BARBARA ANN

Karmanos

CANCER INSTITUTE

Wayne State University

2018 COMMUNITY HEALTH NEEDS ASSESSMENT

Patient and Community Education Department

Karmanos Cancer Institute

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2018 Community Health Needs Assessment

I. Introduction

The Barbara Ann Karmanos Cancer Institute (KCI), part of McLaren Health Care, is Michigan's only hospital dedicated exclusively to fighting cancer. Headquartered in Detroit, Karmanos is the largest cancer research and provider network in Michigan and has 15 treatment locations.

Karmanos Cancer Center is the only National Cancer Institute (NCI)-designated comprehensive cancer center in metro Detroit and one of just 49 centers of its kind in the United States. That means patients can access treatments exclusive to Karmanos as well as clinical trials, cancer prevention programs and multidisciplinary teams of cancer specialists — a comprehensive approach you cannot find at a community hospital. To receive the NCI designation, a hospital must demonstrate expertise in research, laboratory, clinical and population-based research. Hospitals must also provide early-phase clinical trials and conduct community outreach and educational activities. Karmanos is conducting more than 800 cancer-specific scientific investigation programs and clinical trials. KCI has a long-term partnership with the Wayne State University School of Medicine that enhances the collaboration of critical research and academics related to cancer care.

Karmanos Cancer Center in Detroit (Wayne County) includes an inpatient hospital comprised of three medical/surgical oncology units, a stem cell transplant unit, an Ambulatory Care Center (ACC), and a critical care unit. Ambulatory services include the Joseph Dresner Family Clinic for Hematologic Malignancies & Stem Cell Transplantation, the Eisenberg Center for Translational Therapeutics (Phase I Clinical Trials Program), the Alexander J. Walt Comprehensive Breast Center, the Vic and Lucille Wertz Clinic and Infusion Center. KCI also has infusion and radiology services at the Lawrence and Idell Weisberg Cancer Treatment Center located in Farmington Hills, Michigan (Oakland County). Patients also have access to advanced cancer care and prevention at 13 McLaren/KCI community locations across the state.

II. Background and Process

In preparation for the previous Community Health Need Assessment (CHNA) in 2015, key informant interviews with community organizations, leaders, and community members took place. The needs assessment survey was developed, evaluated, and distributed in the spring/summer 2015. Following that, key leadership analyzed the data to prioritize significant health needs and identify resources potentially available to address those health needs.

The 2015 CHNA was made available to the public in 2016. The survey results highlighted the following barriers that the community might face in receiving cancer care; 1) insurance and financial concerns, 2) transportation concerns, and 3) access to affordable care and screening. One limitations included a lack of survey returns, which reflected the lack of cultural, gender, and lower economic diversity found metropolitan Detroit. In 2016, the following strategies were implemented at KCI to address the health concerns identified above:

- The development of a comprehensive community agency resource list that will be distributed via the Karmanos website and new patient portfolios distributed to all patients.
- Educating Karmanos staff about available and new resources for patient support, including those now available through Karmanos' parent company McLaren Health Care.
- Continuing to foster and maintain an established network of community partners to ensure health and social service access points for patients and community members.

III. Service Area and Population Demographics

i. Michigan Population Demographics

For the fiscal year 2017-2018, most of the patients serviced by Karmanos resided in southeastern Michigan. In 2017, Michigan's total population was approximately 10 million. The majority of patients resided in southeast Michigan's most populated counties — Wayne, Oakland, and Macomb, that respectively have approximately 1 million residents. Karmanos also serves patients from the other less populated counties in southeast Michigan including; St. Clair (159,350), Livingston (189,651), Washtenaw (367,627) and Monroe (149,649) (Division for Vital

Records and Health Statistics, Michigan Department of Health and Human Services, 2017). Much of the information derived from the previous CHNA continues to reflect the latest statistics available for this report.

Michigan's Health Profile Chart books (Michigan Department of Community Health, 2011) outlines 46 indicators selected to describe the health and well-being of various regions in Michigan. For the purpose of this report, Region 2S (Detroit and Wayne County) and 2N (Oakland and Macomb counties) were accessed. It was found that the majority of the population in both Region 2S and 2N is between the ages of 40-49. Women make up the majority of the population in both regions. The racial and ethnic distribution in Region 2S, is approximately 50 percent White, 35 percent Black, 5 percent Hispanic, 3 percent Asian and less than 1 percent American Indian. The racial and ethnic distribution in Region 2N is approximately 85 percent White, 10 percent Black, 4 percent Asian, 3 percent Hispanic and less than 1 percent American Indian.
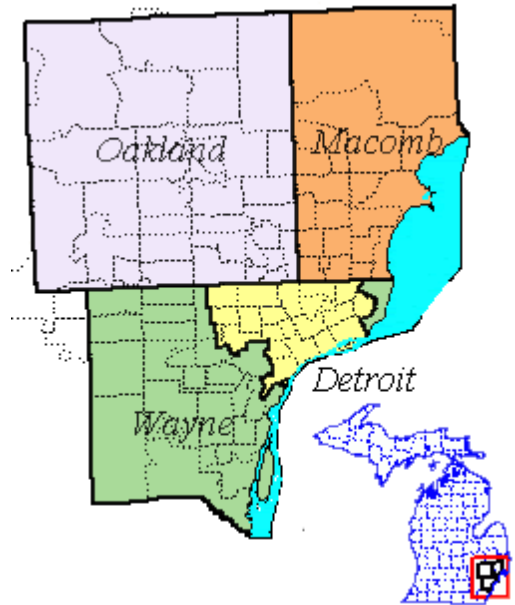
According to the Arab Community Center for Economic and Social Services (ACCESS), Michigan has one of the largest populations of Middle Eastern residents in the United States. Capturing actual numbers can be challenging as there are more than 22 different Arab countries and cultures, however the number of Arab individuals is approximately 350,000.

ii. KCI Population Demographics

In the fiscal year 2017-2018, a large part of Karmanos services occur in an ambulatory setting. There were a total of 55,694 clinic visits. The patients served were predominantly female and ages 61-70 years old (figure 1). As shown in the figure 2, the majority of the patients were either Black/African American or White. The races and cultures that were represented at KCI were American Indian/Eskimo/Aleut, Asian Pacific Islander, Black, Other, Spanish/Hispanic, Unknown, and White. There were 8 responses left blank. Also, inference was made that those

of Middle Eastern descent identified as culturally "other". Majority of the visits were covered by Medicare, Medicare advantage, BX Trust, and Medicaid HMO insurance plans (figure 3).
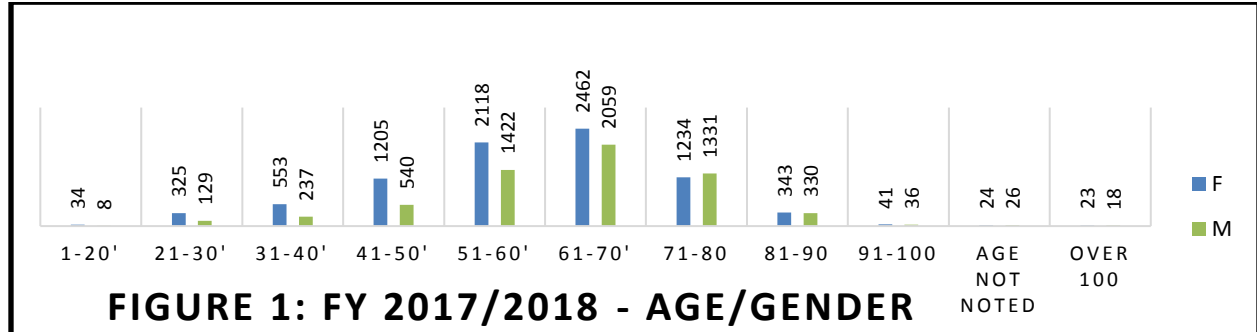

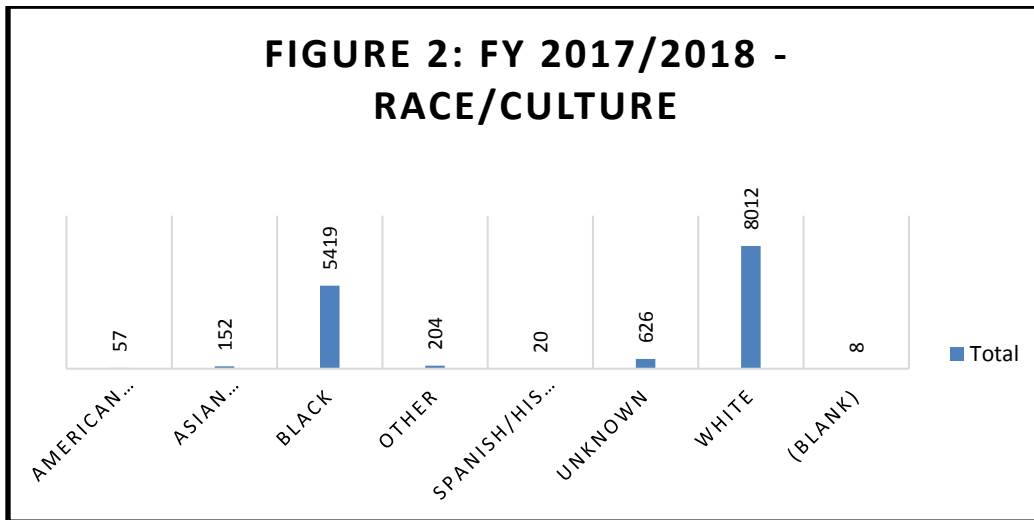
FIGURE 1: FY 2017/2018 - AGE/GENDER
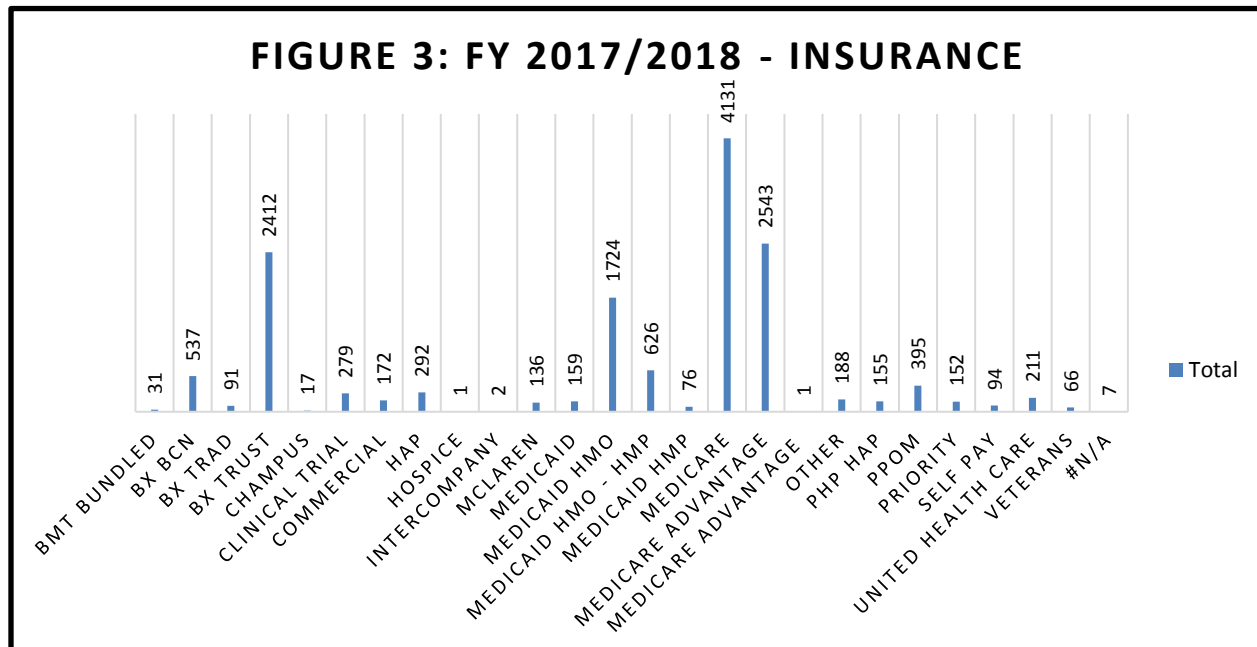

FIGURE 2: FY 2017/2018 - RACE/CULTURE

FIGURE 3: FY 2017/2018 - INSURANCE

IV.   Process and Methodology for Data Collection

To ensure the most inclusive and valuable community health needs data was assessed, the KCI CHNA core team used a number of methods to secure information on health status and program needs. Community input was collected at various community health events by paper survey during the Fall of 2016 to Winter 2018. The 2018 CHNA survey consisted of 18 questions (Appendix 1) which aimed to obtain specific information on cancer prevention and screening knowledge, current behaviors, and perceived barriers to care. In order to distribute the survey in ways which will embrace culturally and economically diverse populations in metro Detroit, we translated the surveys into languages serviced by Karmanos patients and families, specifically Spanish and Arabic.

The CHNA core team focused on collecting survey data from 3 counties in southeastern Michigan; Oakland, Wayne, and Macomb county. One of our community partners, the Arab Community Center for Economics and Social Services (ACCESS), agreed to assist with survey distribution to the Arabic communities. Surveys were also distributed at health fairs, food pantries, and at a private non-profit corporation called the Detroit Recovery Project. One of the health fairs took place at the Community Health and Social Services Center (CHASS), which provided feedback from the Spanish speaking community.

The CHNA core team reviewed historial data, literature review, and survey findings from the community input process starting in 2018. Secondary data included a number of reports (i.e. "Michigan's 2011 Health Profile Chart Book" and "2016 Behavioral Risk Factor Survey" of the Michigan Department of Health and Human Services). These databases and reports were helpful in structuring our conversations and to further understand the health needs of our community against others throughout the state of Michigan.

V.   Findings

In the following section, findings are outlined from the input from 168 commuity residents who represent the broad interests of the community. Findings from health and community secondary data are also described below.

i. How would you describe your current health status?

66% of respondents stated they were either in good or excellent health, whereas, 33% stated they were in fair or poor health. According to the 2016 Behavioral Risk Factor survey (Murad & Barth, 2018), an estimated 18.0% of Michigan adults self-reported that their general health was either fair or poor.

Current Health Status, 2016-2018

- Excellent   - Good   - Fair   - Poor
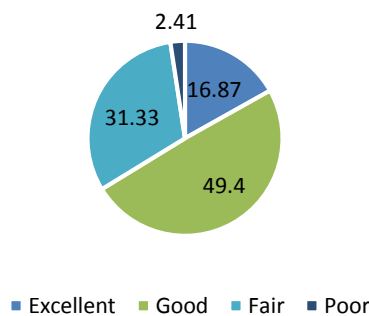
ii. Have you ever been diagnosed with cancer?

86% of respondents had never been diagnosed with cancer, whereas 14% have been diagnosed with cancer. The American Cancer Society (ACS), estimates that in 2019, there will be 58,360 new cases of cancer in Michigan (American Cancer Society, 2019). In 2017, it was reported that cancer is the leading cause of deaths for all ages in each county; Wayne (3,616), Oakland (2,241) and Macomb County (1,906) (Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, 2017). The average number of Michigan residents diagnosed with invasive cancer in 2011-2015 include, lung (7,909), breast (7,706), prostate (6,929) and colorectal cancer (4,659) (Division for Vital Records & Health Statistics, Michigan Department of Health & Human Services, 2017).

Diagnosed with Cancer, 2016-2018

- Yes   - No
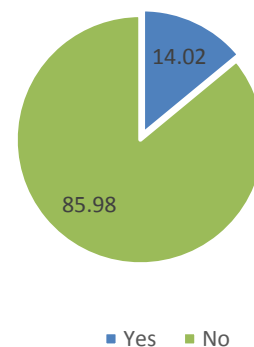
iii.   Where do you go for routine health care?

A routine health care visit has many benefits, including early diagnosis cancer screening, discussion and treatment of existing conditions, and the prevention of future medical complications. 70% of respondents were able to go to a physician's office for care, which is consistent with overall Michigan data (Murad & Barth, 2018).

Routine Health Care, 2016-2018
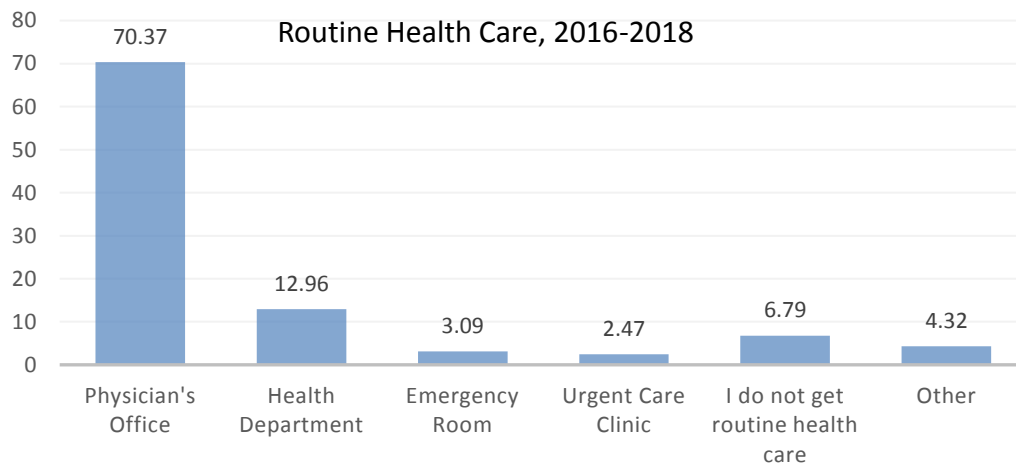
iv.   Are you able to see a doctor when you need to?

91% of participants identified that they were able to go to a doctor when needed, while 2% stated they could not. This may speak to the fact that the metropolitian Detroit area is home to seven large health care systems and at least 26 Federally Qualified Health Centers (FQHCs). The area also has health care services that are targeted to the communities large Hispanic (CHASS) and Middle Eastern communities (ACCESS).

Doctor Visits When Needed, 2016-2018
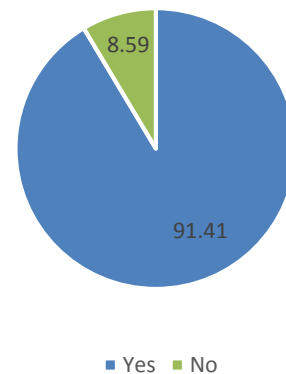
v.   Are there any issues that keep you from getting health care?

While 61% of respondents stated that they did not have issues that kept them from getting health care; it was identified that transportation (15%), lack of insurance (11%) and the ability

to cover the cost of co-pays and deductibles (8%) were significant barriers to obtaining health care. According to the 2016 Behavioral Risk Factor Survey (Murad & Barth, 2018), 12.8% reported not seeing the doctor within the past 12 months due to cost.   Interventions related to improving health care access was identified due to these findings.

Barriers to Health Care Services, 2016-2018

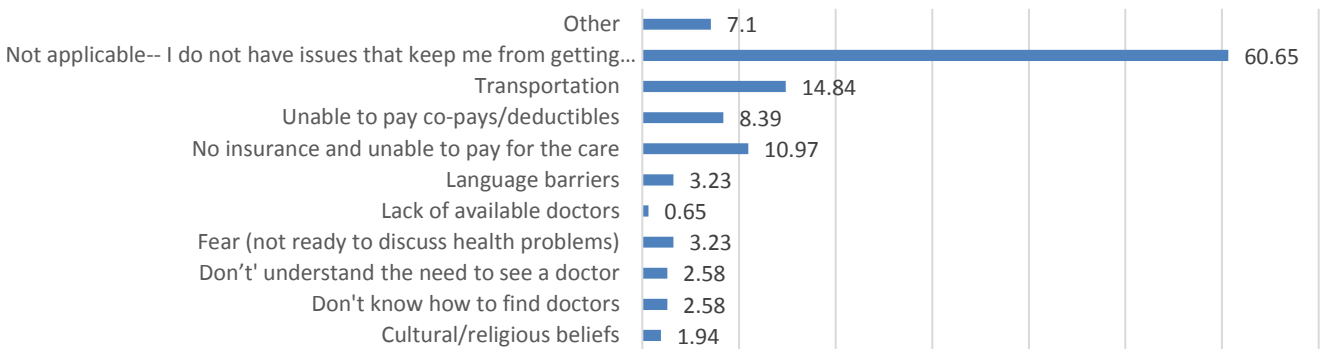|	
Other	7.1
Not applicable-- I do not have issues that keep me from getting…	60.65
Transportation	14.84
Unable to pay co-pays/deductibles	8.39
No insurance and unable to pay for the care	10.97
Language barriers	3.23
Lack of available doctors	0.65
Fear (not ready to discuss health problems)	3.23
Don't' understand the need to see a doctor	2.58
Don't know how to find doctors	2.58
Cultural/religious beliefs	1.94

vi.   What is needed to improve the health of your family and neighbors?

According to the American Cancer Society, (ACS Guidelines on Nutrition and Physical Activity for Cancer Prevention, 2016) obesity increases the risk of many types of cancer. Respondents stated that access to healthier food (66%) and safe places to walk and exercise (33%) would improve the health of their families and neighbors. It has been widely reported that there is a lack of grocery store chains in Detroit, which limits access to fresh fruits and vegetables. To achieve and maintain a healthy lifestyle, it is imperative that KCI works with local community organizations to increase access to healthy food and safe environments for physical activity.

Needs to Improve Health, 2016-2018

Other	3.01%
I don't know	8.43%
Cancer prevention/screening information	24.10%
Free or low-cost screenings	31.33%
Free or low-cost healthcare	42.77%
Culturally sensitive healthcare	10.84%
Transportation	22.29%
Safe places to walk/exercise	33.13%
Jobs	28.92%
Healthier Food	64.46%
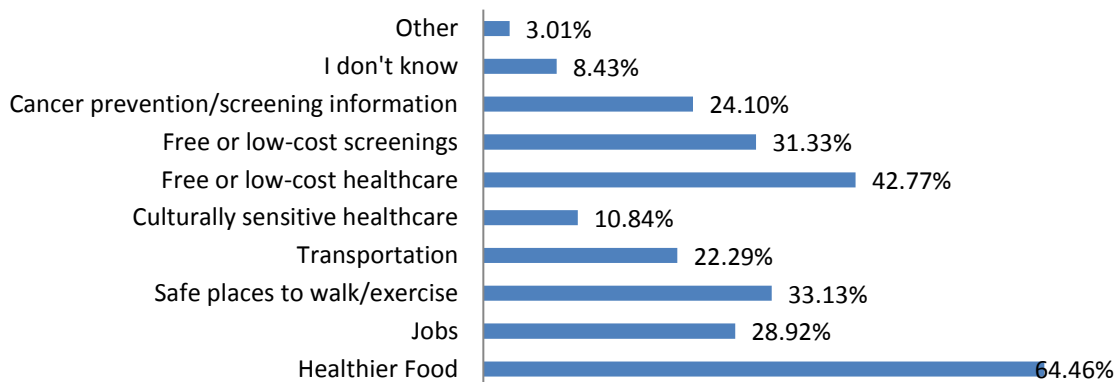
Additionally, survey responses indicated that access to free or low-cost healthcare (43%) and screenings (31%), along with cancer prevention/screening information (24%) is important.

vii.   What cancer screenings have you had in the past 12 months?

The best way to detect cancer early is to receive appropriate screenings based on discussions with a health care provider. While the majority of respondents stated that they were able to see a health care provider, cancer screening rates were still low. In the past 12 mon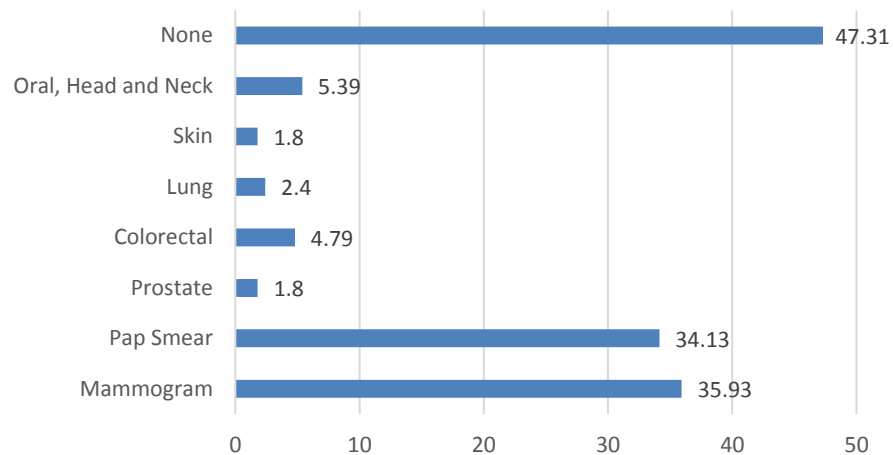ths, 47% of respondents had no cancer screening. A total of 16% of respondents stated they received either a prostate, colorectal, lung, skin, or oral, head and neck cancer screening. As expected, the most common screenings were mammograms (35%) and pap smears (34%).

Cancer Screening in the Past 12 Months, 2016-2018

Screening	Percentage
None	47.31
Oral, Head and Neck	5.39
Skin	1.8
Lung	2.4
Colorectal	4.79
Prostate	1.8
Pap Smear	34.13
Mammogram	35.93

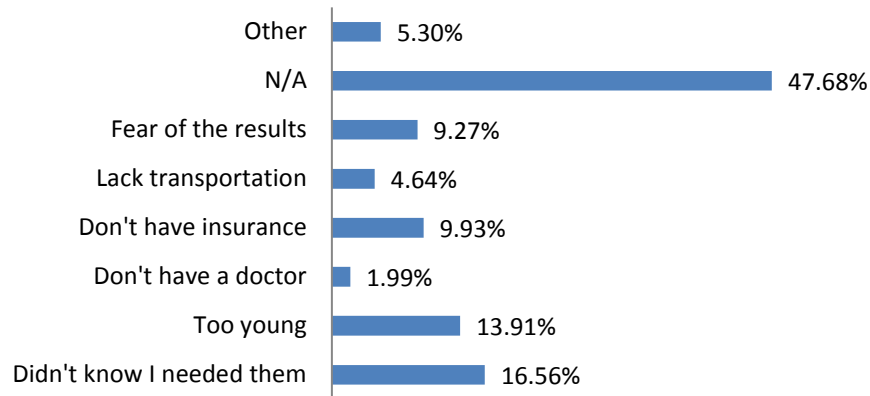**viii.   If you did not have cancer screenings, why not?**

In the past year, 47% of patients reported having had at least one cancer screening. However, respondents that did not have cancer screenings thought that they were too young for cancer screenings (14%), did not know they needed them (17%), or feared the results (9%). Furthermore, 5% stated that they lacked transportation to obtain cancer screenings.
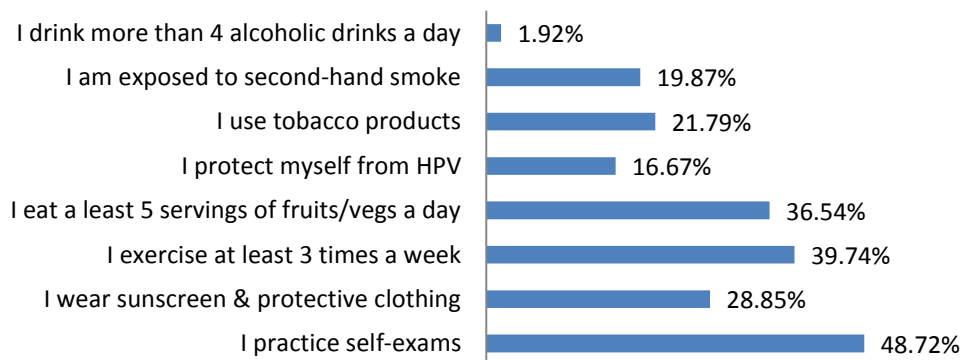
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Barriers to Obtaining Cancer Screenings, 2016-2018

Category	Value
Other	5.30%
N/A	47.68%
Fear of the results	9.27%
Lack transportation	4.64%
Don't have insurance	9.93%
Don't have a doctor	1.99%
Too young	13.91%
Didn't know I needed them	16.56%

ix. Which of the following apply to you?

Half of the respondents reported practicing self-exams (49%). Less than half reported exercising three times per week (36%), using sunscreen and protective clothing (29%), eating the daily recommended amount of fruits and vegetables (37%), and protecting themselves from HPV (17%). Few used or were exposed to tobacco (21%, 20%) and drank more than four alcoholic drinks per day (2%).

Health Behaviors, 2016-2018

Behavior	Value
I drink more than 4 alcoholic drinks a day	1.92%
I am exposed to second-hand smoke	19.87%
I use tobacco products	21.79%
I protect myself from HPV	16.67%
I eat a least 5 servings of fruits/vegs a day	36.54%
I exercise at least 3 times a week	39.74%
I wear sunscreen & protective clothing	28.85%
I practice self-exams	48.72%

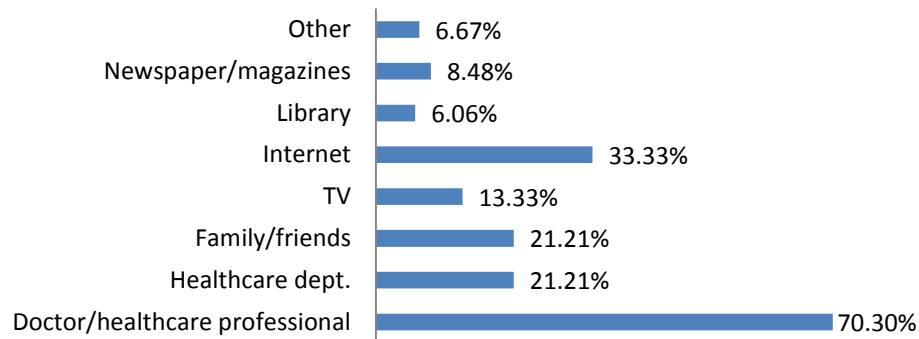**x. Where do you get most of your health information?**

The majority (70%) of respondents received health information from their doctor or a healthcare professional. Other sources included the internet, television, family and friends and newspapers. KCI takes into account that many people source the internet for cancer information prior to (and in addition to) speaking with a healthcare professional. KCI strongly

encourages patients to seek out reliable internet sites and to discuss information obtained from them with their healthcare team.

Methods of Obtaining Health Information, 2016-2018

Category	Percentage
Other	6.67%
Newspaper/magazines	8.48%
Library	6.06%
Internet	33.33%
TV	13.33%
Family/friends	21.21%
Healthcare dept.	21.21%
Doctor/healthcare professional	70.30%

xi.   What is your gender?

As with the previous surveys findings, the majority of respondents (85%) were female. 13% were male and 3% were transgender. Educational messages regarding early detection are important for the LGBT community as the ACS reports higher cancer risks and lower screening rates (American Cancer Society, 2018).

Gender, 2016-2018

Gender	Percentage
Male	12.57
Female	85.03
Transgender	2.4

■ Male ■ Female ■ Transgender
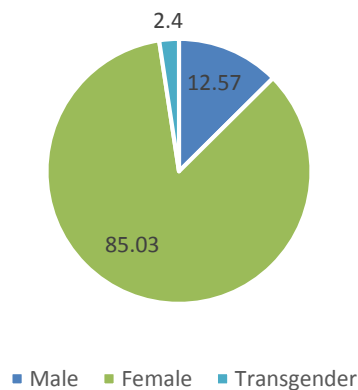
xii.   What is your age?

Cancer can occur at any age. 95% of respondents were between 21 and 70 years of age, which allowed for a more diverse age population. The NCI's Surveillance, Epidemiology, and End

Results (SEER) Program states that from 2011-2015, the median age for cancer a diagnosis is 66 years (National Cancer Institute, n.d.).

Ages, 2016-2018

- 21-30: 19%
- 31-40: 22%
- 41-50: 22%
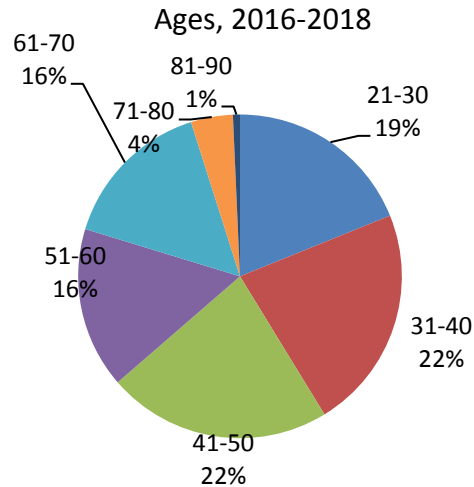- 51-60: 16%
- 61-70: 16%
- 71-80: 4%
- 81-90: 1%

### xiii.	What is your highest level of education?

In 2018, about 90% of the population were high school graduates or higher (United States Census Bureau, 2018). The highest level of education of our survey respondents was high school graduates (35%). 25% of respondents reported having some college education and 12% said they were college graduates.

Education level, 2016-2018

- Some High School: 28.21%
- High School graduate: 35.26%
- Some College: 25.00%
- College Graduate: 11.54%
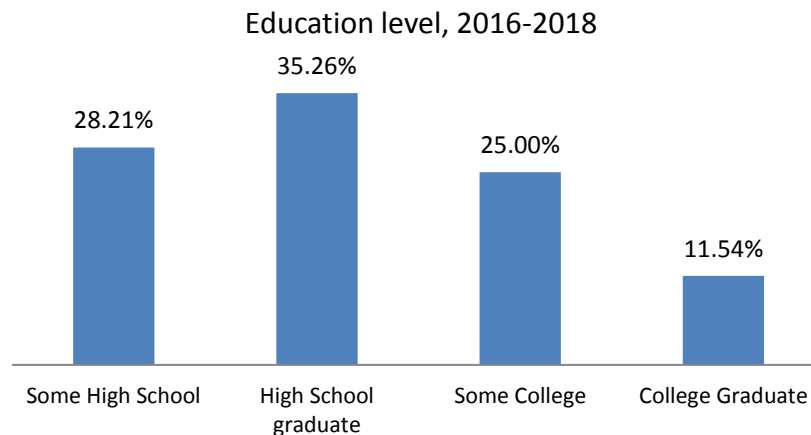
### xiv.	What is your Race/Culture?

As a lesson learned from the 2015 CHNA, input from the minority population was lacking. Thus, a strategy to increase the diversity of responses for the 2018 CHNA was executed. As a result,

the majority of the population surveyed was African American/Black (37%), followed by the Hispanic community (26%) and Arabic community (20%). The other respondents were Caucasian (11%), Asian (1%), and American Indian/Alaskan native (1%).
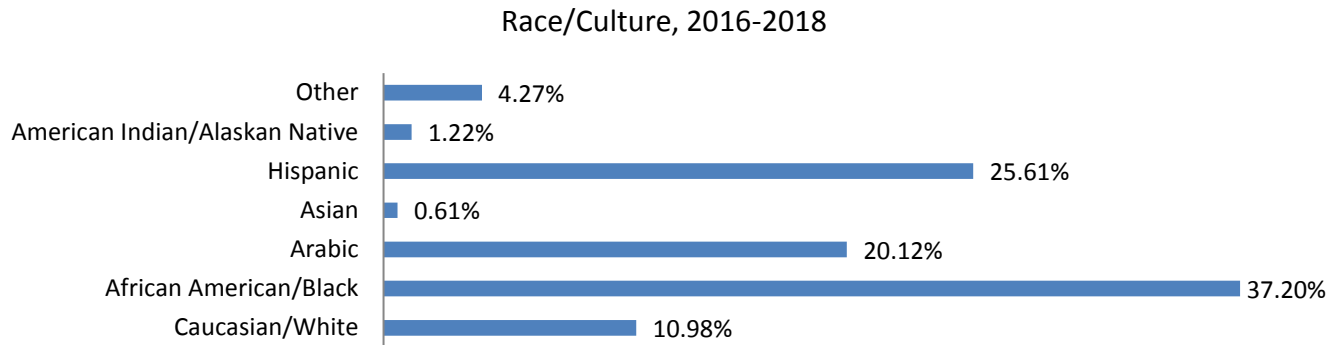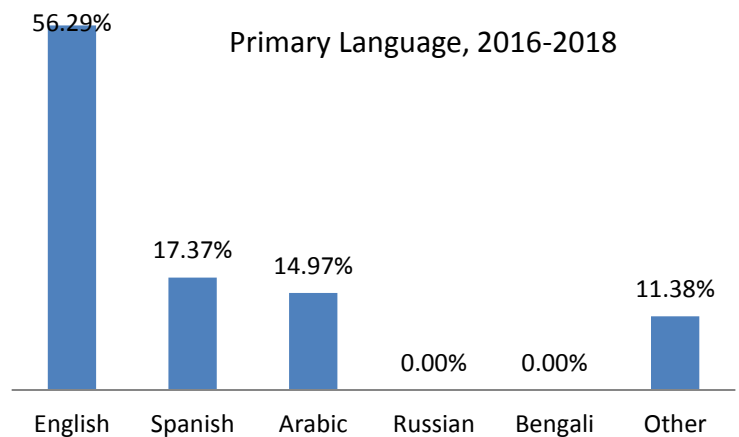
Race/Culture, 2016-2018

Category	Percentage
Other	4.27%
American Indian/Alaskan Native	1.22%
Hispanic	25.61%
Asian	0.61%
Arabic	20.12%
African American/Black	37.20%
Caucasian/White	10.98%

xv.   What language do you primarily speak at home?

The predominant language spoken at home was English (56%), followed by Spanish (17%) and Arabic (15%). In 2015 there were 300 requests for translation services. The top four language requests were Arabic (148), Spanish (115), Bengali (56), and Russian (21). In response to the identified need for increased diversity in resource material, the Karmanos cancer awareness fact sheets, chemotherapy class and pain management education tools, including paper and video, were translated into Arabic and Spanish.

Primary Language, 2016-2018

Language	Percentage
English	56.29%
Spanish	17.37%
Arabic	14.97%
Russian	0.00%
Bengali	0.00%
Other	11.38%

xvi.   What is your employment status?

At 21%, respectively, the majority of respondents were either employed full time or a homemaker. The other respondents were unemployed (14%), employed part time (12%), self-employed (2%), disabled (13%), retired (10%), or a student (6%). The jobless rate in both regions is just above the Michigan average of 10% at 10.5% in region 2N and 11.5% in region 2S. (Michigan Department of Community Health, 2011).

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Employment Status, 2016-2018

Category	Percentage
Disabled	13.41%
Self-employed	2.44%
Student	6.10%
Unemployed	14.02%
Homemaker	20.73%
Retired	10.37%
Employed part time	12.20%
Employed full time	20.73%
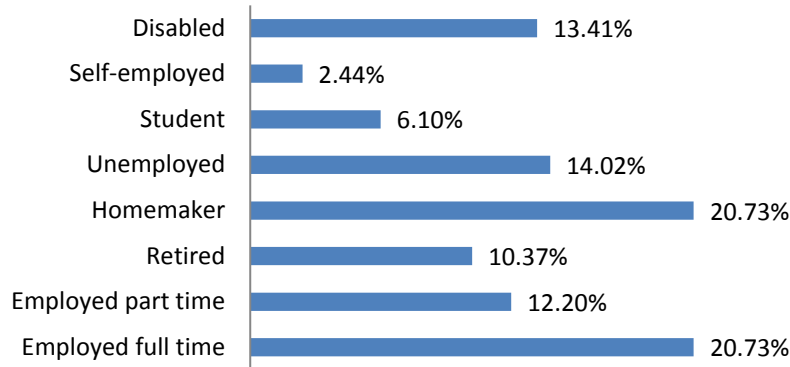
xvii.   What county do you live in?

The majority of survey respondents reside in Wayne County (86%). We were able to obtain survey responses from 28 different zip codes within Oakland, Wayne, and Macomb Counties. In the future, we would like to obtain additional input from Macomb and Oakland county residents.

County of Residence, 2016-2018

County	Percentage
Macomb	5%
Oakland	9%
Wayne	86%
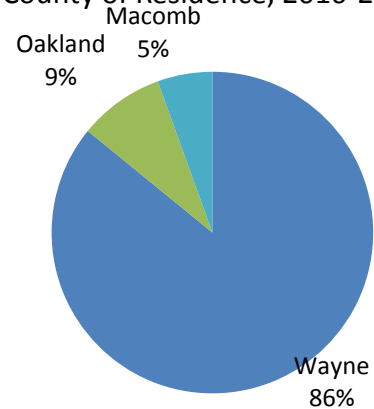
xviii.   What is your zip code?

Zip Code	City	# of Respondents
48108	Ann Arbor	1
48025	Bingham Farms	1
48120, 48124, 48126, 48128, 48148	Dearborn	20
48125, 48127	Dearborn Heights	2
48201, 48202, 48204, 48205, 48206, 48207, 48208, 48209,	Detroit	38

48210, 48214, 48216, 48217, 48221, 48224,48227,48234, 48235, 48238, 48228 48244		
48335	Farmington	1
84212	Hamtramck	2
48030	Hazel Park	2
48203	Highland Park	5
48070	Huntington Woods	1
48146	Lincoln Park	1
48071	Madison Heights	2
48122	Melvindale	3
48047	New Baltimore	1
48237	Oak Park	1
48239, 48240	Redford	2
48174	Romulus	3
48033, 48076	Southfield	2
48180	South Rockwood	1
48310, 48312, 48313, 48314	Sterling Heights	4
48183	Temperance	2
48098	Troy	1
48390	Walled Lake	1
48091, 48092	Warren	2
48239	Waterford	1
48185	Westland	1
48322	West Bloomfield	1
48192	Wyandotte	1

VI.   Implementation Strategies

The 2018 CHNA survey data was used to determine the key areas of priority. The KCI core team identified the most important issues facing the community and met with various departments and community partners to develop an implementation strategy that defines the resources, activities, outputs, and outcomes. The areas of focus are 1) nutrition, 2) prevention and screening guidelines, and 3) access to services.

i.   Resources

KCI has several resources and processes in place that will continue to support and address the needs identified in the 2018 CHNA. The resources dedicated to or consumed by the CHNA program include, but are not limited to, the following human, organizational, and community resources described below.

Karmanos' multidisciplinary team (MDT) approach to patient triage helps to individualize care across the continuum. Each of the 13 MDTs consists of Wayne State University-affiliated oncologists, radiologists, surgeons, pathologists, geneticists, and counselors. Each MDT has a registered nurse team leader to serve as the patients' primary navigator, supported by physician assistants, nurse practitioners, social workers, and dieticians. The Karmanos Cancer Institute Call Center is has also been trained to triage patient calls and concerns 24/7.

Every year Karmanos provides up-to-date cancer education for medical professionals and the lay public. Annual symposiums are held on lung, breast, prostate, gastrointestinal, and gynecologic cancer. The Patient and Community Education department provides education to industry, churches, and schools in the form of health fairs and cancer prevention and early detection presentations. In 2016-2018, there were 638 programs and a total of 79,210 attendees.

The KCI Departments of Marketing and Communication, Development, Patient/Community Education and Volunteer Services, Social Work and Case Management Services, and Nutrition and Patient Care Services can have direct impact increasing community awareness and access to health services. Thus, the KCI core team chose to collaborate with these departments to

address the health needs identified in the CHNA. Furthermore, Karmanos staff consistently participates and fosters a relationship with community organizations; including the Breast and Cervical Cancer Control Program (BCCCP), the Arab Community Center for Economic and Social Services (ACCESS), the tri-county tobacco cessation coalitions, and several area FQHC.

There are existing community resources and programs that we support and provide to our patients that require assistance throughout all phases of their cancer journey. The American Cancer Society offers a "Road to Recovery Program" that provides rides to patients who have no way to get to their cancer treatments. Also, ACS provides free cancer educational booklets for our patients, which are available in our Education and Resource Center (ERC).

Our social work team acts an integral part of our multi-disciplinary team at KCI, providing information and referrals to various community resources and programs (i.e., transportation, housing, financial, legal, Medicaid/Medicare, SSI/SSD). In addition to counseling and day and evening support groups, we offer an array of healing art workshops and programs designed to reduce the stress patients and their families go through due to cancer.

ii.   Activities

To reach the outputs, or direct products of the program activities, several activities have been identified to address community needs found in the 2018 CHNA survey results. All activities are planned to be implemented by the end of year 3.

1. **Output #1: Improve access to healthy food options and promote health and well-being**
   a. Strategy 1: Collaborate with KCI Nutrition Department to develop at least 5 nutrition-related educational materials and at least 10 classes at Karmanos Cancer Institute.
   b. Strategy 2: Identify and establish a resource map for local, healthy food options in Oakland, Macomb, and Wayne County.
   c. Strategy 3: Establish partnerships with corner stores and grocery stores, farmer's markets, and urban farmers to promote local, healthy food options in metro Detroit.

2. **Output #2: Promote evidence-based cancer screening and prevention guidelines**

   a. Strategy 1: Collaborate with KCI Development and KCI Marketing and Communications departments to develop "Cancer of the Month" monthly screening and prevention information.

   b. Strategy 2: Increase the amount of health fairs and community education presentations by 10% in metro Detroit.

   c. Strategy 3: Translate cancer awareness fact sheets in remaining requested languages, which are utilized by Karmanos patients and families.

2. **Output #3: Promote programs that improve access to care and services in the metro Detroit area.**

   a. Strategy 1: Identify at least 2 new partnerships and endorse existing internal and external transportation services for patients at Karmanos Cancer Institute.

   b. Strategy 2: Identify at least 5 new FQHC programs in the metro Detroit area.

iii. **Outcomes**

KCI will develop evaluation metrics to measure and track progress related to this implementation plan. Outcomes for the planned activities include increasing the number of individuals obtaining resources and educational materials. This will play a key role in understanding and improving attendance of the services offered for the KCI community. Activities will also increase community awareness of the need for cancer screenings and the importance of early detection. Ultimately, the goal of our initiatives is to decrease cancer burden in the surrounding population.

xix. Bibliography

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Appendix 1: 2018 Community Health Needs Assessment

1. How would you describe your current health status?
   ☐ Excellent

   ☐ Good

   ☐ Fair

   ☐ Poor

2. Have you ever been diagnosed with cancer?
   ☐ Yes

   ☐ No

3. Where do you go for routine health care?
   ☐ Physician's office

   ☐ Health Department

   ☐ Emergency room

   ☐ Urgent care clinic

   ☐ I do not get routine health care

   ☐ Other (please list) [＿＿＿＿＿＿]

4. Are you able to visit a doctor when you need to?
   ☐ Yes

   ☐ No

5. Are there any issues that keep you from getting health care? (check all that apply)
   ☐ Cultural/religious beliefs

   ☐ Don't know how to find doctors

   ☐ Don't understand the need to see a doctor

   ☐ Fear (not ready to discuss health problems)

☐ Lack of available doctors

☐ Language barriers

☐ No insurance and unable to pay for the care

☐ Unable to pay co-pays/deductibles

☐ Transportation

☐ N/A

☐ Other (please list) _____

6. What is needed to improve the health of your family and neighbors?

(Check all that apply)

☐ Healthier food

☐ Jobs

☐ Safe places to walk/exercise

☐ Transportation

☐ Culturally sensitive healthcare clinics

☐ Free or low-cost healthcare clinics

☐ Free or low-cost cancer screenings

☐ Information about cancer prevention and screening

☐ I don't know

☐ Other (please list) _____

7. Which of the following cancer screenings you have had in the last 12 months? (select all that apply)
☐ Mammogram

☐ Pap smear

☐ Prostate cancer screening

☐ Colorectal cancer screening

☐ Lung cancer screening

☐ Skin cancer screening

☐ Oral, Head & Neck Cancer screening

☐ None

8. If you didn't have any cancer screenings, why not? (check all that apply)
☐ Didn't know I needed them

☐ Too young

☐ Don't have a doctor

☐ Don't have insurance

☐ Lack transportation

☐ Fear of the results

☐ NA

☐ Other (please list) _____

9. Which of the following apply to you? (check all that apply)
☐ I practice self-exams (breast, testicular, skin)

☐ I wear sunscreen and protective clothing for planned time in the sun

☐ I exercise at least 3 times a week

☐ I eat at least 5 servings of fruits and vegetables a day

☐ I protect myself from the Human Papillomavirus (HPV)

☐ I use tobacco products (cigarettes; cigars; chew; khat; hookah)

☐ I am exposed to second hand smoke

☐ I drink more than 4 alcoholic drinks per day

10. Where do you get most of your health information? (check all that apply)

2018 Community Health Needs Assessment

☐ Doctor/healthcare provider

☐ Healthcare department

☐ Family/Friends

☐ TV

☐ Internet

☐ Library

☐ Newspaper/magazines

☐ Other (please list) ☐

11. What is your gender? (check one)
☐ Male

☐ Female

☐ Other ☐

12. What is your age? ☐

13. What is the highest level of education? (check one)
☐ Some high school

☐ High school graduate

☐ Some college

☐ College graduate

☐ Graduate or professional degree

14. What is your race/culture?
☐ Caucasian/White

☐ African American/Black

☐ Arabic

☐ Hispanic

☐ Asian

☐ American Indian/Alaskan Native

☐ Other (please list) [_____]

15. What language do you primarily speak at home?

☐ English

☐ Spanish

☐ Arabic

☐ Bengali

☐ Russian

☐ Other (please list) [_____]

16. What is your employment status? (check one)

☐ Employed full time

☐ Employed part time

☐ Homemaker

☐ Student

☐ Retired

☐ Self-employed

☐ Unemployed

☐ Disabled

17. What county do you live in? (check one)

☐ Wayne

☐ Oakland

☐ Macomb

18. What is your zip code? (write in) [_____]

Thank you very much for your participation! Your input is very important to this survey.