

# State *Of the* State Survey

*Crime, Jobs, and Medical Care  
Reform Ranked Top Problems  
for Michigan Residents*

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*Briefing Paper No. 97-19*

# ***Crime, Jobs, and Medical Care Ranked Top Problems for Michigan Residents***

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*The analyses and interpretations in SOSS Briefing Papers are those of the authors and do not necessarily represent the views of IPPSR or of Michigan State University.*

## THE SURVEY

A telephone survey of 1,133 adult residents of the state of Michigan was conducted by Michigan State University's Institute for Public Policy and Social Research between April 30, 1996 and July 8, 1996. This was the seventh quarterly MSU State of the State Survey (SOSS). It focused on issues related to families, women and children. The overall sampling error is  $\pm 2.9\%$ .

The sample is designed to provide representative information for respondents from major regions of the state: Detroit City, Southeast Michigan (excluding Detroit), Southwest Michigan, East Central Michigan, West Central Michigan, Northern Lower Michigan, and the Upper Peninsula. (*See attached information sheet for a list of the counties included in each region.*) The data reported here are weighted to make the results representative of the adult population of Michigan.

## KEY FINDINGS

### What Are the Most Significant Problems for Michigan Residents?

Previous studies have found that people living in the United States report a number of problems in their personal lives. The following unranked list represents some of the most frequently mentioned problem areas.

- Not Having a Satisfactory Marriage or Adult Relationship
- Poor Health
- Poor Housing
- Fear of Crime
- Not Having Enough Education
- Not Having Enough Job Opportunities
- Not Having Enough Medical Care
- Not Having Control Over Everyday Life Decisions

Michigan participants in this survey were asked whether each of the above areas represents a serious problem, somewhat of a problem, or not a problem at all for them personally. (Question 1—*exact question wording is given below.*)

- **The top three areas identified as “serious problems” for Michigan residents are not having enough medical care (10.4%), not having enough job opportunities (8.4%), and fear of crime (8.3%).**
- **When those areas identified as “serious problems” or “somewhat of a problem” are considered, the top three problems for Michigan residents remain the same, but the order and percentages change.** New rankings are: fear of crime (45.7%), not having enough job opportunities (39.0%), and not having enough medical care (37.7%). (See Figure 1.)
- Combining the responses of those who indicate an area is either a serious problem or somewhat of a problem, the remaining 5 areas are ranked: (4) Not having control over everyday life decisions— 31.1%, (5) not having enough education—30.3%, (6) poor health—29.2%, (7) not having a satisfactory marriage or adult relationship— 22.8%, and (8) poor housing— 17.0%.

(See Figure 1.)

## How Do Age and Gender Influence Problems?

- **Nearly 25% of young men (ages 18 to 34), and 22.5% of men age 75 and over identify not having a satisfactory marriage or adult relationship as a problem.** Women of all ages and men ages 35 to 74 are significantly less likely to identify this area as a personal problem. (See Figure 2G.)
- **Problems with poor health and poor housing generally increase with age.** For example, 45.1% of men and 34.5% of women age 75 and over report poor health as a problem, compared with about 15% of men and women ages 18 to 34. (See Figure 2F.) Additionally, 24.9% of men and 30.6% of women age 75 and over indicate poor housing as a problem, compared with 12.7% of young men and 9.6% of young women. (See Figure 2H.)
- **Fear of crime tends to be higher for women than for men in all age groups, and significantly higher for women ages 35 to 64, and age 75 and over.** For example, over half of women ages 50 to 64 indicate fear of crime is a problem, compared to 38.8% of men of similar age. (See Figure 2A.)
- **Not having enough education is a somewhat greater problem for women than men in all age groups, while not having enough job opportunities varies for men and women depending on age group.** For example, over 40% of young women report lack of job opportunities as a problem, compared with 29.7% of young men. However, 21.7% of men age 65 to 74 report this area as a problem, compared with 13.6% of women of similar age. (See Figure 2E.)
- **Not having enough medical care is a problem for about 25-30% of Michigan residents in all age groups and of both genders except for men age 65-74.** For this group, 16.3% report a problem. (See Figure 2C.)
- **Not having control over everyday life decisions is a problem for about 25-30% of men and women ages 18 to 64, and women age 75 and over.** Significantly fewer men age 65 and over report this area as a problem. (See Figure 2D.)

## What Other Factors Influence Problem Identification?

- **Income.** Generally, as income increases fewer residents identify each area as a problem. A greater percentage of those in the lowest income category (earning under \$15,000 a year) report each area as a problem. This pattern is particularly evident in responses to “not having enough medical care.” Over 60% of those earning less than \$15,000 a year report a problem. This drops to a low of 18% for those whose annual income is \$60,000 or more.
- **Racial/Ethnic Background.** A similar pattern is evident for race and ethnicity, with significantly higher percentages of African American and other minorities identifying each area as a problem when compared with whites. For example, fear of crime is a problem for 50% of African Americans, 48% of other minorities, and 35% of whites.
- **Region of State.** Residents of Detroit are significantly more likely to report a problem in each area than residents of other regions of the state. For example, 48% of Detroit

residents say not having enough job opportunities is a problem, compared with 21% of residents in West Central Michigan. (See Figure 3.)

- **Marital Status. Married residents report fewer problems in two areas than unmarried residents.** Twenty-four percent of not married, compared with 12% of married, respondents identify not having a satisfactory marriage or adult relationship as a problem. Not having enough job opportunities is a problem for 40% of not married, compared with 26% of married, respondents.

## DISCUSSION

When Michigan residents were presented with eight potential problems, the three areas they most frequently identified as either somewhat serious or serious personal problems were fear of crime, not having enough job opportunities, and not having enough medical care. About thirty percent of Michigan respondents say not having control over everyday life decisions, not having enough education, and poor health are problems for them, while less than one-quarter are concerned about not having a satisfactory marriage or adult relationship and poor housing.

A recent nationwide survey of 1200 adults, similar in age, gender and racial-ethnic background to the Michigan survey participants, also found crime, jobs, and health care as primary problem areas. There were some differences in the degree to which these areas were a problem when comparing the national and Michigan surveys. For example, fear of crime was identified as either a serious problem or somewhat of a problem by 61.1% of national respondents, compared with 45.7% of Michigan respondents. Also, a higher percentage of national participants identified the primary problem areas as serious than did Michigan participants. For example, not having enough medical care was seen as a serious personal problem for 20.4% of participants in the national survey, compared with 10.4% of Michigan residents.

Understanding the factors which influence problem identification is a complex matter. Results of studies on fear of crime illustrate this complexity. When adults are asked whether fear of crime is a problem, typically more women than men say yes. However, when this general question is broken down by specific crimes like burglary, physical assault, and sexual assault, we find the gender differences are mostly explained by women's higher level of fear about sexual assault which, according to crime statistics, is a fear based on reality.

Likewise, repeated studies have shown differences in medical care related to age, gender, minority status, and income. For example, a recent review of Medicare data on 26.3 million patients by the Health Care Financing Administration shows that minority status and low income have significant

effects on number of physician visits, preventive measures used, and surgical procedures. Given these results, it is not surprising that insufficient medical care was identified as a personal problem by significantly higher percentages of low income and minority Michigan residents.

## **Survey Questions**

**NOTE:** The full wording of questions for the items discussed in this briefing paper is given below. The order of questions conforms with the order for the questions in the survey instrument. People were asked whether each separate problem area is a serious problem, somewhat of a problem, or not a problem at all for them personally. These questions consumed about three minutes of the 26-minute interview.

Q. 1. Now I'm going to read you some problems that people have mentioned to us. For each, would you tell me if it is a serious problem, somewhat of a problem, or not a problem at all for you personally.

Not having a satisfactory marriage or adult relationship.

Poor health.

Poor housing.

Fear of crime.

Not having enough education.

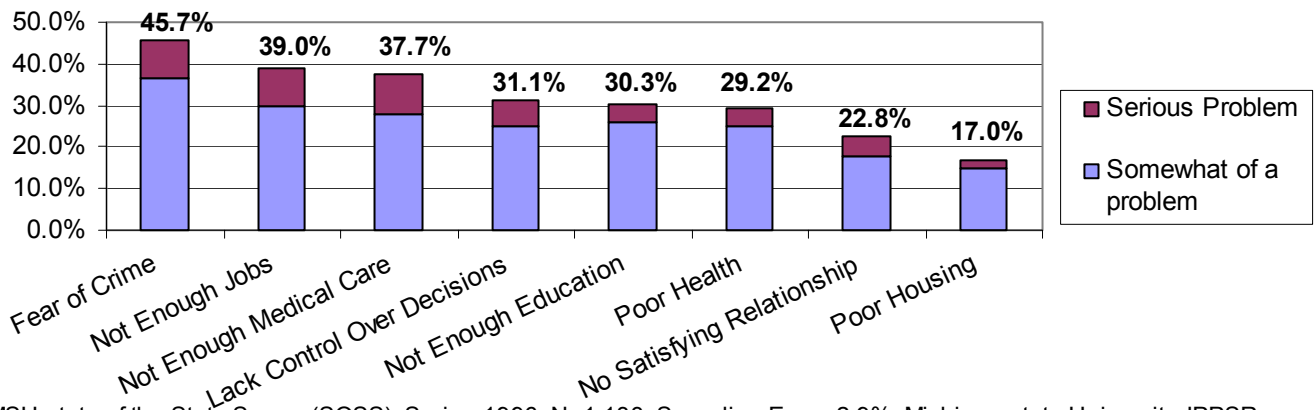
Not having enough job opportunities.

Not having enough medical care.

Not having control over everyday life decisions.

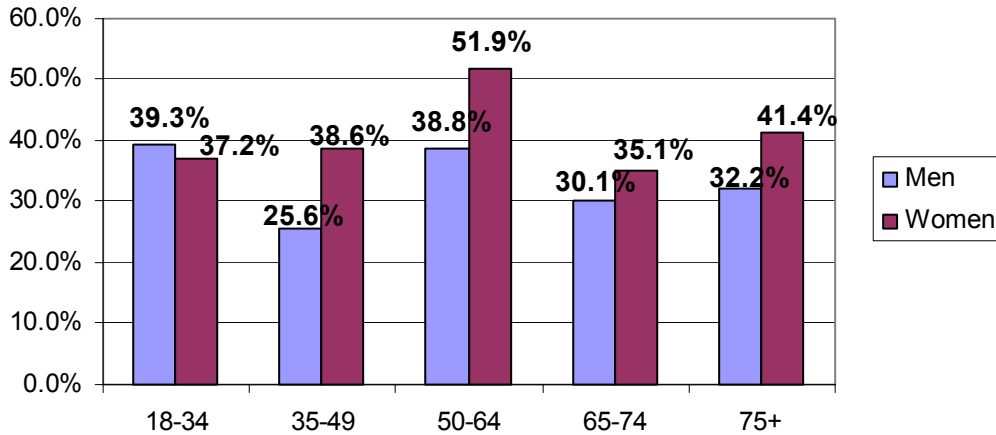
# Figure 1. How Michigan Residents Rank Problems

Percent Saying "Somewhat of a Problem" or "Serious Problem"

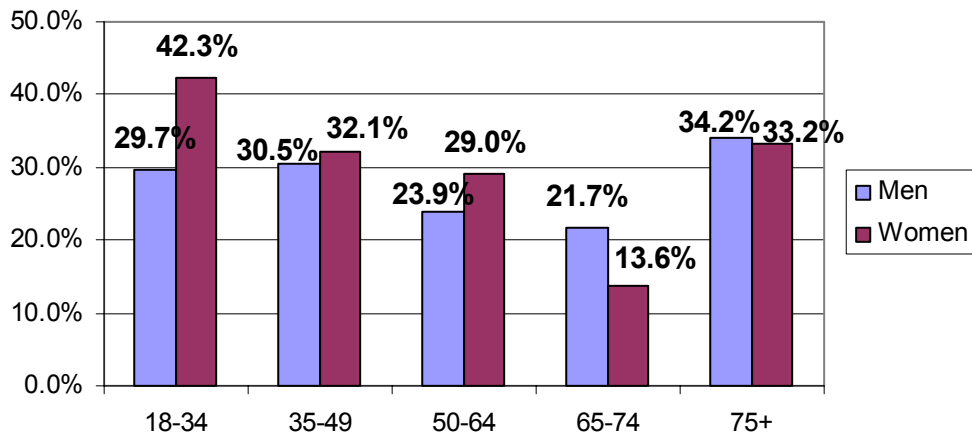


MSU state of the State Survey (SOSS), Spring 1996, N=1,133, Sampling Error=2.9%, Michigan state University, IPPSR

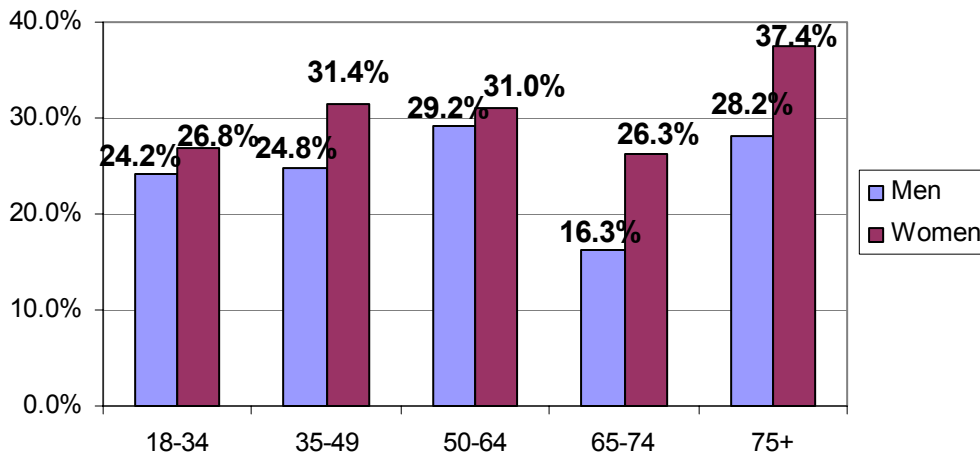
## Figure 2A. Fear of Crime



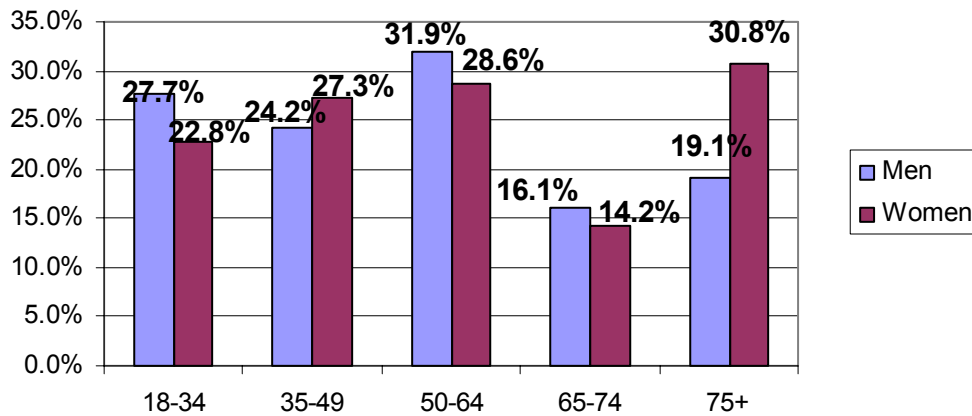
## Figure 2B. Not Enough Job Opportunities



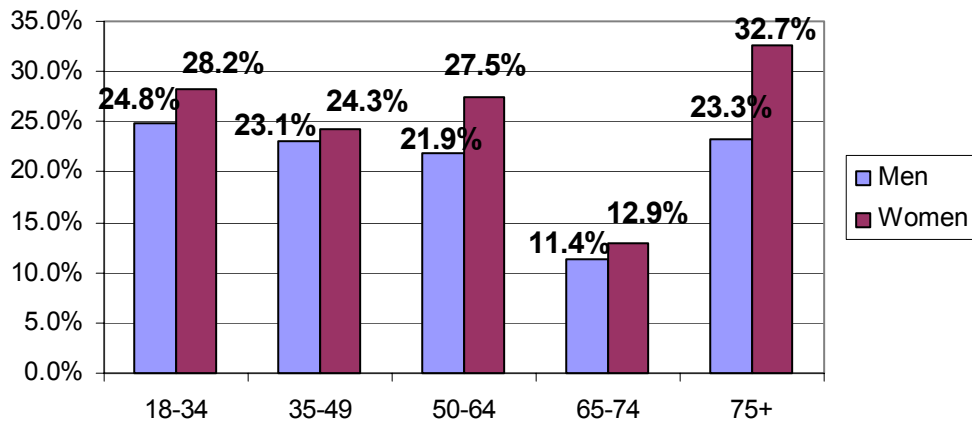
**Figure 2C. Not Enough Medical Care**



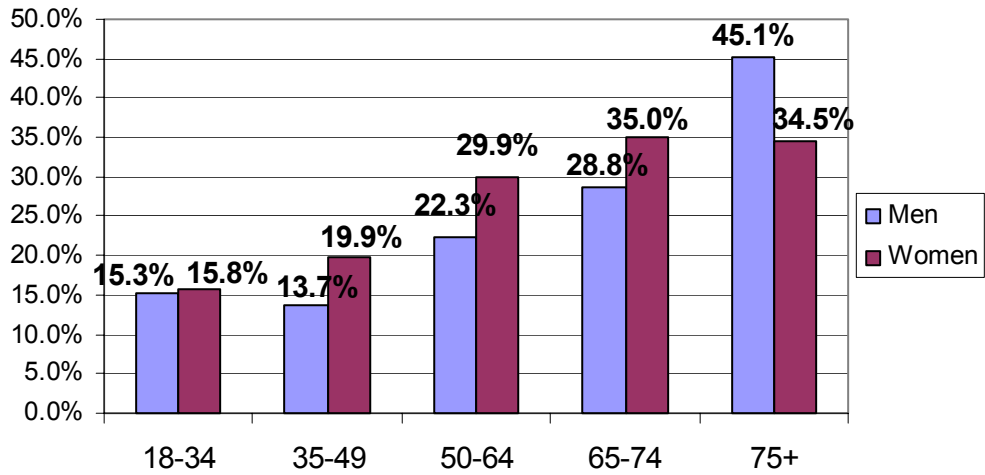
**Figure 2D. Lack Control Over Decisions**



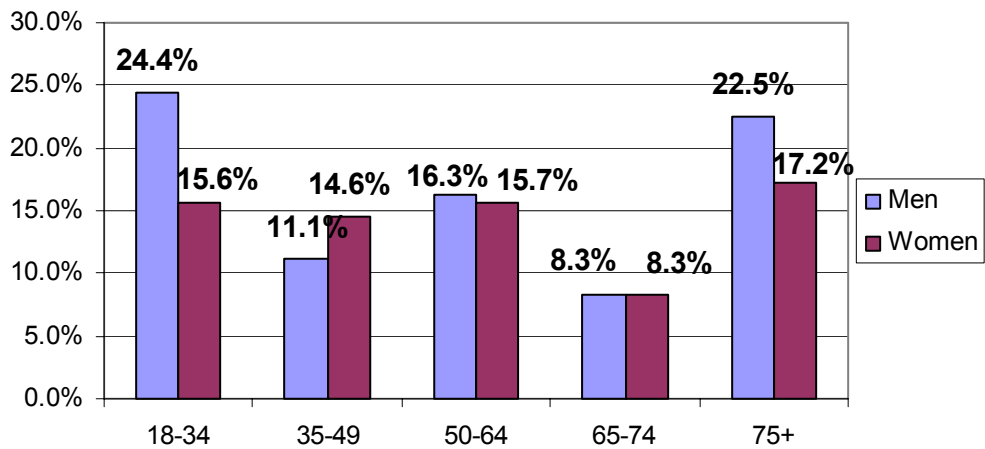
**Figure 2E. Not Enough Education**



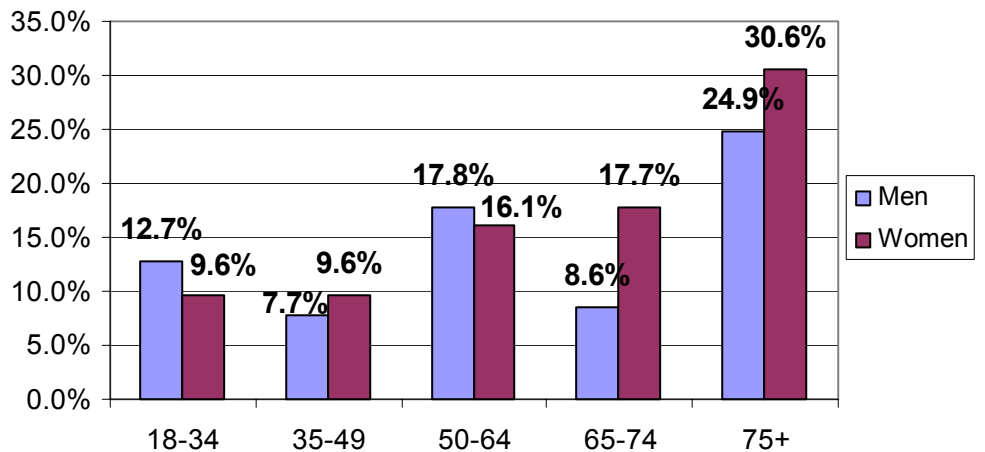
**Figure 2F. Poor Health**



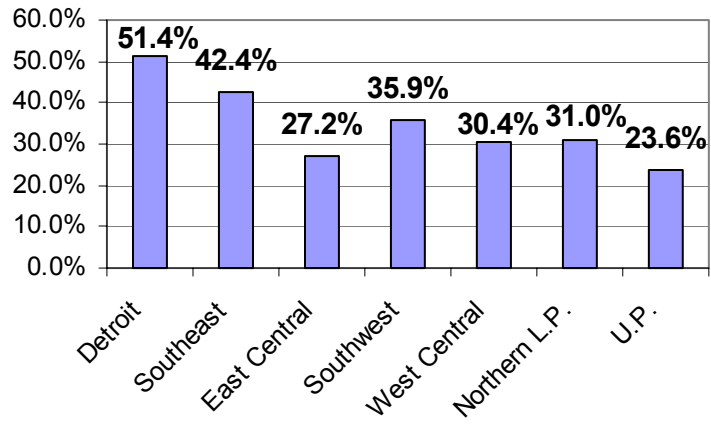
**Figure 2G. No Satisfying Relationship**



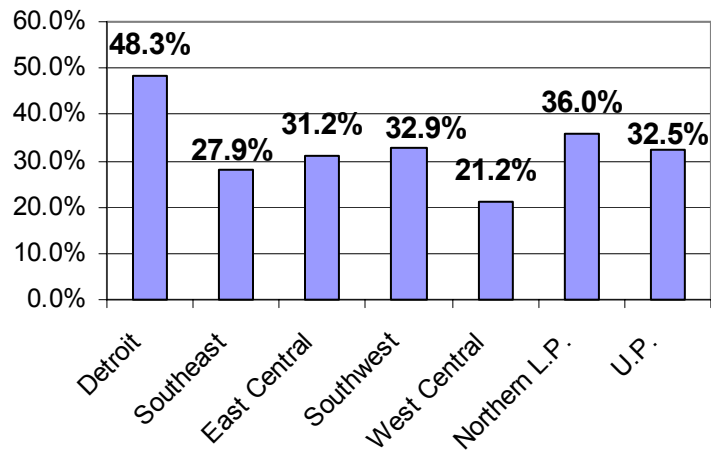
**Figure 2H. Poor Housing**



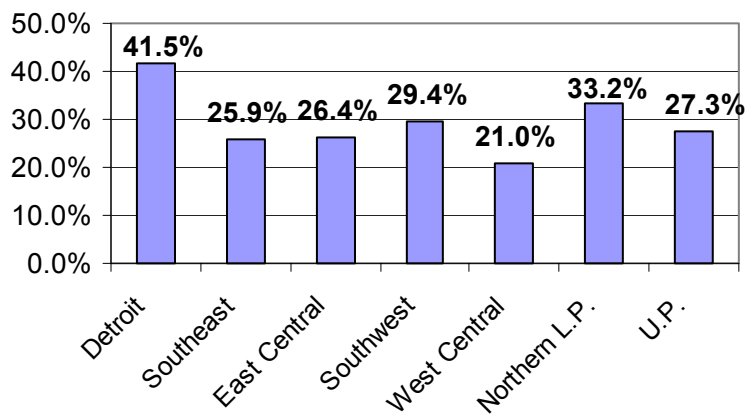
**Figure 3A. Fear of Crime**



**Figure 3B. Not Enough Job Opportunities**



**3C. Not Enough Medical Care**



## REGIONAL CATEGORIES

**NOTE:** These regions are the ones used by the Michigan State University Extension Service, except that we treat Detroit City as a separate region.

**Detroit:** City of Detroit

**Southeast:** Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne (excluding Detroit)

**Southwest:** Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, St. Joseph, Van Buren

**West Central:** Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa

**East Central:** Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Shiawassee, Tuscola

**Northern L.P.:** Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Otsego, Oscoda, Presque Isle, Roscommon, Wexford

**U.P.:** Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

## ***Background Information***

### **Michigan State University State of the State Survey [MSU SOSS]**

#### **What Is MSU SOSS?**

The MSU State of the State Survey is a quarterly statewide survey of a random sample of the residents of Michigan. Although dozens of surveys are conducted in Michigan every year, no other one is designed to provide a regular systematic monitoring of the public mood in major regions of the state. Through SOSS, MSU aims to fill this information gap. SOSS has five main purposes: (1) to provide timely information about citizen opinions on critical issues; (2) to provide data for scientific and policy research by MSU faculty; (3) to provide information for programs and offices at MSU; (4) to develop survey research methodology; and (5) to provide opportunities for student training and research.

Each quarterly round or “wave” of SOSS has a different main theme: (a) January–quality of life, governmental reform, higher education; (b) April–family, women, and children; (c) July–ethnic and racial groups, Michigan communities; (d) October (even numbered years)–politics, the election, and political issues; (odd-numbered years)–health and the environment.

#### **Who Is Conducting SOSS?**

The State of the State Survey is administered by the Survey Research Division (SRD) of the Institute for Public Policy and Social Research (IPPSR), using its computer-assisted telephone interviewing (CATI) technology.

The design and overall planning of SOSS is the responsibility of a 17-person Steering Committee chaired by Dr. Brian D. Silver, Professor of Political Science. The Steering Committee consists of representatives from sponsoring units, which are primarily colleges and other administrative offices within MSU.

Subject to final approval by the Steering Committee, the questionnaire for each wave of SOSS is developed by a Working Group, most of whom also serve as principal investigators or analysts for that wave. The Working Group for the Spring 1996 survey was comprised of:

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