RWJF Culture of Health
Sentinel Community Snapshot:

Sanilac County, Michigan
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## About This Report

The Sentinel Communities project, conducted by RTI International in collaboration with The RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities, links to other reports, and information about the project.
Introduction

Sanilac County is one of four counties located in Michigan’s “thumb” region, so named for the contours of the state that resemble a mitten-covered hand, with its peninsula extending northward into Lake Huron. A rural county made up of four cities, nine villages, and 26 townships, Sanilac County is home to about 42,000 people, about 94 percent of whom are white.

Its population declined by more than 3 percent between 2010 and 2014, compared with a slight population gain (less than one-half of 1%) for the state during the same period. At $42,001, the median income for the county’s white residents is significantly higher than for black residents ($33,750), as well as for Hispanic residents ($37,904).

For much of the 20th century, Sanilac County offered residents a ticket to the middle class, thanks to its fertile soil that provides optimal conditions for farming and proximity to small manufacturers that supplied parts and materials to Detroit’s booming automotive industry. But by the mid-1970s, profound environmental and economic events began to take hold in the region, influencing the future of Sanilac County and its residents.

Residents’ Health at Risk

In a 1973 incident described as one of the worst chemical disasters in U.S. history, a large quantity of polybrominated biphenyls (PBBs) used as fire retardants in consumer products was mislabeled and accidentally sold to the Michigan Farm Bureau Services as livestock feed. The feed had entered the food chain by the time the accident was discovered in early 1974, causing more than 500 contaminated Michigan farms to be quarantined and requiring the slaughter of thousands of dairy cattle, sheep, chicken, and other livestock. Although the manufacture of PBBs...
was discontinued in the United States in 1976, questions linger about the link between PBB exposure and elevated health risks among people who consumed foods later known to be contaminated.

More than 40 years after this episode, farming remains vital to Sanilac County's economy. Although the number of farms declined by 4 percent between 2007 and 2012, the average farm size increased by 14 percent, indicating a consolidation of smaller farms. Market value of agricultural products sold jumped in that time by 94 percent, to nearly $421 million in 2012, ranking fourth in the state.

**IMPACT OF IRREGULAR WORK, BASIC EDUCATION**

Despite agriculture's contribution to the local economy, Sanilac County continues to struggle from the permanent loss of auto parts manufacturing jobs, including plastics, instruments, hoses, and hardware, that once supported Detroit's automotive industry. Starting in the late 1970s, changing consumer preferences coupled with more energy-efficient fuel standards forced the automobile industry to produce smaller, more fuel-efficient cars. Growing price competition led Detroit's Big Three auto companies (General Motors, Ford, and Chrysler) to set up assembly plants outside of Michigan, and suppliers relocated to be closer to them. Even before the national recession of 2008–2010 that forced General Motors and Chrysler into bankruptcy, Michigan had already lost 211,000 jobs in the first years of the new millennium. In Sanilac County, 160 workers lost their jobs in 2009 when Dott Manufacturing, a manufacturer of molded car emblems, shut down.

Today, the effects of the Great Recession and relocation of manufacturing jobs persist in Sanilac County, despite improving rates of unemployment and some success in worker retraining initiatives. Health outcomes for adults are troubling, with higher rates of heart disease, chronic liver disease, and lower respiratory disease compared with the state.

Agriculture is a robust source of employment in Sanilac County, with employment rising in this arena from 8 percent to 10 percent over the past 15 years; however, many jobs are part time or seasonal. Sanilac County residents continue to own and operate the majority of local farms, but they have shifted their operations in favor of crops such as soybeans, corn, and wheat over more labor-intensive cattle production.

Sanilac County residents have higher rates of basic educational attainment compared with the state. In 2015, the county had an 84 percent high school graduation rate, compared with 78 percent for the state. Higher educational attainment in Sanilac County lags behind the state, however, with slightly more than 11 percent of the population holding a bachelor's degree or higher, compared with 29 percent for Michigan.

**POOR HEALTH CARE ACCESS AND CHRONIC DISEASE**

Significant disparities in health outcomes underscore the challenges facing many residents. Between 2012 and 2014, Sanilac County's mortality rates exceeded those in the state for several chronic diseases, including heart disease, liver disease, and diabetes (Figure 1). Compared with state averages, county residents also fare poorly on a number of health behaviors that contribute to the prevalence of chronic disease (Figure 2).
The prevalence of chronic diseases may be linked to access to and availability of primary health care services and providers. Sanilac County health department officials are working to respond to practical concerns, such as transportation and Internet connectivity, that contribute to residents’ difficulty in accessing health care services. Coordination of services is compounded by a significant shortage of primary care doctors, dentists, and mental health providers, compared with the state. The ratio of Sanilac County residents per primary care doctor is 2,818 to 1, compared with 1,246 to 1 for the state. Retaining physicians and other health professionals was identified as the top concern by Sanilac County residents in a 2013 community needs assessment conducted by Deckerville Community Hospital.

Access to and affordability of health care coverage are ongoing barriers to Sanilac County residents. One-fourth of the residents polled in the Deckerville Community Hospital needs assessment (25%) said they or a family member did not obtain needed health care services during the past three years; reasons included: could not get an appointment (7%); too long to wait for an appointment (8%); insurance did not cover service (13%); and no insurance (12%). The leading reason cited by 72 percent of residents who reported that they did not have health insurance was inability to pay for coverage.

The financial and emotional stresses associated with a prolonged economic downturn have been apparent in Sanilac County. Between 2005 and 2012, more than one-third of children between the ages of 0 and 5 years were eligible for food assistance. Indicators of child abuse and neglect also increased: Sanilac County ranked 51 out of 83 counties in the state for investigations of child abuse or neglect, with 124.7 children per 1,000 living in homes investigated for abuse or neglect, compared with the statewide average of 90 children per 1,000.

Improving Well-Being and Job Security

In an example of a multisector collaboration that addresses concerns about child welfare, the county health department, sheriff’s office, public safety department, state department of human services, and Michigan State University’s extension service formed the Sanilac County Child Advocacy Center in November 2013. The center offers integrated counseling services in a child-friendly setting to raise community awareness and protect children from further victimization. Rates of abuse or neglect among Sanilac County children ages 0 to 17 have fallen from their peak in 2013; however, more attention is needed, as rates exceed those reported by the state in every year since 2011 (Figure 3).

PROMOTING SCHOOL READINESS

An initiative that promotes early school readiness is another example of Sanilac County’s collective emphasis on economic development and child health and well-being. The Great Start Collaborative, a partnership between Michigan’s Early Childhood Investment Corporation and the Sanilac County Intermediate School District, brings together parents, educators, health care providers, churches, businesses, the county health department, law enforcement, academic institutions, foundations, and other community agencies. In 2012, the collaborative increased the number of children enrolled in the Great Start Readiness program, a state-funded preschool program for children with risk factors, from 174 to 230.

JOB TRAINING AND BUSINESS DEVELOPMENT

Retraining workers once employed in manufacturing jobs has been a more complex undertaking. As unemployment in the region and the state grew, former Michigan Governor Jennifer Granholm established an initiative in 2007 called No Worker Left Behind. The plan aimed to retrain more than 100,000 laid-off or low-income workers for new, high-demand jobs in health care, technology, and tourism by paying tuition at community colleges or technical schools.

In 2010, the program awarded a $90,000 grant to Thumbworks, a local agency serving Sanilac and three neighboring counties to help support new business development. Although the impact of the No Worker Left Behind program on Sanilac County has not been quantified, a 2013 study of the program’s statewide effectiveness found that nearly two-thirds of the 4,231 people who completed their training financed by the program had found employment.
Efforts to prepare the region’s workforce for the jobs of the future continue. GST Michigan Works! is one of 16 state workforce development agencies that help employers find skilled workers and help job seekers prepare for and find employment.28 Partners include the Workforce Intelligence Network (WIN) for Southeast Michigan, a collaborative effort between six Michigan Works! agencies and 10 community colleges that cover a 16-county area, including Sanilac County. A 2013 WIN report identified three fast-growing occupations in the southeast Michigan region around which ongoing education and worker retraining should be focused: health care, information technology, and advanced manufacturing.29

Sanilac County’s efforts to rebuild its economy remain a work in progress, but signs of success are clear. Unemployment has dropped by more than half in the past five years, from more than 15 percent in 2010 to slightly above 6 percent in 2015.30

“RISING TIDE” LIFTS SANILAC COUNTY
Sanilac County is maintaining a sharp focus on rebuilding its economic foundation to attract and maintain new businesses. Sandusky, its largest city and county seat, was selected in 2015 as one of 10 pilot communities to develop new strategies for economic development.39 Sponsored by the Michigan Department of Talent and Economic Development, the Rising Tide initiative will help pilot communities develop zoning and development strategies to attract new businesses and help existing employers grow their businesses. Sandusky’s plan emphasizes boosting home ownership and establishing a downtown development authority with the taxing authority to improve the downtown business district.32

THE STATE REWARDS HEALTHY BEHAVIORS
The estimated 605,000 childless adult Michigan residents with income up to 138 percent of the Federal Poverty Level will see changes to their Medicaid coverage intended to reward healthy behaviors. Under the Healthy Michigan Plan, approved by the federal government in late 2015,33 enrollees are required to make monthly payments into health savings accounts (HSAs) based on their average co-payment for services used over the previous six months. Enrollees must make monthly contributions to the HSA, based on their income, but those contributions can be reduced by adopting healthy behaviors, such as reducing or quitting use of tobacco or alcohol or getting screened or treated for diabetes or hypertension.34

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Health as Part of Redevelopment

Sanilac County is slowly recovering from the economic turmoil of the past decade-plus, although the long-term stability of the region’s economy remains a work in progress. Efforts to improve the health and well-being of the population will require similar and sustained focus, given the prevalence of chronic disease and a significant shortage of health professionals. Additional surveillance, data and information gathering, analysis, and reporting will examine the extent to which current initiatives to retrain workers and improve child welfare are yielding positive outcomes, and whether the county is beginning to address the burden of chronic disease and shortage of health providers. The following questions could help assess the extent to which health and well-being in Sanilac County will attain a similar degree of commitment as the region’s investments in economic redevelopment:

- To what extent has the improved economy provided residents with jobs that offer health insurance benefits?
- Which approaches are being examined or adopted by the health department and area health professionals to address the high rates of chronic disease and prevalence of smoking and obesity in Sanilac County?
- To what extent can Sanilac County’s Great Start Program measure progress toward the goals it identified in its needs assessment for child health and well-being?
- What evidence is there that Michigan’s changes to its Medicaid plan under the “Healthy Michigan Plan” demonstration program have improved health behaviors among Sanilac County residents?
- How are community leaders and local hospitals working to attract and retain health care professionals to the region?
- Which approaches have the county considered to address barriers to health care access associated with its rural nature?
References