)

‡ 132321(3): 1 Tdap, 3 Polio, 2 MMR, 3 HepB, 2 Var, 1 MCV4, (3 HPV-Males & Females)

** The adolescent Healthy People 2020 age group is 13 through 15 yrs and the goal is 90% for PPSV for persons 65 and older.

†† UTD = Up-to-date for the recommended number of vaccines.

Reference the FAQs for additional definitions including information on 1+, 2+ and 3+

LAPEER

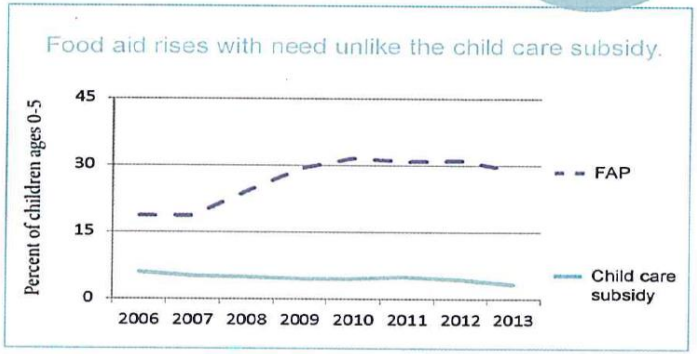
BACKGROUND INFORMATION (ALL DATA ARE FOR 2013 UNLESS OTHERWISE NOTED.)

Number of children ages 0-5: 5,291

ECONOMIC CLIMATE	COUNTY	MICHIGAN
Unemployment	10.8%	8.8%
Median household income (2012)	$51,627	$46,793
Average cost of full-time child care-month (2014)	$561	$545
• Percent of full-time minimum wage (2014)	45.1%	43.8%
• Percent of young children ages 0-5 in Michigan families where all parents work	—	66.1%

POPULATION	2006	2012	% CHANGE
Total population	92,375	88,173	-4.5%
Child population 0–17	22,407	20,281	-9.5%
Hispanic 0-17	1,243	1,440	15.8%
Non-Hispanic 0-17			
• White	20,705	18,296	-11.6%
• African American	233	287	23.2%
• Native American	83	108	30.1%
• Other	143	150	4.9%

Food aid rises with need unlike the child care subsidy.



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

ACCESS TO HEALTH CARE	NUMBER	PERCENT	MI RATE
Children with health insurance	20,078	95.2%	95.7%
Children, ages 0–18, insured by...			
• Medicaid[1]	7,789	36.1%	40.8%
• MIChild	474	2.2%	1.6%
Fully immunized toddlers, ages 19-35 months (for the series 4:3:1:3:3:1:4)[1]	762	62.9%	74.0%
Lead poisoning in children, ages 1-2			
• Tested	735	40.1%	37.4%
• Poisoned (% of tested)	32	4.4%	4.0%
Children, ages 1–14, hospitalized for asthma (rate per 10,000)[2]	11	7.7	15.2
Children with special needs			
Babies with a birth defect (2010-2012)	38	4.6%	8.7%
Students in Special Education[1]	1,763	13.8%	13.7%
Children receiving Supplemental Security Income (rate per 1,000)[1]	211	10.4	20.5

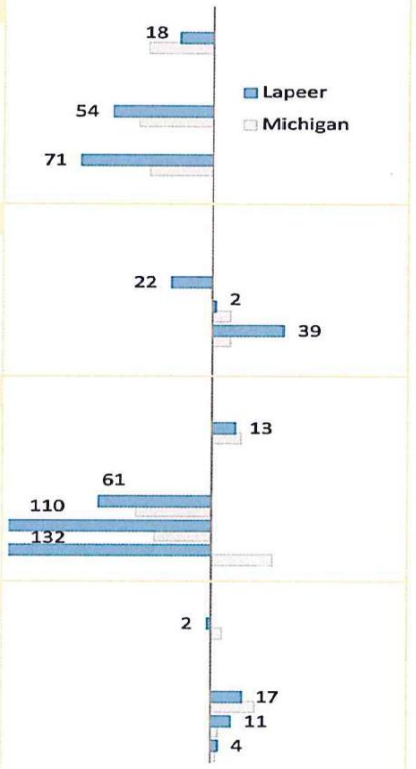
FAMILY SUPPORT PROGRAMS	NUMBER	PERCENT	MI RATE
Children receiving...			
• Subsidized child care, ages 0–12[1]	238	1.8%	2.3%
• FIP cash assistance[1,3]	164	0.8%	2.8%
• Food Assistance Program[1,4]	4,510	20.9%	27.8%
Children with support owed	4,636	20.5%	20.6%
• Receiving none (% of those owed)	1,098	23.7%	31.8%
• Receiving less than 70% of amount	2,551	55.0%	62.1%
• Average amount received (month)	$233	—	$227

[1] As of December 2013.
[2] Annual rate and number are based on the three-year period 2010–2012 and only for counties with a total number over 20.
[3] Family Independence Program.
[4] State name for the federal Supplemental Nutrition Assistance Program, formerly called "food stamps." Note: Percentages reflect percent of population unless otherwise noted.
* Sometimes a rate could not be calculated because of low incidence of events or unavailable data.
N/A not available.
See Data Notes and Sources for details.

LAPEER

TRENDS IN CHILD WELL-BEING

	BASE YEAR NUMBER	BASE YEAR RATE	CURRENT YEAR NUMBER	CURRENT YEAR RATE	RANK[1]	MI RATE
Economic Security	2006		2012			
Children in poverty, ages 0–17	2,994	13.5%	3,168	15.9%	9	24.7%
			2013			
Children, ages 0–5, eligible for SNAP[2]	1,178	18.8%	1,529	28.9%	24	34.7%
Students eligible for free/reduced price school lunches[3]	4,066	26.7%	5,825	45.5%	21	48.6%
Health	2004–06 (avg)		2010–12 (avg)			
Less than adequate prenatal care	N/A	N/A	246	29.8%	38	29.4%
Low-birthweight babies	63	6.4%	65	7.8%	53 of 81	8.4%
Infant mortality (per 1,000)	4	3.7	3	3.6	1 of 49	6.9
Child/Teen deaths, ages 1–19 (per 100,000)	11	43.8	6	26.8	24 of 55	27.5
Family and Community (per 1,000)						
Births to teens, ages 15–19	81	24.2	66	20.9	17	28.1
Child abuse/neglect	2006		2013			
Children in investigated families	1,081	46.9	1,535	75.7	12	88.0
Confirmed victims	149	6.5	275	13.6	19	14.9
Children in out-of-home care	25	1.1	51	2.5	6 of 80	4.4
Education	Class of 2007		Class of 2013			
Students not graduating on time	190	14.7%	175	14.9%	23 of 81	23.0%
Not proficient	2008-09 (SY)		2013-14 (SY)			
Fourth-graders (MEAP reading)	331	32.5%	217	26.8%	35	30.0%
Eighth-graders (MEAP math)	874	75.7%	642	67.2%	39	65.5%
High school students (MME reading)	618	50.6%	507	48.5%	49	46.5%



Overall ranking 16

[1] A ranking of 1 means a county has the "best" rate compared with other counties in the state. Unless noted, the ranking is based on 82–83 counties.
[2] Supplemental Nutrition Assistance Program.
[3] Family income is below 185 percent poverty level.
* Sometimes a rate could not be calculated because of low incidence of events or unavailable data.
SY - School Year.
MME - Michigan Merit Exam.
N/A not available.

Missing bars indicate no change or a rate could not be calculated; a "0" reflects no change. Percentage change is calculated with unrounded rates.

KIDS COUNT IN MICHIGAN DATA PROFILE 2015

Substance Abuse Related Data

Number of Admissions by Primary Drug of Abuse at Admission

LAPEER Primary Drug of Abuse	NUMBER OF ADMISSIONS					PERCENTAGE				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
Alcohol	237	192	212	181	169	41.9	39.2	45.1	41.9	37.0
Cocaine	22	26	20	14	13	3.9	5.3	4.3	3.2	2.8
Heroin	114	103	81	108	120	20.2	21.0	17.2	25.0	26.3
Other Opiates	82	72	57	47	73	14.5	14.7	12.1	10.9	16.0
Marijuana	100	85	87	75	73	17.7	17.3	18.5	17.4	16.0
Methamphetamine	0	2	0	1	0	0.0	0.4	0.0	0.2	0.0
Other Stimulants	1	2	1	1	0	0.2	0.4	0.2	0.2	0.0
All Others	9	8	12	5	9	1.6	1.6	2.6	1.2	2.0
Total	565	490	470	432	457	100.0	100.0	100.0	100.0	100.0

MICHIGAN Primary Drug of Abuse	NUMBER OF ADMISSIONS					PERCENTAGE				
	2010	2011	2012	2013	2014	2010	2011	2012	2013	2014
Alcohol	26,020	25,692	23,658	23,251	25,143	39.9	38.7	38.0	37.4	37.4
Cocaine	5,986	5,521	5,046	4,436	4,531	9.2	8.3	8.1	7.1	6.7
Heroin	11,195	12,522	12,753	13,641	15,825	17.2	18.9	20.5	22.0	23.5
Other Opiates	8,654	9,712	8,875	8,732	8,986	13.3	14.6	14.2	14.1	13.4
Marijuana	11,439	10,843	9,578	9,827	9,998	17.5	16.3	15.4	15.8	14.9
Methamphetamine	666	738	833	912	1,371	1.0	1.1	1.3	1.5	2.0
Other Stimulants	120	169	205	97	97	0.2	0.3	0.3	0.2	0.1
All Others	1,108	1,150	1,345	1,240	1,297	1.7	1.7	2.2	2.0	1.9
Total	65,188	66,347	62,293	62,136	67,248	100.0	100.0	100.0	100.0	100.0

Source: Treatment Episode Data Set (TEDS)

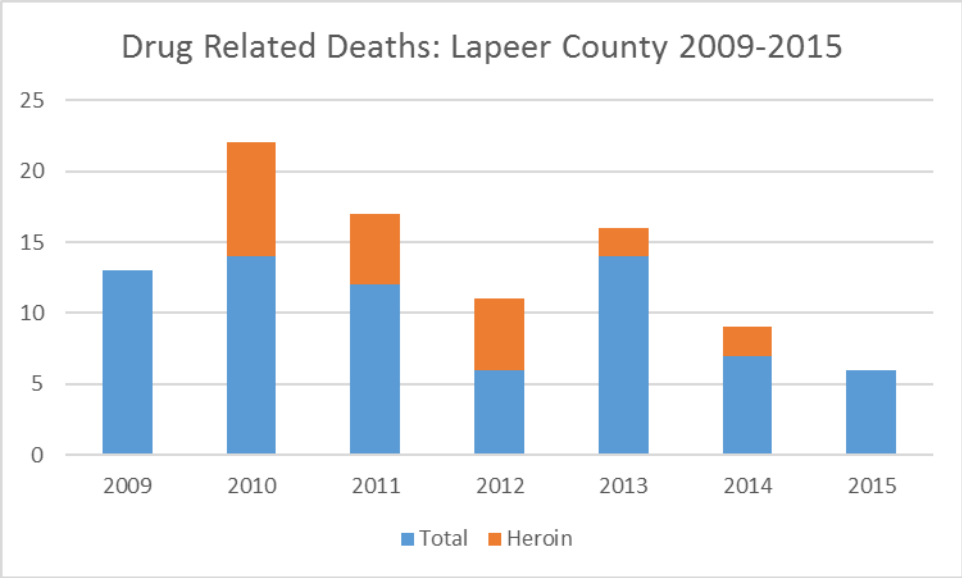
Michigan Department of Health and Human Services

Number of Hospitalizations for Any Mention of Opiate-Related Diagnoses*
and Rates per 10,000 Population

RESIDENCE	HOSPITALIZATIONS						RATE PER 10,000 POPULATION					
	2008	2009	2010	2011	2012	2013	2008	2009	2010	2011	2012	2013
Michigan	16,020	17,428	18,657	20,191	20,503	21,697	16.11	16.18	16.22	16.22	16.21	16.21
Lapeer	84	144	159	132	183	171	9.34	9.46	9.53	9.54	9.52	9.52

* ICD-9-CM Codes: 304.0, 304.7, 305.5,965.0 & E850.0

Source: Michigan Inpatient Hospitalization Files
Division for Vital Records and Health Statistics
Michigan Department of Health and Human Services



Source: Lapeer County Medical Examiner's Office

Education

Since much of the Collaborative discussion revolved around the community consequences related to a lack of educational attainment, additional data related to high school competencies and further education efforts were discussed.

The Lapeer County Intermediate School District launched the Lapeer College Access Network (LCAN) initiative in the spring of 2015. A cross-sector leadership team of community leaders met to review data and establish a common agenda for postsecondary educational efforts.

The high school graduation rate in Lapeer County exceeds the State average, however enrollment and completion of postsecondary educational programs remains well below that of the State of Michigan as a whole.

Financially disadvantaged students, and those who are first-generation college students face greater challenges to postsecondary educational attainment. A significant obstacle for these students is the process of securing financial aid.

LCAN has assembled their first action team and will begin to work on FAFSA completing rates in the county.

In addition, the Collaborative understands that postsecondary education attainment requires that children enroll in kindergarten with the skills and support they need to learn. The Collaborative continue to look at early childhood initiatives, including the Great Start Collaborative, programs and parenting support/education with the goal of increasing kindergarten readiness.

Lapeer County Local College Access Network
Community Agenda for Education Attainment

Urgency for Change:
The 21st Century global economy demands a workforce with an education beyond high school. In order to build and sustain a vibrant economy and healthy community, Lapeer County must ensure all students pursue and complete a postsecondary degree or certificate.

LCAN uses the term "college" to refer to the attainment of valuable postsecondary credentials beyond high school, including professional/technical certificates and academic degrees.

Purpose:
The Lapeer County Local College Access Network will…

- Build a college-going culture and promote college and career readiness, employability skills, and success within Lapeer County.
- Build awareness and exposure to postsecondary educational opportunities for families in Lapeer County.
- Lower systemic barriers preventing students from pursuing postsecondary education.

Vision:
Our Network will…

- Build a community which is socially, academically and financially prepared for postsecondary study by the end of students high school career
- Educate and emphasize the importance of academic and career readiness as well as employability skills to all Lapeer County high school students.

Lapeer County high school graduates will…

- Complete a college degree or postsecondary credential within 6 years of graduating high school.

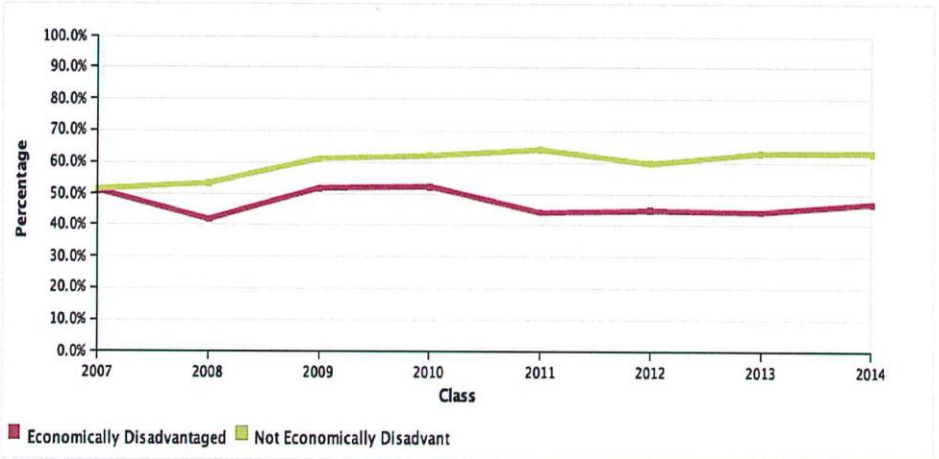
By 2025, 60% of Lapeer County residents will have a postsecondary degree or certificate.

Shared Goals and Metrics:

- **Increase the percentage of students who attain college credit during their high school career.**
- **Increase the percentage of students meeting college readiness in all subject areas on a college entrance exam.**
- **Increase the percentage of graduating students who complete the FAFSA by June 30th.**
- **Increase the percentage of students enrolling at a postsecondary education institution within 12 months of high school graduation.**
- **Increase the percentage of students who accumulate 24 college credits within 16 months of high school graduation. Increase the percentage of students completing a postsecondary degree or certificate within 6 years.**
- **Increase the number of Lapeer county residents who obtain a postsecondary degree or certificate.**

StudentTracker Demographics Report

Enrollment During First Fall Immediately After High School by Economic Disadvantage
Effective as of : April 16, 2015

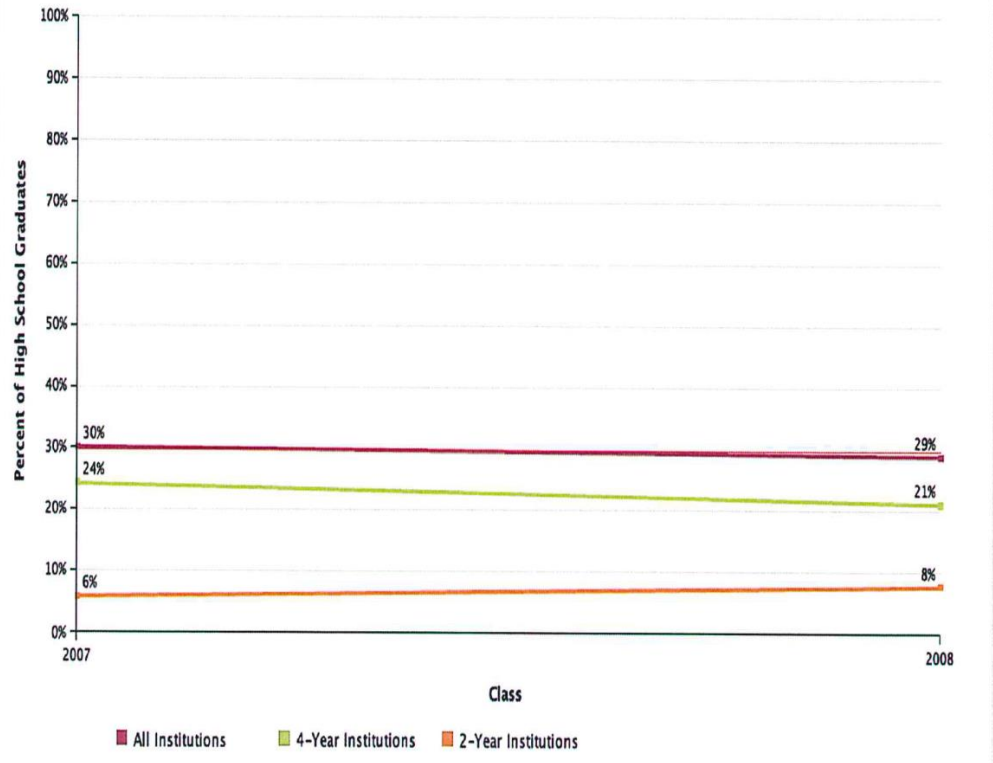


		2007	2008	2009	2010	2011	2012	2013	2014
Total Number of Students in Class		239	468	466	420	419	538	573	951
Economically Disadvantaged	# of students in cohort	45	110	87	111	84	141	224	258
	# of students meeting outcome	23	46	45	58	37	63	99	121
	% of students meeting outcome	51.1%	41.8%	51.7%	52.3%	44.0%	44.7%	44.2%	46.9%
Not Economically Disadvantaged	# of students in cohort	194	358	379	309	335	397	349	693
	# of students meeting outcome	100	191	232	192	215	237	220	438
	% of students meeting outcome	51.5%	53.4%	61.2%	62.1%	64.2%	59.7%	63.0%	63.2%

* To protect student privacy, small cell values have been masked for subgroups containing fewer than 10 students; these are represented with a star (*). Because of this, the corresponding point on the graph should be disregarded. Also, if the total number of students in all subgroups for a class is less than 10, then the entire class is suppressed.

Percent of High School Class Who Completed a Degree Within Six Years by Institutional Level

Effective Date = April 16, 2015



AVG = 29%

Lapeer County Intermediate School District

Report Run Date: 04/24/2015 11:08 AM

NATIONAL STUDENT CLEARINGHOUSE

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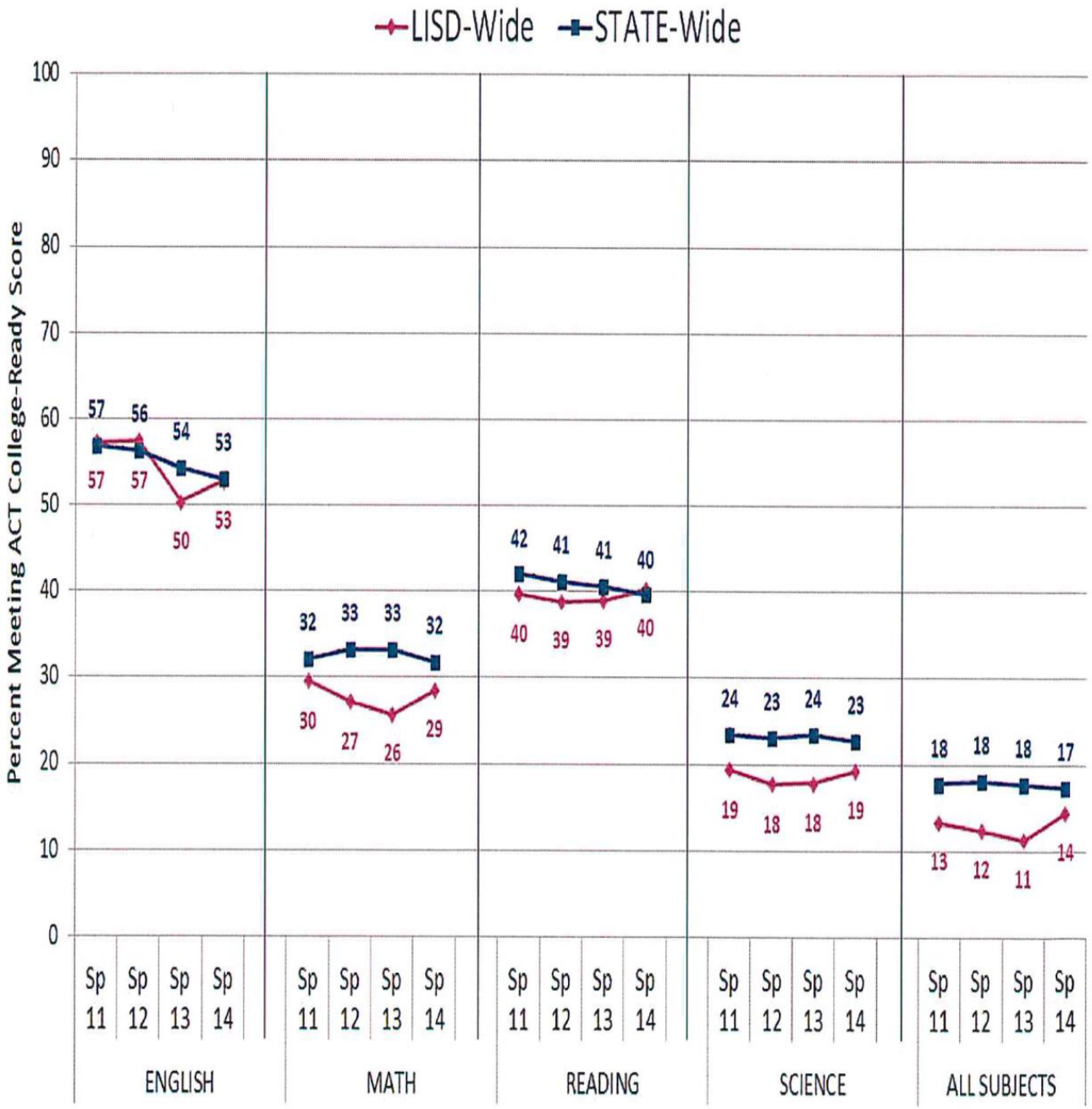
Percent Meeting ACT College-Ready Scores
Spring 2011-Spring 2014, MME Spring Test Administration



Data Analysis: Stakeholders and Workgroups

Data Analysis and Problem Prioritization
During the October, 2015 Lapeer County Community Collaborative meeting, based on data that was presented and their own experiences within the county, participants were asked to identify:

- Community problems and issues
- Causative and contributing factors
- Barriers and Gaps to providing services and solving these problems
- Available services and resources

There was lively discussion as each organization represented was given the opportunity to provide input on these elements and the information was documented on large newsprint sheets. This information was rearranged in topic areas and distributed to all members via the Collaborative Listserv.

The large topic areas that were identified included:

Problem #1:
Some residents have inadequate and/or low quality food options and obesity rates are high

- Lack of Coordination/awareness of Nutritional Services (DHS, Love, Inc., food pantries, soup kitchens)

Related factors:
Lack of Nutrition Education
Obesity, diabetes, poor health
Low income
Lack of physical activity

Problem #2:
Some residents are not able to afford/access stable housing
Lack of transitional housing
Limited shelters (esp. in winter months)
Related factors:
Unemployment, bad credit, criminal background, legal problems, substance abuse

Problem #3:
Some residents are not able to access services or meet basic needs due to lack of transportation

- Limited public transportation
- Lack of funds/volunteers (DHSS, Veterans)
- May limit access to health care

Problem #4
Some residents do not have adequate income to meet basic housing, transportation, medical, nutrition and child care needs
Unemployment
Criminal record
Lack of education/vocational training
Domestic violence
Untreated mental health and substance abuse issues
High copays for medical and mental health services

Additional identified concerns:

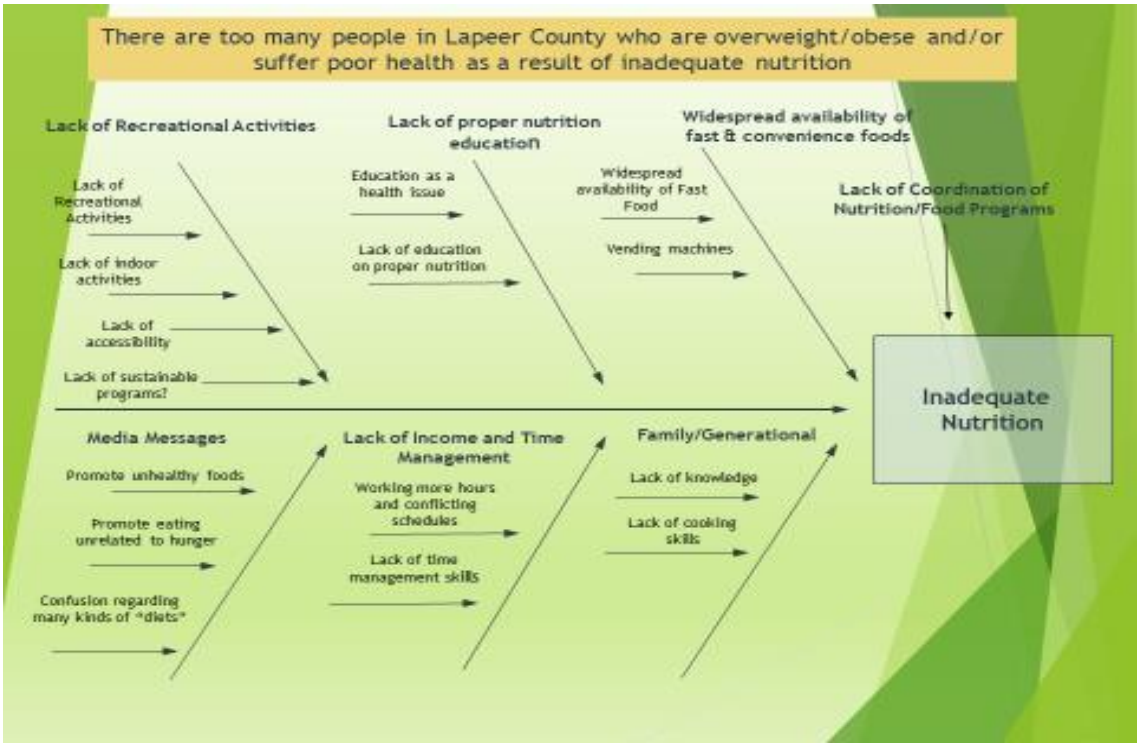
- Untreated mental health and substance abuse issues
- Criminal background history
- Lack of education/vocational training
- Generational culture that fails to value/encourage further education and self sufficiency
- Lack of community support/family cohesiveness
- Lack of kindergarten/educational readiness
- Vulnerable populations, including children, seniors and the disabled
- General apathy and lack of initiative/motivation for some

Root Cause Analysis

On November 4, 2015, the Lapeer County Community Collaborative held an extended 2 1/2 hour meeting to further define the issues and conduct root cause analysis. Participants self-selected into small groups for this exercise and utilized "fishbone" charts to examine contributing factors.

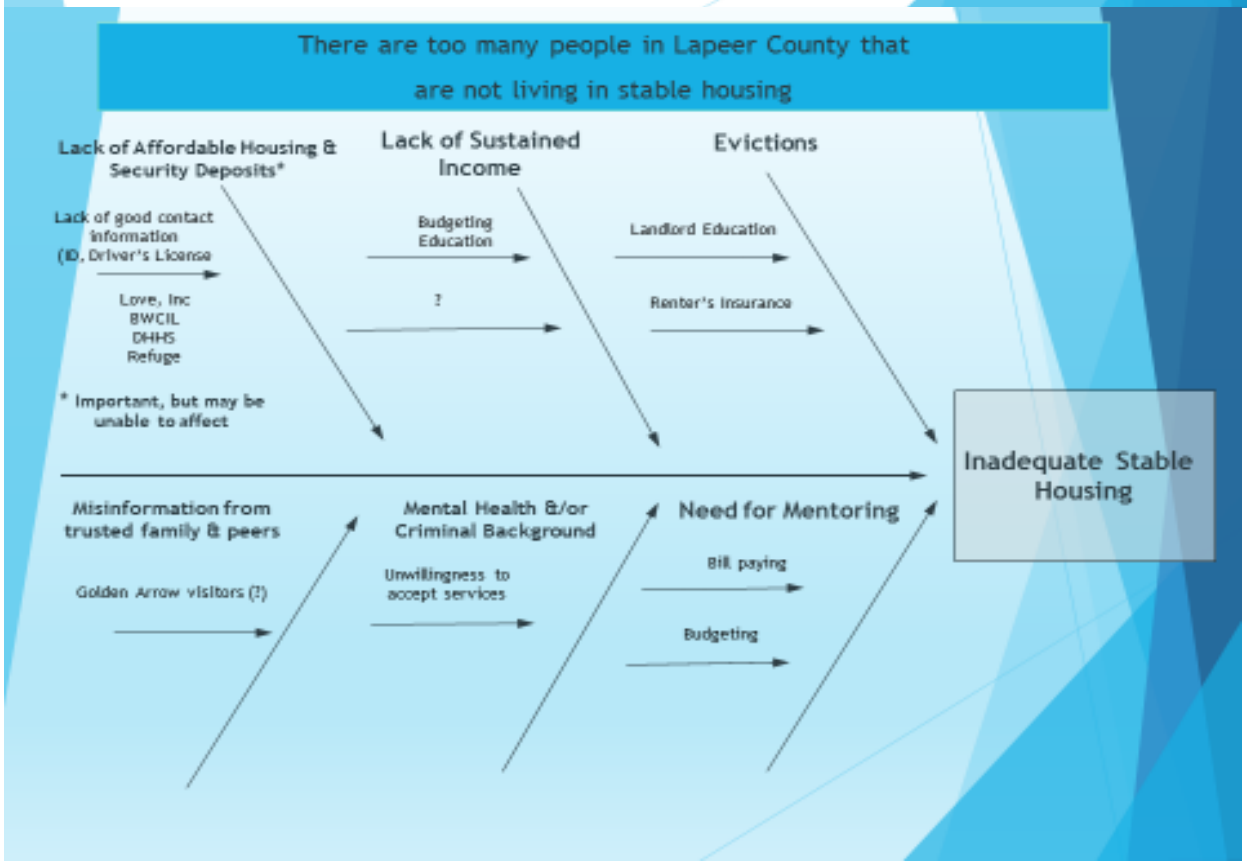
Inadequate Nutrition: Top concerns/suggestions

1. Coordination of nutritional food programs currently available:
   - WIC, including new Mothers-In-Motion
   - Kiwanis Backpack Program
   - Healthy Michigan: "Winnable Battles"
   - Soup Kitchens/Food Pantries
   - DHHHS
2. Education on health/nutrition issues for all populations
3. Promotion of physical activity (walk to school day, bike rodeo); community calendar
4. Kid-focused "Healthy Community Day"



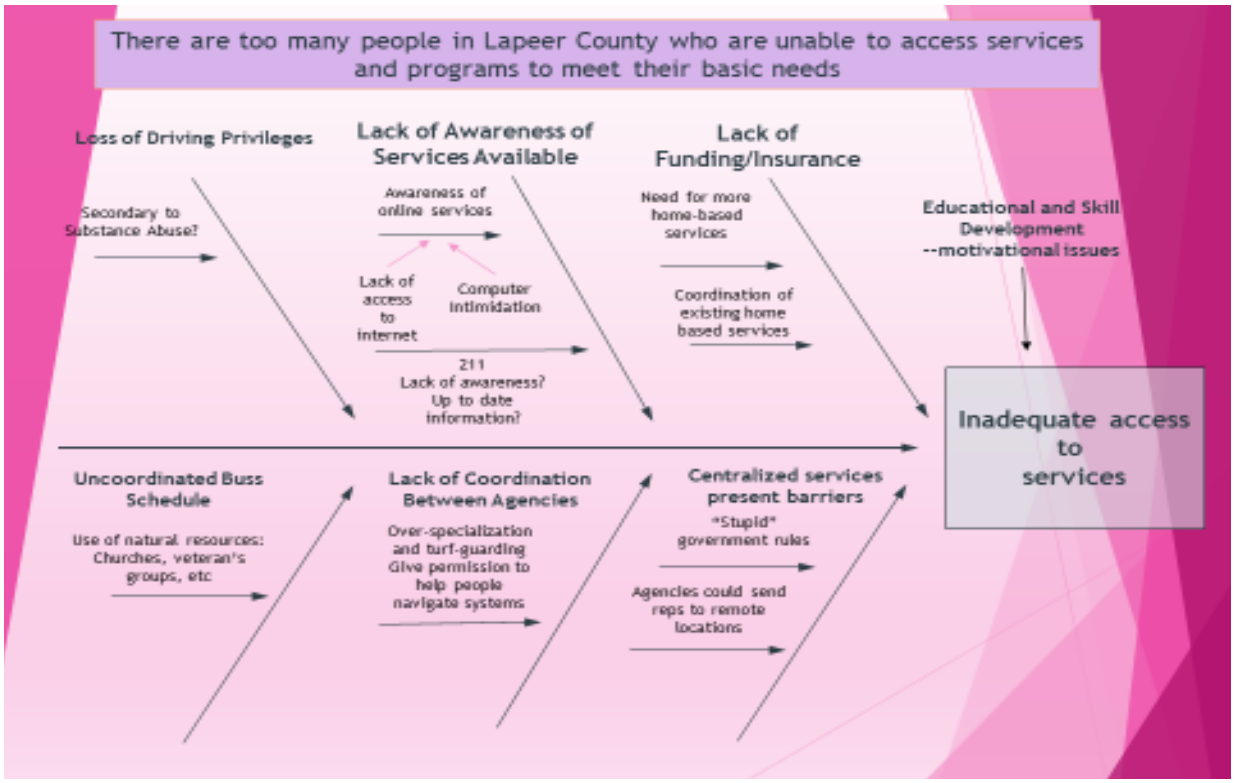
Lack of Stable Housing
Top concerns/suggestions

1. Landlord Education
2. Misinformation by Agencies & Tenants



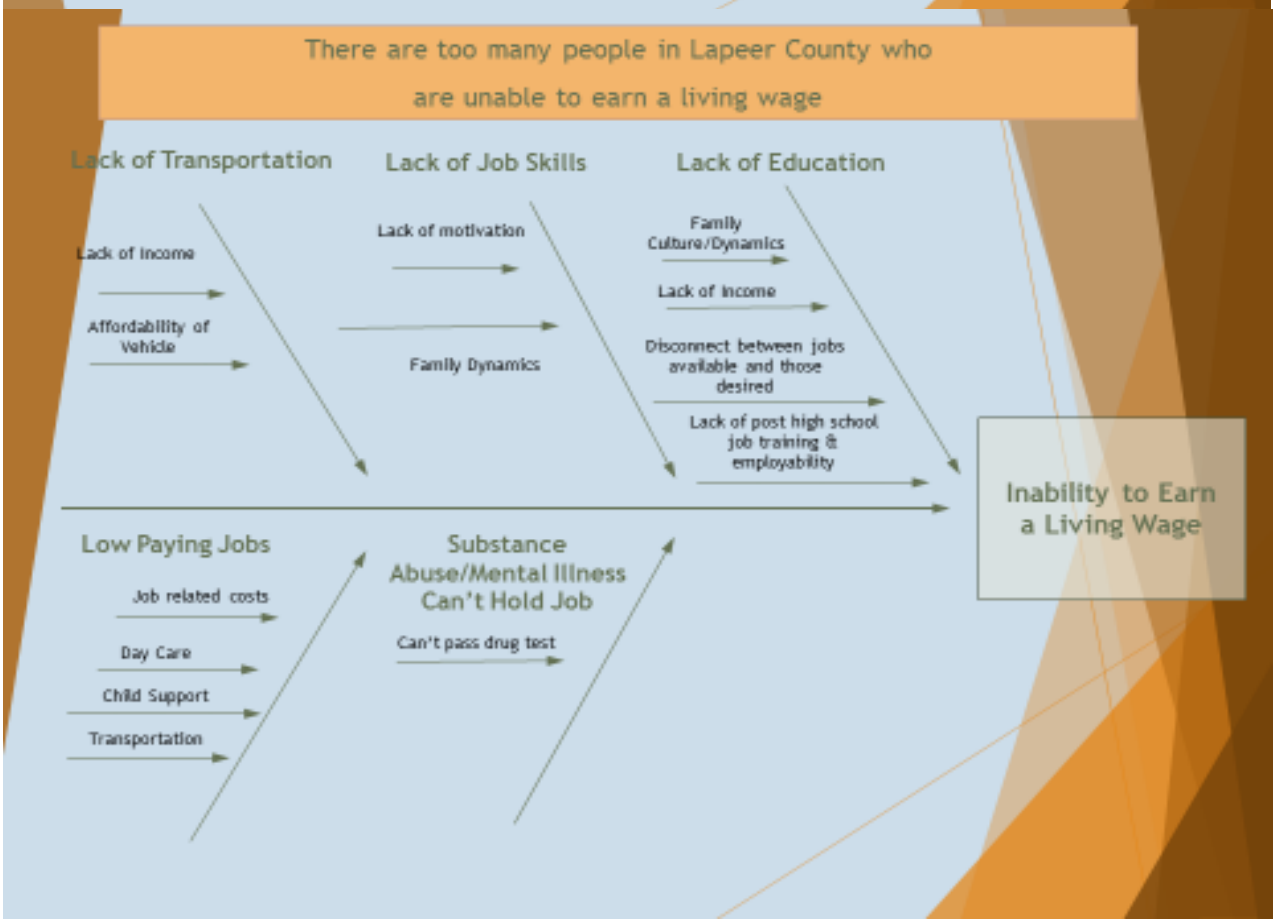
Access to Services: Top concerns/suggestions

1. Need for more decentralized, coordinated services
2. Coordination of home-based services
3. Use of natural resources (churches, veteran's groups, soup kitchens, etc.)
4. Build awareness of 211
5. Meet-and-greet with food to reconnect agencies and staff at all levels



Inability to earn a living wage: Top concerns/suggestions

1. Education
   - Early Childhood
   - Family
   - Family Disconnects
2. Job Skills



Problem Goals & Objectives

On January 6, 2016, the Lapeer County Collaborative meeting was dedicated to identifying "winnable battles" within the four issue areas identified. Each issue group was charged with the task of identifying what, if any, information is currently missing, establishing goals and objectives for one or two short-term projects that would contribute to the overall problem. Each committee was also asked to form a workgroup and identify members, both present and in the community who would work toward these goals and objectives over the next year. Work plans have been developed and operationalized to address the four needs below.

Needs/Gap #1:
Some residents have inadequate and/or low quality food options and obesity rates are high

Focus for "winnable battles": Increase awareness, knowledge and skills

1 Increase awareness of nutrition issues and programs/services among agencies and staff who serve preschool children and parents
2 Increase nutrition cooking, knowledge and skills of preschool parents

Needs/Gap #2:
There are too many people in Lapeer County that are not living in stable housing

Focus for "winnable battles":

1) Increase landlord knowledge of housing programs in Lapeer County
2) Increase knowledge of services/programs available in Lapeer County

Needs/Gap #3:
There are too many people in Lapeer County that are unable to access services and programs to meet their basic needs

Focus for "winnable battles":

1) Increase use of the 211 System
2) Improve connections between local programs, services & agencies
3) Reduce barriers between agencies & programs

Needs/Gap #4:
There are too many people in Lapeer County that are unable to earn a living wage

Focus for "winnable battles":

1) Need to increase awareness of/participation in early childhood education programs
2) Assist students who have dropped out of school to finish a high school diploma, earn a GED, enroll in post-secondary education programs or find employment