

## Clare Community Health Needs Assessment

- 1. Do you live in Clare County?** 72% Yes 28% No  
**2. What is your gender?** 6% Male 94% Female  
**3. What is your age?**

31-35: 21%  
36-40: 19%  
26-30: 18%  
41-45: 16%  
46-50: 7%  
18-25 and 56-60: 6%  
51-55, 61-65, 66-70, 76-80: 1.5%

**4. Which best describes your employment status?**

32% Employed, working 40 or more hours per week  
28% Employed, working 1-39 hours per week  
12% Homemaker  
11% Not employed, looking for work  
9% Disabled, not able to work  
5% Retired  
4% Not employed, NOT looking for work  
0% Full-time student

**5. What is your approximate average household income?**

24% Less than \$10,000  
19% \$10,000 to \$19,999  
11% \$20,000 to \$29,000  
11% \$30,000 to \$39,000  
8% \$40,000 to \$49,000  
8% \$80,000 to \$89,000  
7% \$50,000 to \$59,000  
6% \$60,000 to \$69,000  
4% \$70,000 to \$79,000  
1% \$200,000 and up  
0% \$90,000 to \$99,000 ; \$100,000 to \$149,000; \$150,000 to \$174,000; \$175,000 to \$199,000

- 6. Do you consider yourself a healthy person?** 80% Yes 19% No  
**7. If yes, how do you stay healthy? If no, what prevents you from being a healthy person?**  
45% Exercise  
39% Nutrition:  
3% Quit Smoking, medication, sleep, go to doctor, health/dental coverage, work  
1.5% Vitamins:

**8. From the list below, please mark the 3 issues that most concern you.**

Nutrition & Physical Activity 16%  
Health Services 8%  
Recreational facilities/Affordable Housing/Availability of Jobs 7%  
Unemployment or Economy/Neighborhood Safety 6%  
Availability of fresh produce 5%  
Family Life/Parenting/Environmental Issues/ Mental Health 4.5%  
Transportation/Air and Water Quality/Schools 4%  
Substance Abuse/Unemployment or Economy 3%

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Abusive & Violent Behavior \_\_\_\_\_ 2.5%

Other (Please list below) \_\_\_\_\_ less than 1%

Daycare Services

Government

Cost of Health Insurance

Politics

Roads

### 9. (Women Only) A pap test is a test for cancer of the cervix. Have you had a Pap test in the past 3 years?

Yes: 87%      No: 13%

### 10. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

Yes: 21%      No: 78%

### 11. Do you currently smoke cigarettes, use chewing tobacco, snuff or any form of smokeless tobacco every day, some days, or not at all? If so, please mark which kind.

Currently Smoke Cigarettes: 4%

Not at All: 65%

Every day: 20%

Some days: 4%

### 12. Do you currently use e-cigarettes?

Not at all: 96%

Some Days: 4%

Every day: 0

### 13. Has a doctor, nurse, or other health professional ever told you that you had any of the following?

Asthma: 17%

High Blood Pressure: 17%

Diabetes: 9%

Pneumonia: 5%

Heart attack/Angina/Coronary Heart Disease 3%

Chronic Obstructive Pulmonary Disease (COPD)/Heart Failure 2%

Cancer (breast)/ Migranes/ Polycystic Ovarian Syndrome/High Cholesterol/Colitis/Allergies/Hypoglycemia/Bipolar:  
1%

### 14. Do you have any kind of health care coverage, if so what kind?

Employer: 50%

Medicaid: 25%

Medicare: 12%

None: 5%

Plan that you or someone else buys on your own: 3%

Indian Health Service or Alaska Native Health Service/ACA/Retirement/BCN: 1%

### 15. When you need medical care, you prefer to see/go to (check all that apply):

Medical Doctor (MD)/Doctor of Osteopathy (DO): 29%

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Urgent Care: 19%  
Physician Assistant (PA): 16%  
Self-Treatment: 15%  
Emergency Room: 9%  
Pharmacy: 5%  
Registered Nurse (RN) in a Doctor's Office: 4%  
Clinic: 2.5%

**16. Do you have one person you think of as your personal doctor or health care provider?**

Yes: 73%      No: 27%

**17. Was there a time in the past year when you needed to see a doctor, physician's assistant, or nurse, but did not, or could not? If not, why?**

Yes: 35%      No: 65%

No childcare: 38%  
Could not afford it/uninsured: 17%  
Could not get time off from work/Insurance Didn't cover: 13%  
Didn't have time/too busy: 10%  
Could not get an appointment: 6%  
Didn't have transportation/Didn't want to go: 4%

**18. Was there any time in the past year when you needed to see a dentist but could not? If not, why?**

Yes: 20%      No: 80%

Could not afford it/uninsured: 79%  
Didn't have time/too busy/Could not get appointment/didn't have transportation/insurance didn't cover: 5%

**19. Was there a time in the past 12 months when you needed to have a prescription filled but could not because of the cost?**

Yes: 32%      No: 68%

**20. In the past 12 months, which mode of transportation do you primarily use to get to the doctor or other medical services?**

Personal Vehicle: 89%  
Public Transportation: 5%  
Walk: 4%  
Carpool: 2%

**21. On an average day, did you do moderate activities for at least 10 minutes at a time? If so, how many days per week?**

*For example: brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?*

Yes: 89%      No: 11%

7 days: 43%  
4 days: 16%  
5 days: 14%  
6 days: 11%  
2 days/3 days: 7%  
1 day: 2%

**22. On average, did you do vigorous activities for at least 10 minutes at a time? If so, how many days per week?**

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*For example: running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?*

Yes: 72%      No : 27%

7 days: 27%  
3 days: 22%  
2 day/4 days/5 days: 13%  
6 days: 6%  
1 day: 4%

### **23. On a usual day, about how many minutes or hours do your children spend on the following activities?**

Watching TV, videos, or playing video games, or using a computer

- More than 2 hours: 14%
- 1 hour: 7%
- 30 minutes: 5%
- 1 hour 30 minutes: 4.5%
- 45 minutes: 2.5%
- 0-15 minutes: 1.5%

Engaged in organized physical activities (sports/dance)

- More than 2 hours: 10%
- 1 hour: 5%
- 1 hour 30 minutes: 4.5%
- 30 minutes: 4%
- 15 minutes/45 minutes 2%
- 0 minutes: 2%

Engaged in physical activities with friends or family

- More than 2 hours: 15%
- 30 minutes: 5%
- 1 hour 30 minutes: 3.5%
- 15 minutes: 2.5%
- 0 minutes: 2%
- 45 minutes: 1%

### **24. On an average day, how many minutes or hours do you actively play with your children?**

Watching TV, videos, or playing video games, or using a computer

- Less than 30 minutes/30-60 minutes/more than 2 hours: 9%
- 0 minutes: 4%
- 1-2 hours: 2%
- 1 hour 30 minutes: less than 1%

Engaged in organized physical activities (sports/dance)

- More than 2 hours: 12%
- 0 minutes/1-2 hours: 6%
- 30-60 minutes: 4%
- Less than 30 minutes: 3%
- 1 hour 30 minutes: 2%

Engaged in physical activities with friends or family

- More than 2 hours: 16%
- 1-2 hours: 9%
- 30-60 minutes: 4%

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- 0 minutes/less than 30 minutes/1 hour 30 minutes: 2%

**25. How many servings of vegetables do you eat on a typical day?** *Examples of 1 vegetable serving are: 1 cup of salad or leafy green; ½ cup of cooked, chopped, or raw tomatoes, carrots, squash, or beans; or ½ cup of vegetable juice.*

|                               |     |
|-------------------------------|-----|
| 2 servings:                   | 22% |
| 3 servings:                   | 9%  |
| 4 servings:                   | 9%  |
| 1 serving:                    | 7%  |
| 6 servings:                   | 6%  |
| 1 to 2 servings:              | 4%  |
| 3 to 4 servings:              | 4%  |
| 5 servings:                   | 3%  |
| None/5-7 servings/8+servings: | 1%  |

**25. How many servings of fruit do you eat on a typical day?** *Examples of 1 vegetable serving are: 1 medium apple, banana, or orange; ½ cup of chopped, cooked, or canned fruit; or ½ cup of 100% fruit juice (not artificially flavored)*

|                            |     |
|----------------------------|-----|
| 1 serving                  | 26% |
| 3 servings                 | 24% |
| 2 servings                 | 19% |
| 4 servings                 | 12% |
| 1 to 2 servings            | 7%  |
| 3-4 servings               | 5%  |
| 5 servings                 | 3%  |
| 2 to 3 servings/6 servings | 2%  |

**26. How often do you purchase or receive food from the following places?**

### Grocery Store

- 1-2 times per week: 8%
- Less than 1 time per week: 4%
- 3-4 times per week: 3%
- 5-6 times per week/7 or more times per week: less than 1%

### Convenience Store

- 0 times per week: 6%
- Less than 1 time per week: 5%
- 1-2 times per week/3-4 times per week: 1%

### Fast Food restaurant

- Less than 1 time per week: 6%
- 0 times per week/1-2 times per week: 4%
- 3-4 times per week: less than 1%

### Sit down restaurant

- Less than 1 time per week: 7%
- 0 times per week: 5%
- 1-2 times per week: 3.5%
- 3-4 times per week: less than 1%

### Farmers Market

- 0 times per week: 6%
- Less than 1 time per week: 5%
- 1-2 times per week: 4.5%
- 3-4 times per week: less than 1%

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### Food Pantry

- 0 times per week: 5%
- Less than 1 time per week: 2%
- 1-2 times per week: 1%
- 3-4 times per week: less than 1%

### Meals on Wheels

- 0 times per week: 14%
- Less than 1 time per week: less than 1%

### Other

- 0 times per week/less than 1 time per week: less than 1%

### **27. In a typical week, how often do you drink the following beverages?**

#### Regular soda or pop

- Never: 9%
- Less than 1 time per week: 6%
- 3-4 times per week: 4%
- 5-6 times per week: 2.5%
- 1-2 times per week: 2%
- More than 2 times per day: less than 1%

#### Energy drinks

- Never: 21%
- Less than 1 time per week: 3%
- 1-2 times per week: 1%

#### Sugar-sweetened fruit drinks (not 100% fruit juice)

- Never: 16%
- Less than 1 time per week: 4%
- 1-2 times per week: 1.5%
- 3-4 times per week/5-6 times per week/1-2 times per day/more than 2 times per day: less than 1%

#### Sugar sweetened flavored teas

- Never: 17%
- Less than 1 time per week/1-2 times per week: 3%
- 3-4 times per week: 2%