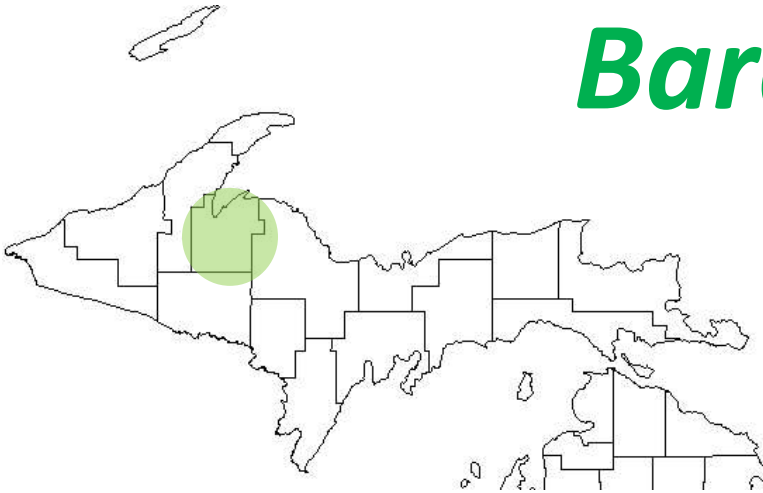


# Baraga County

## 2018 Upper Peninsula Community Health Needs Assessment (CHNA) County Dashboards<sup>1</sup>

More information at  
[www.wupdhd.org/upchna](http://www.wupdhd.org/upchna)<sup>2</sup>



### Fast Facts

Indicator	Baraga County	Michigan
Percentage Population Change Year 2000 to 2015 <sup>3</sup>	-0.6% (8,746 to 8,690)	-0.4%
Percentage Residents Age 26+ With Bachelor's Degree/Higher (2011-15) <sup>3</sup>	13.1%	26.9%
Percentage All Residents Living Under Poverty Line (2011-15) <sup>3</sup>	15.6%	16.7%
Percentage of Children Under 18 Living in Poverty (2011-15) <sup>3</sup>	24.9%	23.5%
Percentage of Births to Residents Paid by Medicaid (2015) <sup>4</sup>	62.5%	43.5%
Births to Residents (2016) <sup>4</sup>	62	113,374
Deaths of Residents (2016) <sup>4</sup>	109	96,529
Age-Adjusted Mortality Rate per 100,000 (2016) <sup>4</sup>	934.0	788.4

### Adult Health Survey Results<sup>5</sup>

In the table below are weighted estimates for selected health indicators, from randomly sampled residents of Baraga County (definitions at [wupdhd.org/upchna](http://wupdhd.org/upchna)):

Health Indicator	Local	State
General Health Status Only Fair or Poor	18.6%	18.0%
Unable to Access Healthcare Due to Cost	14.2%	12.8%
No Routine Checkup in Past 12 Months	34.0%	26.9%
No Dental Care Past 12 Months	23.6%	29.9%
Obese (Body Mass Index 30.0 or Greater)	43.5%	32.5%
Current Cigarette Smoker	17.3%	20.4%
Former Smoker	42.0%	25.8%
5+ Daily Servings of Fruits and Vegetables	6.9%	14.4%
Ever Diagnosed With Diabetes	12.8%	11.2%
Ever Diagnosed With Heart Disease	8.2%	5.1%
Ever Diagnosed With Cancer	14.4%	12.8%
Ever Diagnosed With Depressive Disorder	27.5%	22.0%
Took Medication for Mood Past 12 Months	18.7%	NA
Heavy Alcohol Drinker	18.3%	6.9%
Binge Alcohol Drinker	19.9%	19.0%
Used Marijuana Past 30 days	17.8%	NA
Ever Used Prescription Drugs to Get High	4.4%	4.7%
Had Flu Shot in Past 12 Months, Age 65+	75.4%	56.1%
Colorectal Cancer Screening <sup>6</sup> , Age 50+	68.9%	69.7%

### Health Disparities at a Glance<sup>5</sup>

Health status, access and behaviors vary by income, education, and other social determinants. The table shows differences among all U.P. residents, by household income group, for selected health indicators.

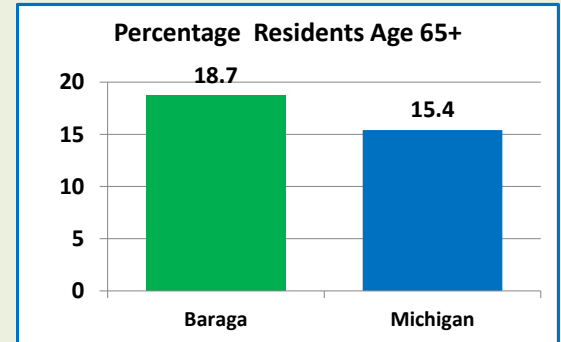
Health Indicator By Household Income	Less Than \$25,000	\$50,000+
Health Fair or Poor	29.9%	5.1%
Uninsured (18-64)	10.6%	4.9%
Unable to Access Care Due to Cost	19.2%	11.3%
No Dental in Past Year	55.1%	18.1%
Current Smoker	31.9%	10.5%
No Physical Activity	22.7%	10.4%
Diabetes Diagnosis	15.6%	6.5%
Heart Disease	12.0%	6.4%
Chronic Lung Disease	14.0%	3.0%
Current Asthma	14.1%	10.5%
Limited By Arthritis	44.4%	21.4%
Depressive Disorder	37.6%	19.7%
Marijuana Past Month	15.2%	4.5%
Prescription Abuse	4.4%	2.3%
Drove After Drinking	10.0%	5.5%

## Community Issues and Priorities<sup>7</sup>

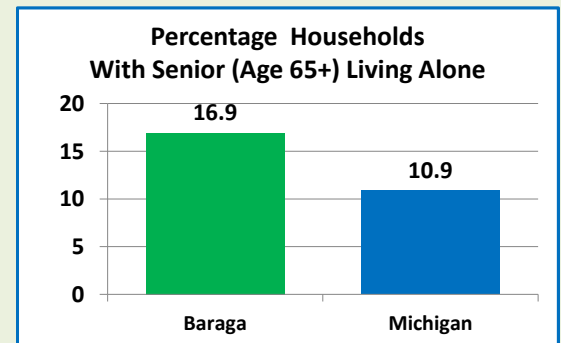
The table below lists the community health issues most frequently rated as “very important” by survey respondents from Baraga County. Respondents chose from a list of 16 possible issues presented for ranking in the 2017 Regional Adult Health Survey.

Community Health Issue	Very Important
Drug Abuse	79.3%
Health Insurance is expensive or has high costs for co-pays and deductibles	73.9%
Unemployment, wages and economic conditions	67.7%
Lack of health insurance	58.9%
Alcohol abuse	49.8%
Lack of housing and programs for people with Alzheimer’s Disease and dementia	40.7%
Childhood obesity and overweight	40.1%
Lack of affordable healthy foods, including year-round fresh fruits and vegetables	37.5%
Shortage of long-term care (nursing beds) or lack of affordable long-term care and services	37.3%
Lack of programs and services to help seniors maintain their health and independence	36.4%

## Senior Spotlight<sup>3</sup>



Baraga County has a larger proportion of seniors than the state and nation, especially when excluding the prison population included in census figures. Health needs of older residents include chronic disease management, dementia care, and quality nursing home and assisted living options.



More than 1-in-6 households in the county is occupied by a senior living alone. How will communities plan to meet their medical, social, housing, and transportation needs?

### Data Sources/Footnotes

- (1) Data in this County Dashboard come from the 2018 Upper Peninsula Community Health Needs Assessment (CHNA), led by the region’s 6 local health departments in collaboration with 26 partners including hospitals, clinics, behavioral health agencies and other funders.
- (2) The full CHNA can be viewed and downloaded at the Western U.P. Health Department web site, at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (3) U.S. Census and American Community Survey counts and estimates.
- (4) Vital statistics collected by the Michigan Department of Health and Human Services.
- (5) 23,800 randomly sampled U.P. household addresses received 12-page health surveys in August 2017, 1,700 per county with Houghton and Keweenaw counties combined as one group. More than 4,800 surveys were completed, between 282 and 524 per county. Results were weighted and reported by county, age, gender, income and education. Full results are in the CHNA at [www.wuphd.org/upchna](http://www.wuphd.org/upchna).
- (6) Among adults age 50 and older, the proportion who reported having a blood stool test within the past 2 years, a sigmoidoscopy within 5 years, or a colonoscopy within 10 years.
- (7) In the same health survey discussed in footnote (5) above, respondents ranked 16 community health issues on a 4-point scale: “not an issue”, “fairly unimportant”, “fairly important” and “very important”. The percentages of county residents choosing “very important” are shown in the table above left on this page.