



2018 Pontiac Community Survey Executive Report

Healthy Pontiac, We Can! Coalition

Oakland University – Integrative Health Sciences

The Healthy Pontiac, We Can! coalition, under the direction of Oakland County Health Division, conducted the Pontiac Community Survey, which gathered information about health behaviors and perceptions from Pontiac residents, from February through July 2018. The survey was distributed through partnering agencies, at community events, and was available online. This data provides a snapshot of health behaviors (e.g. physical activity and nutrition), risky health behaviors (e.g. smoking), and perception of things that impact quality of life in Pontiac. The results from this survey contribute to identifying areas to improve health and wellness within our community.

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INTRODUCTION

A total of 345 surveys were included in the analyses of this report; surveys that had less than 15% of the questions completed (i.e. participant only answered about 2 questions) were omitted from any further analysis. Due to missing responses on different questions throughout the survey (e.g. participant chose not to respond), the total sample size for each question varies, and is reported with each question as (n=#).

DEMOGRAPHICS

Income level and Race in this sample closely represents the population based on national estimates.

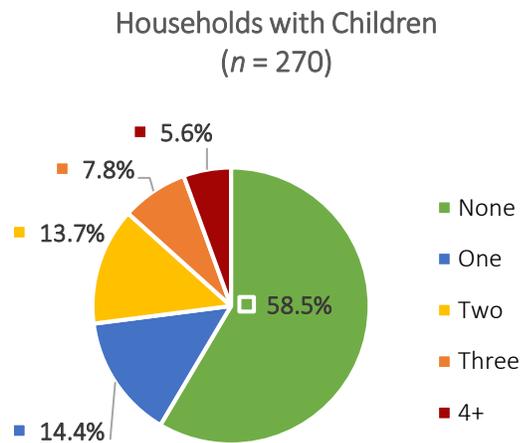


Figure 1. Number of children per household

Despite efforts to recruit Hispanic community members, our sample consists of considerably fewer Hispanic participants than the general Pontiac population. Additional efforts to ensure our Hispanic residents' voices are heard and their health needs are met must be prioritized.

COMMUNITY HEALTH PRIORITIES

Participants ranked the options given to them in order of importance to make their community healthier. The highest priority scored 5 points, next highest scored 4, and so on with the lowest priority scoring 0 points. The percentage of total points for each option is reported below (Figure 2). Improving neighborhood safety was the highest ranked priority area.

Demographics

	#	%	Compared to Census
Age (n = 290)			
18 to 24	18	6.2%	N/A
25 to 34	60	20.6%	N/A
35 to 44	50	17.2%	N/A
45 to 54	48	16.6%	N/A
55 to 59	27	9.3%	N/A
60 to 64	39	13.5%	N/A
65 or older	48	16.6%	N/A
Race (n = 291)			
African-American/Black	138	47.4%	49.9%
Native American	2	0.7%	0.5%
Asian	3	1.0%	2.0%
Caucasian/White	123	42.3%	39.2%
Middle Eastern	1	0.3%	N/A
Mixed Ethnicity	22	7.6%	6.5%
Other	2	0.7%	N/A
Ethnicity (n = 289)			
Hispanic	31	10.7%	17.2%
Non-Hispanic	258	89.3%	82.2%
Household Income (n = 274)			
Less than \$10,000	43	15.9%	15.7%
\$10,000 - \$14,999	26	9.3%	10.6%
\$15,000 - \$24,999	33	12.2%	15.5%
\$25,000 - \$34,999	49	18.1%	13.8%
\$35,000 - \$49,999	46	17.0%	14.8%
\$50,000 or above	74	27.4%	29.7%

Table 1. Demographics

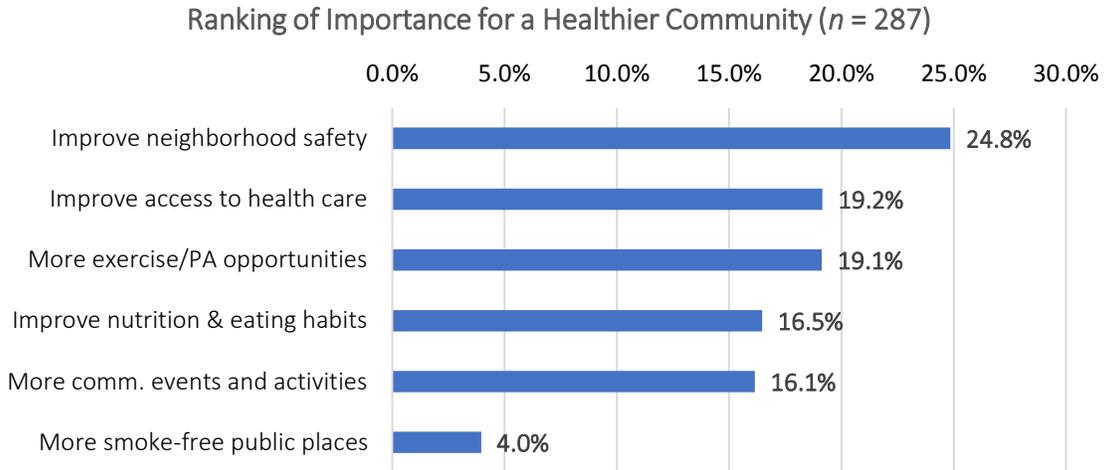


Figure 2. Options perceived as most important to make the community healthier

TRANSPORTATION

- Driving was the most often used type of transportation (76.7%)
- Alternative modes of transportation included 7.0% walking, 6.1% using the bus, 4.4% carpooling, 2.0% biking, and 3.8% selected “other” (typically described using multiple types of transportation).
- 23.6% of participants have used public transportation in the last year, and of those, half use it weekly (*Table 2*).
- The most frequently reported barrier to using public transportation was the busses not traveling where people need to go (*Table 3*).
- “Other” responses included: no covered bus stops to protect against the weather, time-consuming/inefficient mode of travel, inconsistent schedules, and travelling with items/strollers.

Use of Public Transportation (n = 81)

Daily	17.3%
2-3 times a week	27.2%
Once a week	7.4%
2-3 times a month	19.8%
Once a month	13.6%
Other	14.8%

Table 2. How frequently participants use public transportation

Barriers to Using Public Transportation (select all that apply) (n=284)

	#	%
Buses do not go where I need to go	61	21.5%
Do not feel safe using public transportation	47	16.6%
No public transportation in my neighborhood	36	12.7%
Do not know how to use public transportation	33	11.6%
It is hard for me to get to a bus stop	33	11.6%
The bus stop is too far	31	10.9%
No, it is easy for me to use public transportation in my neighborhood	21	7.4%
Other	13	4.6%
It’s too expensive	9	3.2%

Table 3. Perceived barriers to using public transportation

PUBLIC PARKS, TRAILS, AND GREEN SPACES

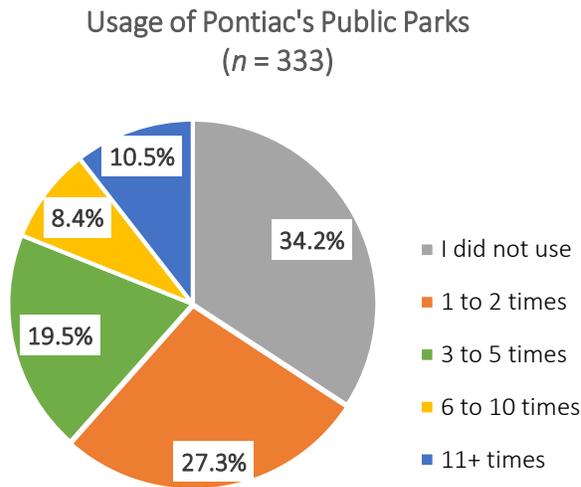


Figure 3. Frequency of Pontiac's public parks' use

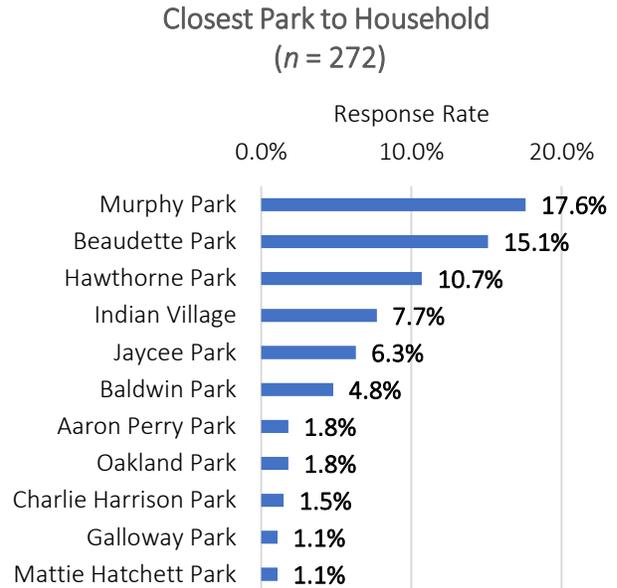


Figure 4. Percentage rate of park closest to respondents

Two-thirds (66%) of participants used a public park in Pontiac within the past 12 months (Figure 3), with Figure 4 showing the frequency of parks closest to participants (14.7% responded "I don't know" indicating a need for better awareness of Pontiac's parks).

Barriers to using public parks, trails, or grassy spaces in their neighborhood were reported (Figure 5).

- The most common reason preventing them from using parks was feeling unsafe.
- "Other" responses included: not enough seating, overcrowding, low maintenance/cleanliness, lack of restrooms, and not knowing where the parks are located.

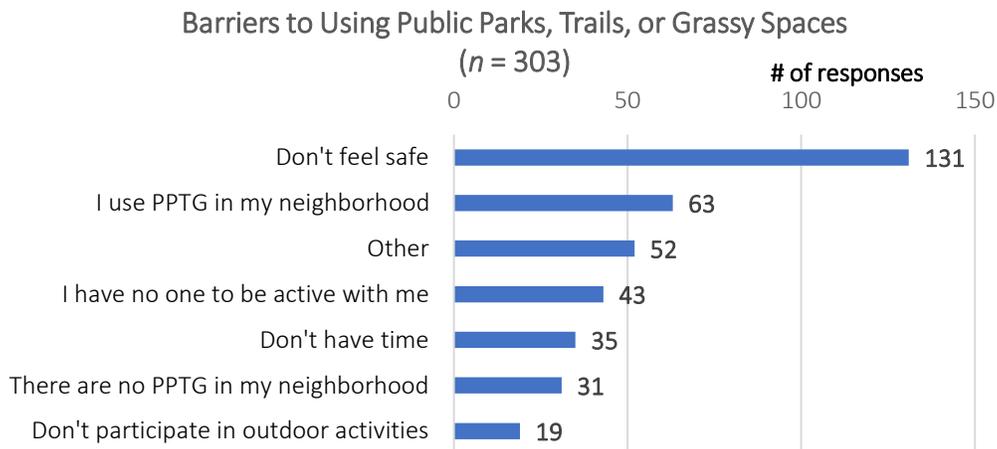


Figure 5. Perceived barriers to using public parks, trails, or grassy spaces in

PONTIAC’S PARKS AND RECREATION

Participants rated the statements below using Strongly Agree, Agree, Neutral, Disagree, or Strongly Disagree (*Figure 6*). Top scoring items (higher percentage of *strongly agree* or *agree* responses) were “a park is a place I go with my family” and “I attend events at the park”, while only 22.4% of participants agreed or strongly agreed with the statement: “parks near me are free of crime.”

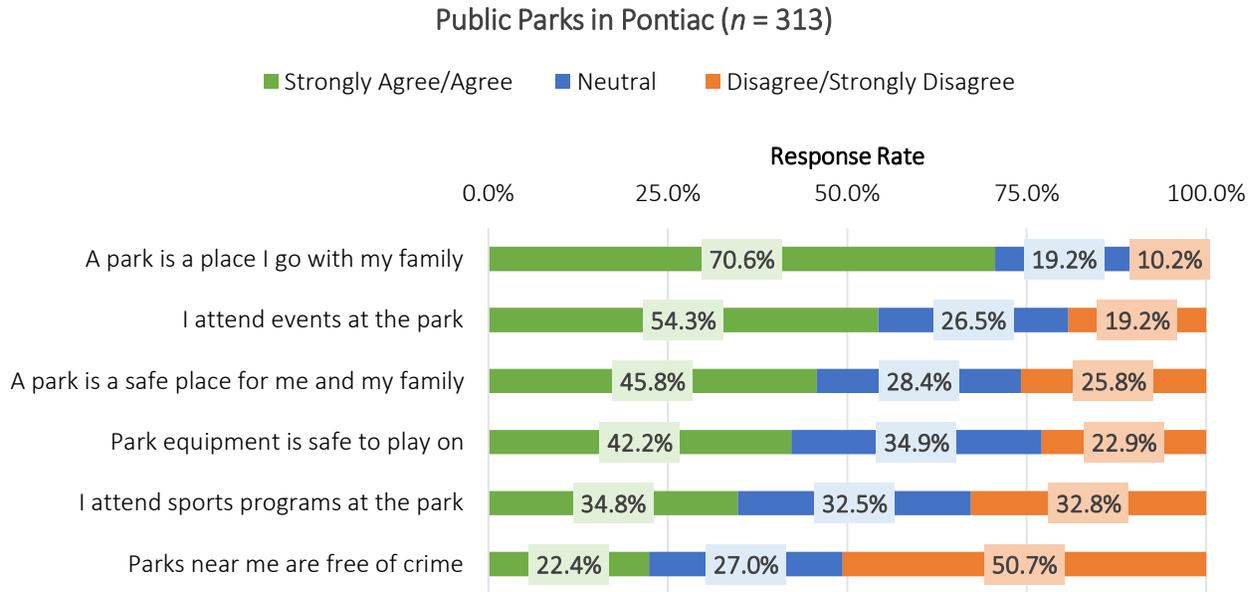


Figure 6. Participants' ratings for public parks in Pontiac

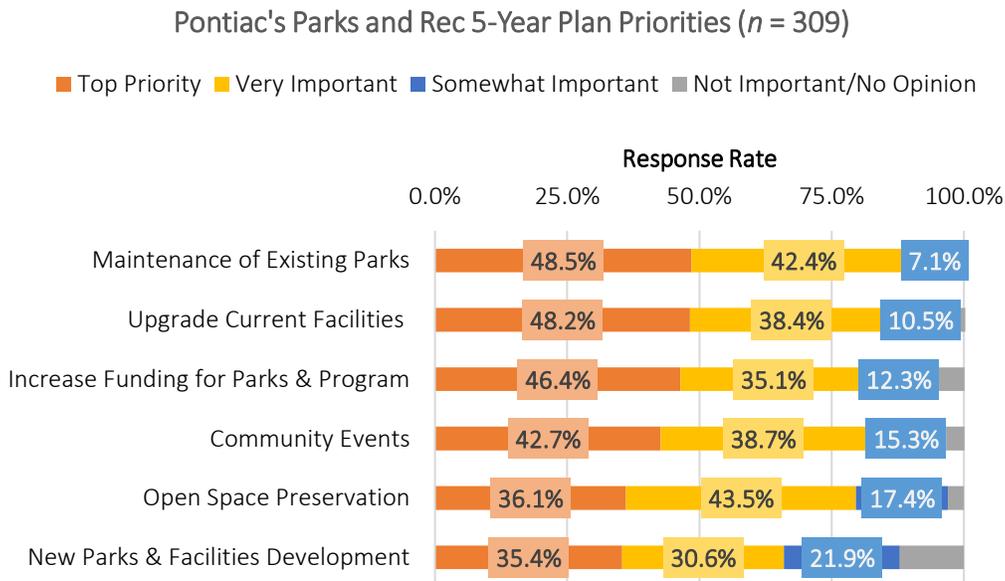


Figure 7. Prioritizing of different aspects in reference to Pontiac's public parks

Participants rated the priority of Pontiac’s Park and Recreation from Top Priority, Very Important, Somewhat Important, or Not Important/No Opinion. While participants rated most categories as Top Priority or Very Important, the top two categories were maintenance of existing parks and upgrading current facilities, indicating that residents would like to see more done at existing parks. Increased funding and community events were also scored highly (*Figure 7*).

PHYSICAL ACTIVITY

The recommended amount of moderate physical activity each week is at least 30 minutes per day, five days a week, and 23.9% of participants indicated that they met this recommendation, while 10.1% of participants did not engage in physical activity. Some participants further explained that their days of physical activity varied and depended on the weather (*Figure 8*).

Engage in at least 30 Minutes of Physical Activity (PA; n = 318)

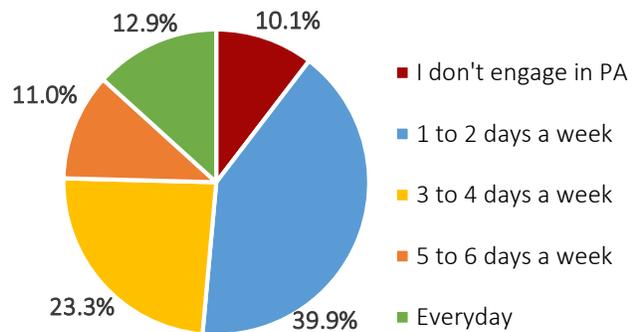


Figure 8. Self-reported physical activity levels

The following graph shows that most of the participants are physically active at home, followed by on the sidewalks and paths in their community. “Other” popular sites to be physically active at included at work, the mall, and parks in other cities (*Figure 9*).

Popular Sites to be Physically Active (n = 313)

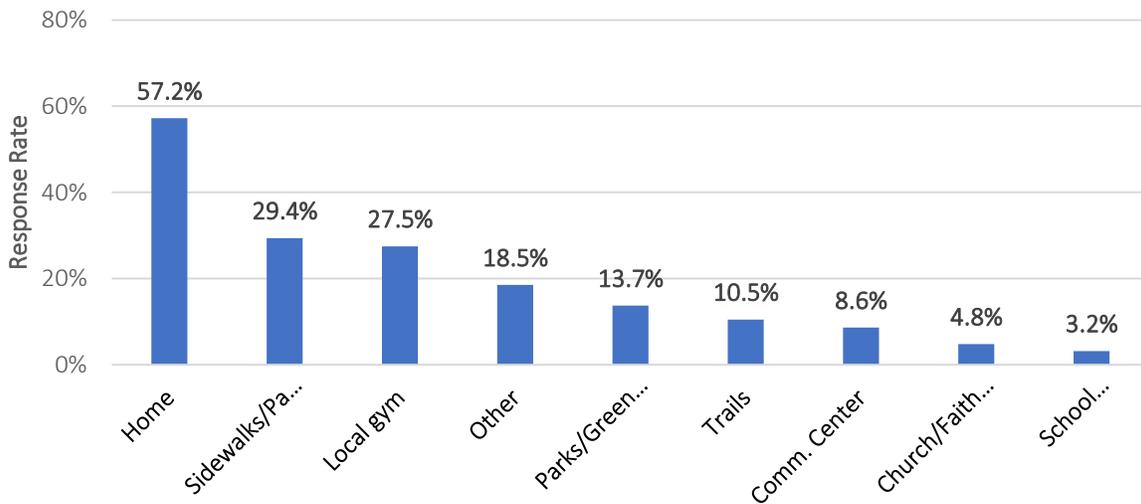


Figure 9. Sites where respondents can engage in physical activity

Participants identified barriers to engaging in regular physical activity outdoors. They were able to select more than one of the options listed out to them. The most commonly selected responses included: “I don’t feel safe outdoors,” “the sidewalks and streets near me are not even” and “I don’t have time.” However, 62 participants reported no barriers and they regularly participate in physical activity. In the “Other”

category, participants reported work, health reasons, weather, feeling unsafe, and stray dogs among the reasons (Figure 10).

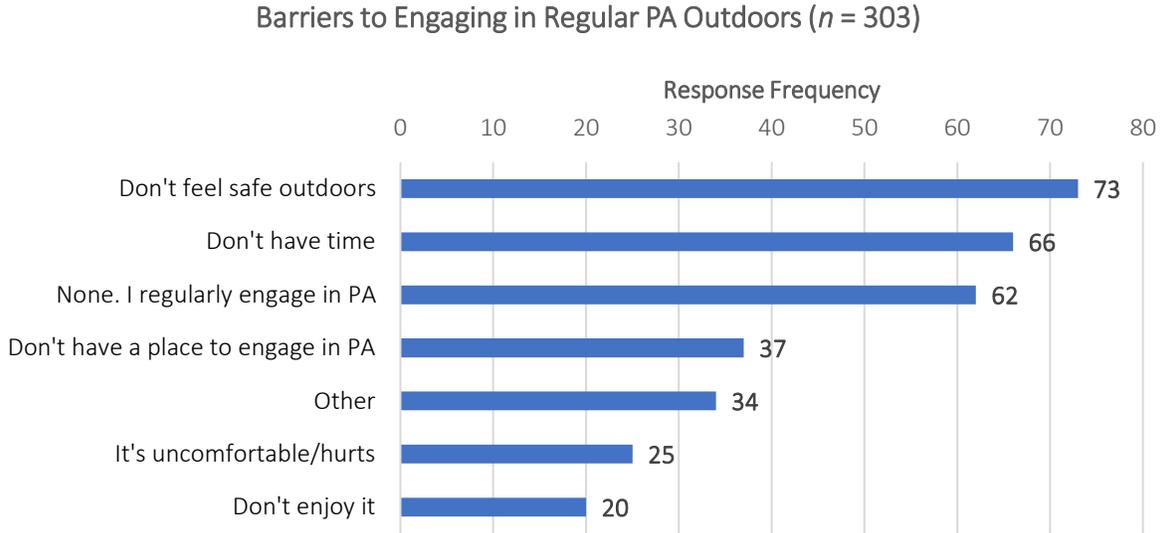


Figure 10. Perceived barriers to engage in regular physical activity outdoors

NUTRITION

Participants reported their nutrition habits, food access, and nutrition education preferences.

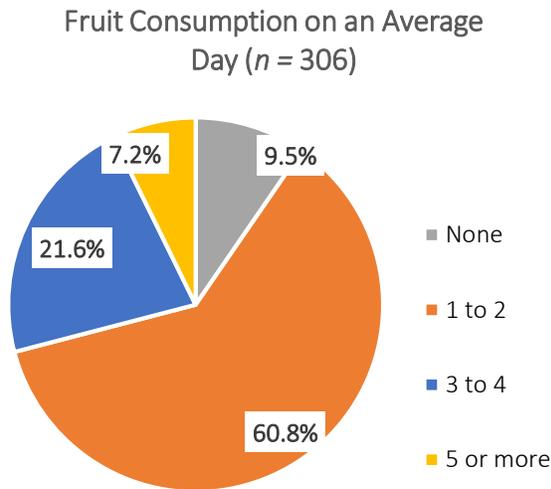


Figure 11. Fruit consumption

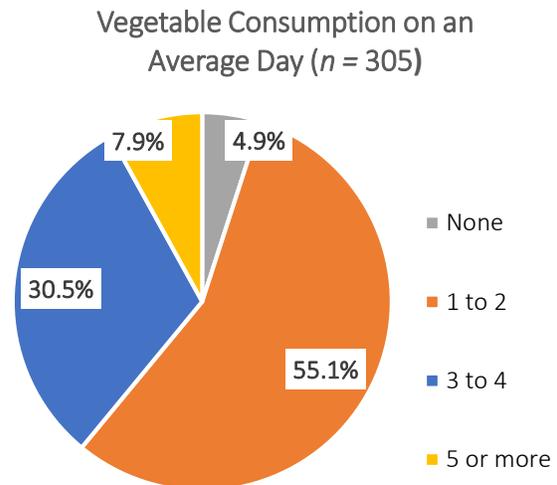


Figure 12. Vegetables consumption

Fruit (Figure 11) and vegetable (Figure 12) intake – 28.8% of participants consumed 3 or more servings of fruit (excluding juice), and 38.4% consumed 3 or more servings of vegetables (excluding potatoes and onions) on an average day.

Food access – 15.0% reported that it was difficult or very difficult for them to get to a grocery store/supermarket with good produce variety (*Figure 14*). Participants provided additional comments including that they needed to find rides to get to a grocery store/supermarket, and/or that they do not shop in Pontiac for fruits and vegetables.

Payment methods – while 81.0% of participants preferred using cash or credit/debit cards, 17.4% utilized SNAP/EBT or WIC benefits (*Figure 13*).

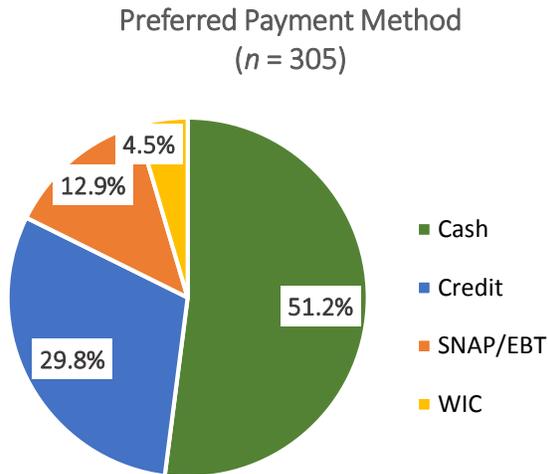


Figure 13. Frequently used payment method for produce shopping

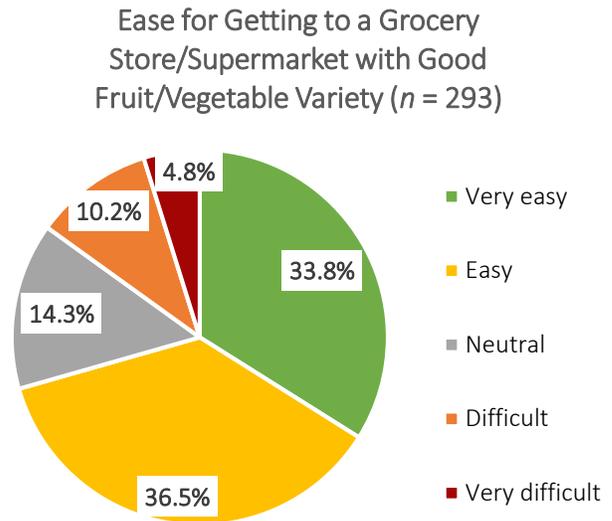


Figure 14. Ease for getting to a food store with a variety of fruits and vegetables

Food Access - A vast majority of participants bought their fruits and vegetables at a grocery store (e.g. Walmart, Meijer, Kroger, and Save Plus).

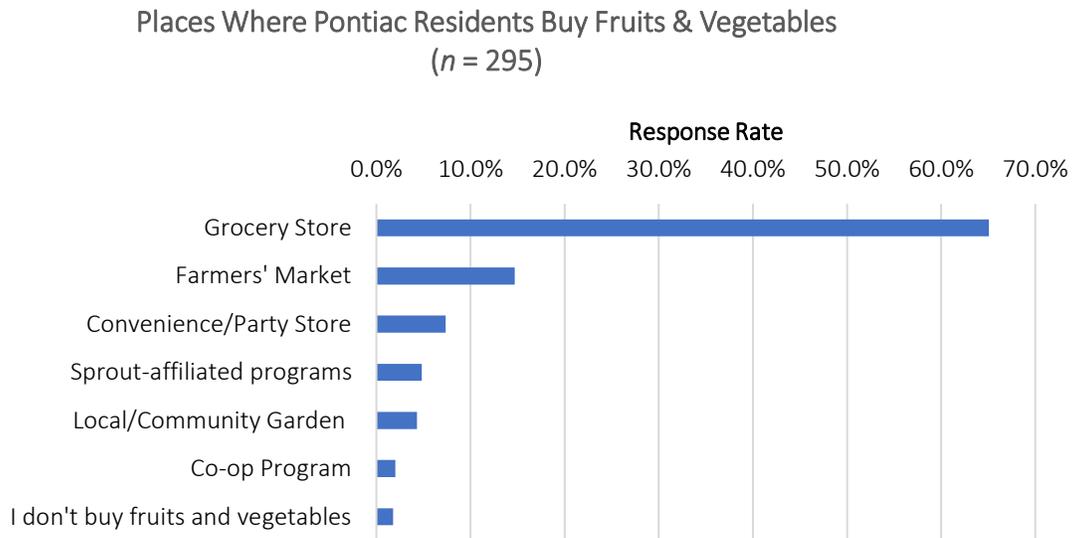


Figure 15. Places most frequently shop at for fruits and vegetables

Additionally, participants were asked if anything else prevented them from buying fruits and vegetables regularly (*Figure 16*). A list of possible answers was provided and participants could select more than one.

- About 63% of those who answered this question reported that none of the barriers listed prevented them from buying fruits and vegetables on a regular basis.
- The most common barriers to buying fruits and vegetables were that they were too expensive and/or the store at which they shop had low quality produce.
- Some of the “Other” descriptions included: no good-quality stores nearby, shopping in neighboring communities, inconvenient pricing, and not having time or knowledge to cook, they go bad quickly.

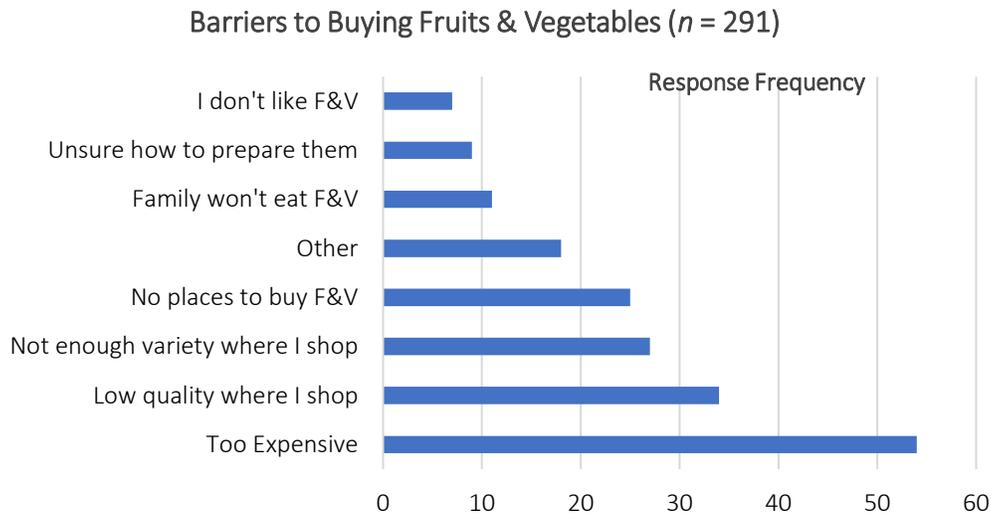


Figure 16. Perceived barriers to buying good quality fruits and vegetables

Gardening – 36.3% of participants indicated that they had grown their own fruits and vegetables in the past year (*Figure 17*).

Grow Own Fruits & Vegetables (n = 300)

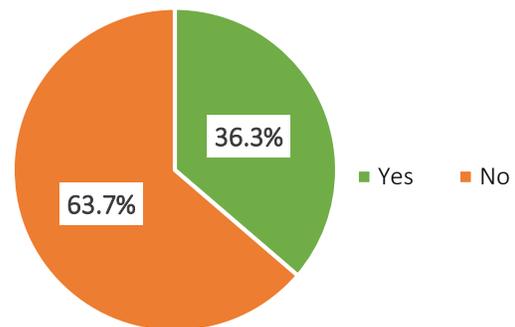


Figure 17. People that reported growing their own produce in the past year

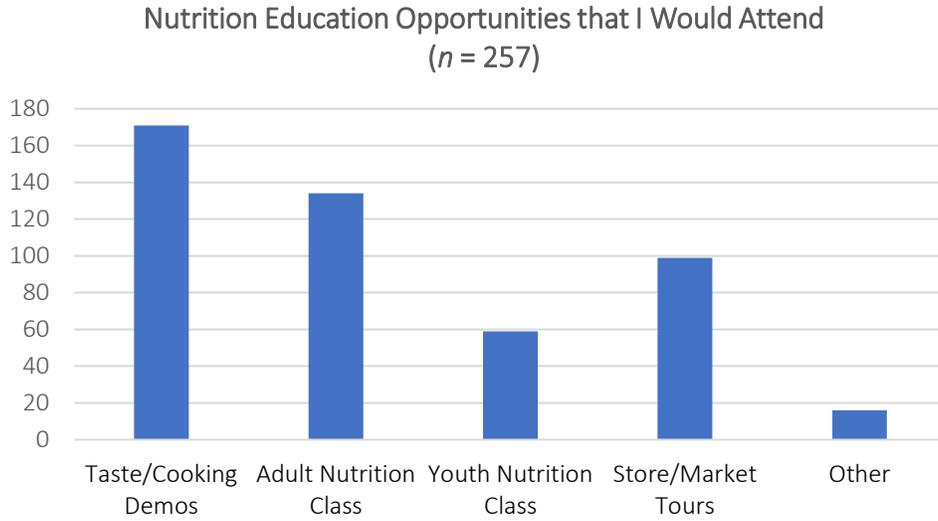


Figure 18. Interests in Nutritional Education Opportunities

Nutrition Education – Participants were asked what types of nutrition education activities they would like to attend (*Figure 18*). The most popular response was “taste test/cooking demonstrations.” Participants also suggested, under “Other”: pop-up dinners, gardening, and information on restricted diets.

Food security – half of participants (50.0%) reported to have worried about not having enough food before having more money to buy food either sometimes or often (*Figure 19*).

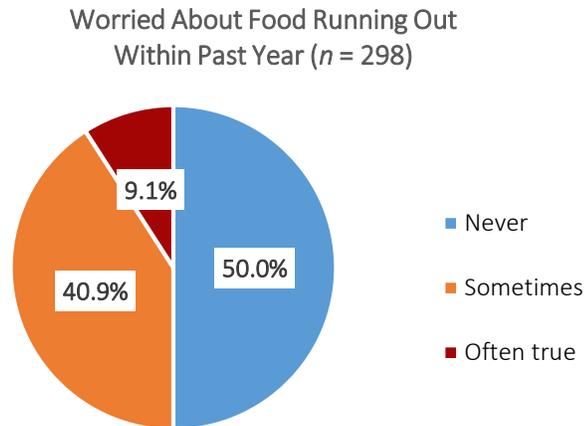


Figure 19. Percentage of people who reported to have worried about running out of food before having more money to buy more

PHYSICAL HEALTH

In this question, participants were asked to self-report their physical health status. About 1/5 of participants (20.7%) felt that their physical health was very good or excellent, while only 5.3% reported poor physical health (Figure 20).

Participants were also asked to indicate the place(s) they go to when they have a health problem (Figure 21).

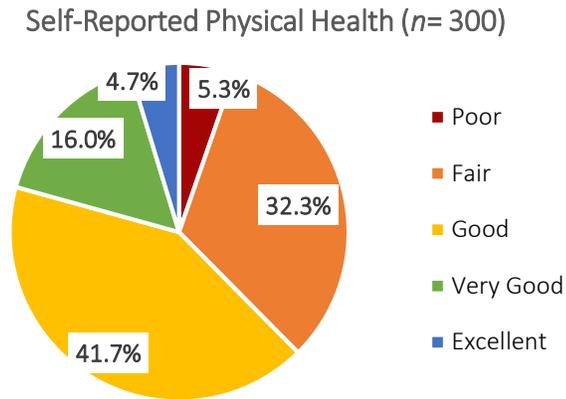


Figure 20. Self-reported physical health condition

- The most popular response was “private doctor’s office,” indicating the majority of people are utilizing primary care physicians. The next three top responses included St. Joseph Mercy Oakland Hospital, Urgent Care/walk in clinics, and the emergency room.
- Under “Other” responses, participants reported health food store, Henry Ford, Beaumont, Veterans’ Clinic, Crittenton, other clinics, and church.

"Where do you usually go to when you have a health problem?"

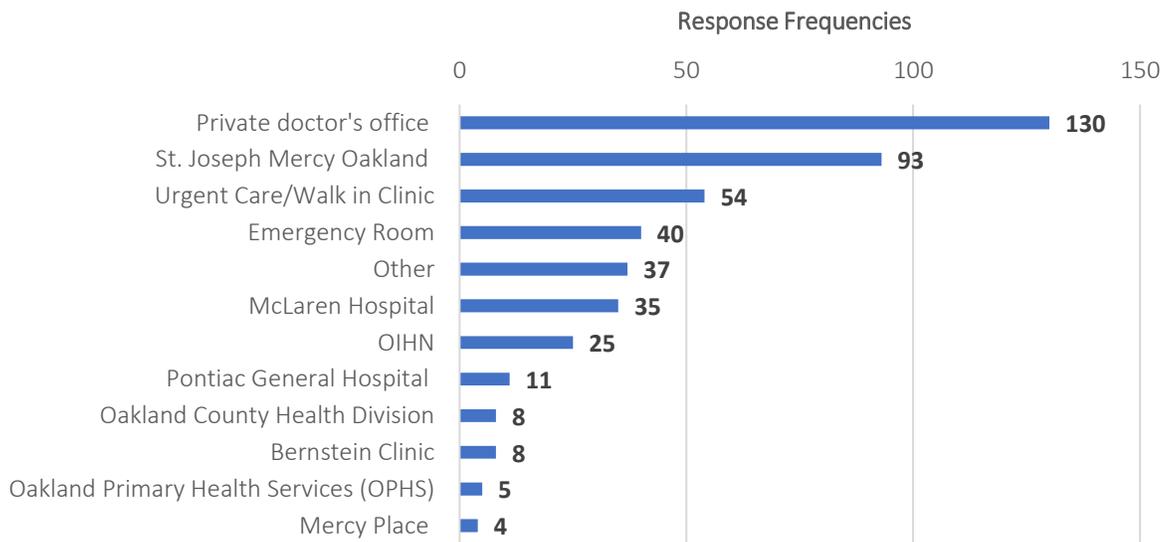


Figure 21. Frequencies of sites visited when having a health problem

TOBACCO USE

- 21.7% of participants smoke cigarettes, with 12.5% smoking every day, and 9.2% smoking on some days.
- The majority of smokers reported having been smoking for over ten years (Figure 22).

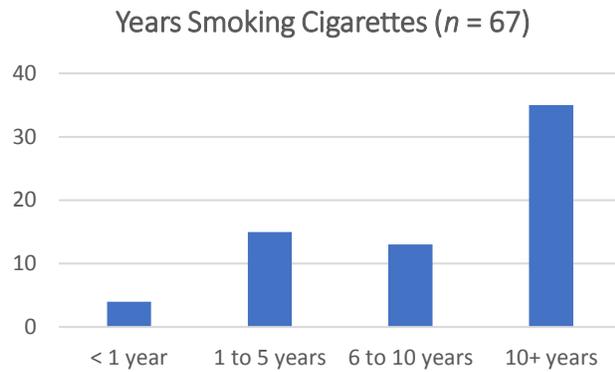


Figure 22. Time smoking as reported by self-identified smokers

COMMUNITY ENGAGEMENT AND QUALITY OF LIFE

Over ¼ of participants had worked with a group in their neighborhood to solve a problem within the past year (Figure 23)! They reported participating in neighborhood and park cleanup projects, volunteering with non-profits, serving on committees, advocacy, and mentoring youth.

Worked to Solve a Problem within their Community (n = 284)

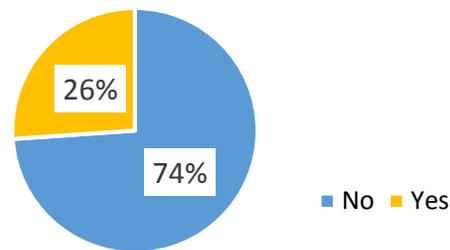


Figure 23. People who reported whether they had worked with a group in their neighborhood to solve a problem within the past year

Participants rated each of the following aspects of “Life in Pontiac” as Excellent, Good, Fair, or Poor (Figure 24). Participants also rated the city of Pontiac as a place to live, grow, work, have children, and retire, as well as the overall quality of life in Pontiac. The top scoring category, with 50% of participations rating it as Excellent or Good was your neighborhood as a place to live, indicating strong neighborhood

Life in Pontiac (n = 273)

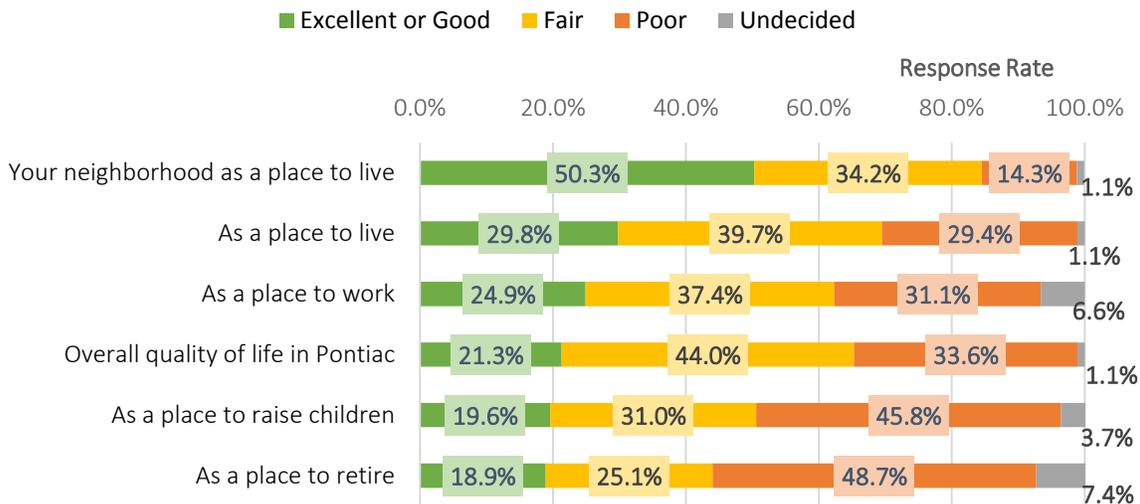


Figure 24. Ratings for aspects regarding living in Pontiac

connections. However, nearly half of participants rated Pontiac as Poor for a place to raise children and a place to retire, indicating a need to focus on these populations.

Participants also rated each of the following aspects pertaining to the “Quality of life in Pontiac” as Excellent, Good, Fair, or Poor (Figure 25). The top scoring categories, in which more than 30% of participants rate the community as Excellent or Good included a sense of community, volunteer and city participation opportunities, and traffic flow on major streets. The lowest scoring categories, in which at least 50% of participants rated as poor include appearance & cleanliness, overall image or reputation of Pontiac, and recreational opportunities.

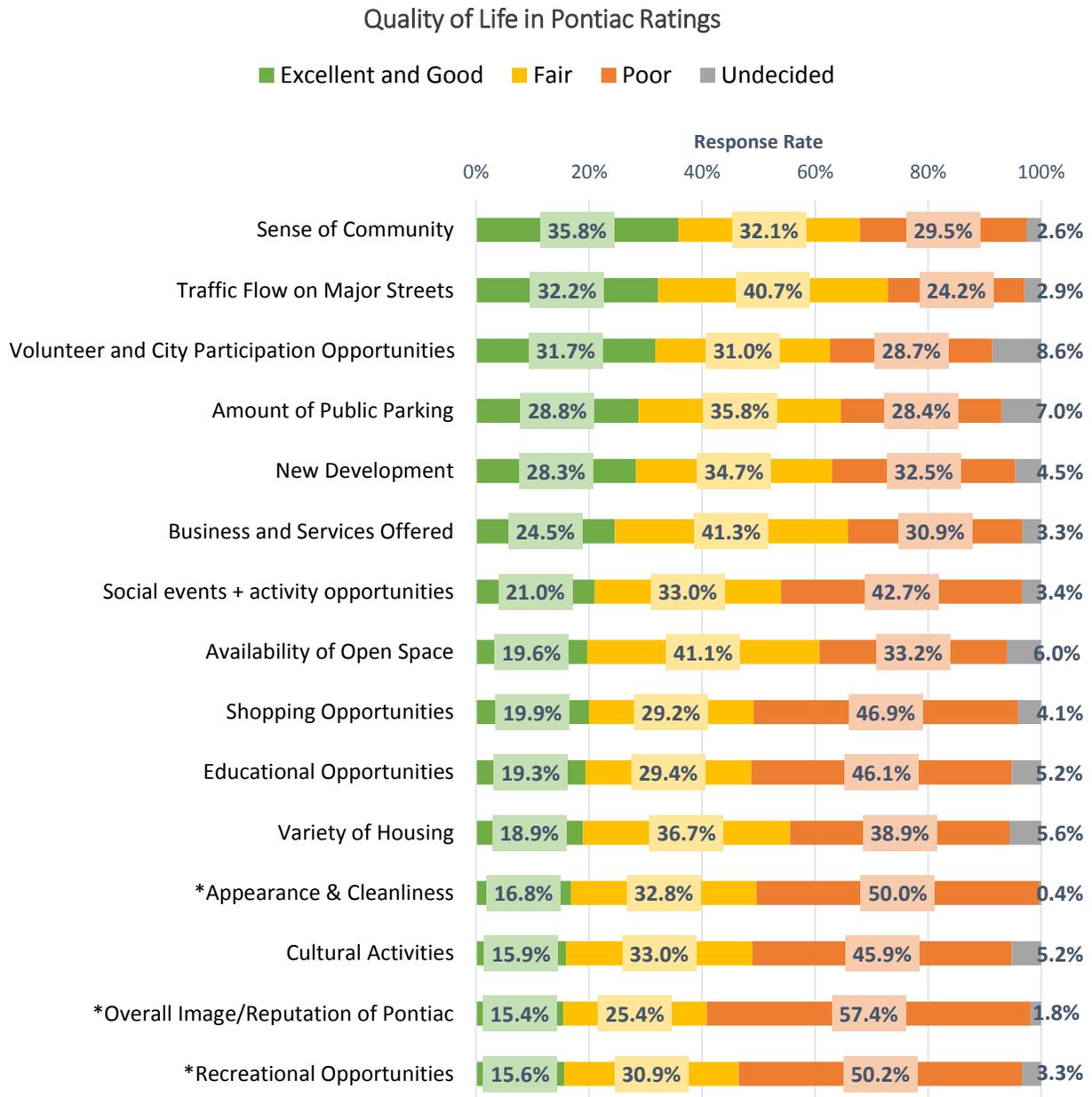


Figure 25. Ratings for the quality of life in Pontiac

DATA ANALYSES

Statistical analyses (correlations) were conducted to better understand data trends and associations between variables. It is important to remember that statistical association between two variables does not mean that one variable causes the other, so interpretations require further research.

FOOD INSECURITY, meaning an individual or a family worrying about not having enough money to buy more food, were associated with:

-  • having a lower household income ($p < 0.01$)
-  • higher number of children living in the home ($p < 0.01$)
-  • feeling unsafe in the community ($p < 0.01$)
-  • lower ratings of self-reported health status ($p < 0.01$)
-  • higher levels of smoking ($p < 0.01$).
-  • using EBT and/or WIC programs to supplement household food needs ($p < 0.01$)

Potential explanations for the association between smoking and food insecurity could be that spending financial resources on tobacco products limits financial resources available to purchase food; or alternatively, it could be that stress from experiencing food insecurity leads individuals to smoke more frequently as a coping mechanism. Further exploration of this association could lead to stronger conclusions and help develop strategies to improve health by reducing tobacco use and increasing financial resources for the community's food needs.

SMOKING frequently was also related to other stressors, such as:

-  • more children living in the household ($p < 0.01$)
-  • having a lower household income ($p < 0.01$)
-  • being a younger adult rather than an older adult ($p < 0.01$)
-  • poor self-reported health status ($p < 0.05$)

Individuals who self-identified as having better health also reported higher fruit consumption ($p < 0.05$) and a higher household income ($p < 0.01$).

SAFETY was a widely-reported concern in the community. Factors related to feelings less safe included:

-  • more children living in the household ($p < 0.05$)
-  • lower overall health ($p < 0.05$)

Being more actively engaged with one's community appears to be related with increased feelings of safety ($p < 0.05$).

CONCLUSION

The results from this data were used to inform the Healthy Pontiac, We Can! Coalition's 2019 – 2021 Strategic Plan. To learn more about how you can take action to make the Pontiac community a better place to live a healthy life, please visit healthypontiac.org or contact us at healthypontiac@gmail.com.