Trinity Health

Community Health Needs Assessment (CHNA)

Adopted FY2024 for FY2025-27

Making a Difference
in the Health of Our Community

LIVINGSTON

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EXECUTIVE SUMMARY

In 2023, Trinity Health Livingston completed a comprehensive Community Health Needs Assessment (CHNA) that was approved by the hospital's Board of Directors on April 24, 2024. The CHNA was completed in compliance with federal requirements set forth by the Patient Protection and Affordable Care Act and the Internal Revenue Service for non-profit hospitals. The assessment process considered input from community members and partner organizations in combination with available patient and population health data. The CHNA process is one way Trinity Health lives out its mission of being a transforming and healing presence within our communities.

CHNA Process and Key Findings

The service area assessed for the CHNA covered all of Livingston County, Michigan, which includes a population of 194,302 residents. The assessment process included:

- Collaboration of several partners including Livingston County Health Department, Great Start Collaborative of Livingston County, LACASA, Livingston County Catholic Charities, Livingston County Community Mental Health, Livingston County United Way, and Central Michigan 2-1-1.
- To ensure the most up-to-date demographic and population health information was included for the assessment, the CHNA team reviewed secondary data sources including data from the Michigan Behavioral Risk Factor Survey, U.S. Census, Michigan Department of Health and Humans Services Community Reports, County Health Rankings & Roadmaps, and Trinity Health CARES data.
- Surveys were disseminated to local community residents between March and August of 2023. The survey included 17 health-related questions addressing mental and social well-being, community strengths and weaknesses, potential risks, discrimination, challenges in accessing services, and 10 demographic questions. It was distributed and advertised via email listservs, social media platforms, and in paper format across diverse communities.
- Six focus groups were conducted in Livingston County across various dates and times between October and November 2023. These sessions aimed to gather further insights and feedback from participants on community-related matters.
- Key Community Stakeholders represent various organizations that provide important services to Livingston County residents or occupy a unique position of influence in Livingston County. Six stakeholders were interviewed for this assessment. Interviews were completed between October and November 2023.
- Based on data, the CHNA team collaboratively identified important health indicators to consider when prioritizing health needs. Team members scored and ranked each indicator to reach consensus. Initial health indicators for consideration in the prioritization process were selected based on the following criteria:
  - The data highlighted a disparity between population groups.
  - The data showed performance below state or national level.
  - The data was reflected in focus groups, interviews, and surveys.
  - The data shows a worsening trend over time.
  - The current data does not meet Healthy People 2030 goals.

- The CHNA team used the expanded Hanlon Method to prioritize the identified needs. The expanded Hanlon Method allowed team members to consider the following in selecting the priorities: number of people affected, seriousness of the issue, changeability of the issue, measurability of the issue, organizational capacity to address the problem, the impact on eliminating the existing health disparities, and the effectiveness of available interventions.

Top Priority Needs

The following health-related priorities were selected for this CHNA cycle:
1. Mental Health
2. Food and Nutrition Security
3. Access to Services (emphasis on transportation)

An implementation plan will be developed to address these priorities over the next three years in partnership with several community stakeholders and residents. The Implementation Plan will be available at trinityhealthmichigan.org.

ABOUT TRINITY HEALTH LIVINGSTON

For nearly 100 years, Trinity Health Livingston has served as a vital community resource and trusted provider for healing body, mind, and spirit. Trinity Health Livingston is licensed for 66 beds and is Livingston County's only full-service hospital. We offer the latest technology, with a highly skilled and compassionate medical staff. Trinity Health Livingston provides the residents of Livingston County with the highest quality of care and safety through our cancer center, surgical, breast health, imaging services, emergency department, and community health and well-being programs.

As part of Trinity Health Michigan, patients also have quick access to Trinity Health Ann Arbor when needed. Trinity Health is investing approximately $238 million into Livingston County to elevate the patient experience, clinical excellence, and the health and well-being of the community by building a new hospital at the Brighton outpatient health center campus. The project will be completed by early 2026.

About Trinity Health IHA Medical Group

Trinity Health IHA Medical Group is one of the largest multi-specialty medical groups in Michigan delivering more than 1 million patient visits each year, practicing based on the guiding principle: our family caring for yours. Trinity Health IHA Medical Group has primary care offices in Livingston County in Howell, Brighton, Pinckney, and Hamburg. Additional services Trinity Health IHA Medical Group provides in Livingston County include specialty locations in Howell and Brighton, and Urgent Care services in Howell and Brighton.

About Trinity Health Michigan

Trinity Health Michigan is a leading health care provider and one of the state's largest employers. With more than 26,000 full-time employees serving numerous counties, Trinity Health Michigan is composed of nine hospitals located in Ypsilanti, Chelsea, Howell, Livonia, Pontiac, Grand Rapids, Grand Haven, Shelby, and Muskegon. The health system has more than 2,300 beds and 3,946 credentialed physicians. With revenues of $4.3 billion, Trinity Health Michigan returns $176.4 million back to local communities each year. Together with numerous ambulatory care locations, three home health agencies, one hospice agency and 18 senior living communities owned and/or operated by Trinity Health, Trinity Health Michigan provides the full continuum of care for Michigan residents.

About Trinity Health

Nationally, Trinity Health is among the country's largest Catholic health care systems. Based in Livonia, Michigan, with operations in 27 states, Trinity Health employs about 121,000 colleagues, including 36,500 physicians and clinicians. The system has annual operating revenues of $21.6 billion and returns nearly $1.5 billion to local communities annually in the form of financial assistance, unpaid costs of Medicaid, and other community benefit programs. For more information, visit trinity-health.org.

Mission, Vision, and Values

As a faith-based health care organization in the Catholic Christian tradition, Trinity Health Livingston's work of providing services that benefit the community is core to our identity. Our mission guides everything we do. At Trinity Health Livingston, a member of Trinity Health, we continue our healing ministry and are called to both serve others and transform care delivery, reinvesting our resources back into the community through new technologies, vital health services, and access for everyone regardless of their circumstances.

Mission: We, Trinity Health, serve together in the spirit of the Gospel to be a compassionate and transforming healing presence within our communities.

Core Values: Reverence, Commitment to Those who are Experiencing Poverty, Justice, Stewardship, Integrity, and Safety.

Vision: As a mission-driven innovative organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

INTRODUCTION

Trinity Health Livingston completed a comprehensive Community Health Needs Assessment (CHNA) presented to the Trinity Health Ann Arbor and Livingston local Board of Directors for review and approval on April 24, 2024. Trinity Health Livingston performed the CHNA in adherence with federal requirements for not-for-profit hospitals set forth in the Patient Protection and Affordable Care Act of 2010 and by the Internal Revenue Service. In alignment with the mission, vision, and values of Trinity Health and the Catholic tradition, Trinity Health Livingston prioritizes the health and well-being of the communities served by the ministry and worked closely with community leaders, community members, and various community partners to identify the most pressing health-related needs.

The information identified in this assessment builds on the knowledge learned from our previous assessment in 2021 and highlights the challenges faced by our communities due to many factors, including the recent COVID-19 public health emergency. We understand that we have a unique and specific role to play in addressing these important needs in our community and that we are not able to do this work alone. As a ministry, we are committed to working hard to collaborate with community members and partners to address the root causes of the prioritized needs and welcome the support of all community residents, organizations, and stakeholders as we strive to improve health for all.

Summary and Impact of 2021 Community Health Needs Assessment and Implementation Plan

Trinity Health Livingston (THLN) conducted a CHNA in 2021. The four prioritized needs for action in Fiscal Years (FY) 2022–2024 were: 1) Access to Care 2) Behavioral Health 3) Food Security and 4)Transportation. The hospital periodically reviewed these needs, tactical plans, and budget related to addressing these needs. Listed below is a summary of the strategies and impact for these health needs.

1. Access to Care: Improve access, education, and utilization of health care services and resources for Livingston County residents.

Outcomes
- In December 2022, Trinity Health announced plans to build a replacement hospital in Livingston County to improve and expand the presence for inpatient, outpatient, and other primary care services for the community. The goal is to enhance patient access and create an integrated medical and surgical campus at the existing medical center in Brighton. Groundbreaking for the new hospital occurred in July 2023 and a discernment process soon followed for the existing hospital location.
- THLN continued to develop specialty services and build telemedicine capabilities to optimize access to care for patients. In FY22 THLN promoted messaging and advocated to support Livingston County's Resident Broadband Survey to reduce the digital divide that some patients experience.
- Many in-person health education and prevention programs, including the Diabetes Prevention Program, Healthy Families, and Lifestyle Medicine, shifted to virtual classes based on patient demand. THLN continued to increase access to high-quality, local care for those in Livingston County with the expansion of robotic-assisted surgeries, growing orthopedic and bariatric

surgery offerings to better serve the county's growing senior population and those with medical needs related to obesity.

- THLN hired a Community Health Worker (CHW) to address the social needs among patients, colleagues, and community members. The CHW partnered with inpatient and Emergency Department (ED) social work and care management staff to connect recently discharged patients with outpatient services, such as the Diabetes Prevention Program, and community-based services including assistance with enrolling in Medicaid and SNAP benefits. During FY23, 61 patients screened positive for social needs and were referred to THLN CHW program.

- THLN co-founded the Washtenaw/Livingston Community Health Worker Coalition to create a stronger social care infrastructure to better address the needs of the community and sustain CHW programs. Additionally, the Community Resource Directory was made available internally for colleagues and externally for the community to quickly locate community-based social care resources through the FindHelp platform.

- LACASA was awarded $40,000 through THLN Investing in Our Communities grant to support their existing SANE program. SANE provides sexual assault forensic examinations to adult and child survivors of sexual assault by certified nurses who are specially trained to provide this type of examination. LACASA provided a full SANE examination to more than 30 patients/survivors during the reporting period. Additionally, LACASA was able to develop and implement the strangulation program, serving several patients/survivors.

2. Behavioral Health: Improve connections to mental health services, education, and utilization of available resources for Livingston County residents. Reduce the prevalence of substance use disorders to protect the health, safety, and quality of life for all Livingston County residents.

Outcomes

- Representatives from THLN participated in the Livingston County Human Services Collaborative Body (HSCB) Substance Use Disorders Treatment and Prevention (SUD) workgroup. The outcomes of SUD committee involvement included creation of Overdose Awareness Day and Recovery Month events in the county, creation of a community-wide 2021 Substance Use Disorder Directory, and Impact Sheets for distribution to a variety of community groups on SUD issues.

- In FY23*,* THLN continued collaborating with Livingston County Community Mental Health (CMH) around Peer Support models for substance use disorders. THLN Behavioral Health team worked with CMH to hire a part-time Peer Recovery Specialist who worked in the ED assisting patients with substance use disorders find services and support the need for recovery. This position was a result of the Project Assert grant managed by CMH. During the first month, 36 contacts were made.

- Funding through THLN Investing in Our Communities grant program supported two SUD Community-Based Organizations, Recovery Advocates in Livingston (RAIL) and Key Development Inc. The grant allowed RAIL to provide two peer-led recovery programs for Livingston County residents, including a sober recovery house for women and a recovery support services center for anyone in need. From October 2022 to March 2023, 37 women participated in RAIL's program which included outpatient treatment, medical and dental services. RAIL also provided three weekly, on-going recovery support groups where 872 people attended and received support for further recovery efforts. Key Development Inc.'s grant supported their Key to

Recovery Program to explore the influence of adjunct treatment and medication assisted treatment on patient outcomes for asset limited, income constrained, employed individuals.

- In partnership with the HSCB and the SUD Workgroup, the Michigan Opioid Collaborative provided a core competency training program focused on medications used for Opioid Use Disorder, barriers to treatment, and stigma associated with addiction and individuals utilizing medications for Opioid Use Disorder to all health care providers in Livingston County. Additionally, in response to the Advocacy for Opioid Task Force legislation, a [toolkit](#) was developed for THLN staff and providers.

- THLN continued utilizing a green barrel for medication collection in the Emergency Room entrance. This offers an additional opportunity for community members to properly dispose of unused medications into the secure and monitored barrel available 24/7. In addition, multiple Drug Take Back events were promoted in Livingston County throughout FYs 22-24. THLN's continued support and promotion of drug take-back events and use of the green bin/Red Barrels resulted in 364.25 pounds of medication collected.

- THLN continued its partnership with Livingston County Community Alliance (LCCA) renewing funding for LCCA's Drug Free Community (DFC) through $20,000 in annual match funds. The funds target interventions for decreasing the use of opioids and the use of alcohol and marijuana in youth. LCCA's DFC activities in 2021 and 2022 included: attending the annual youth-led summit, conducting reality tours, hosting a youth art voice event, promoting big red barrel take back events, auditing alcohol retailers, sending representatives to the CADCA mid-year conference, holding youth-led advisory board meetings, and presenting prevention information to school counselors, rotaries, and community professionals.

3. Food Security and Access: *Improve connections of Livingston County residents to healthy and affordable food resources and utilization of programs/services.*

Outcomes

- THLN continued to partner with the Livingston County Health Department to provide the Prescription for Health program through funding and referrals. The Prescription for Health program increased referrals, enrollment, market visits, and dollars spent on fruits and vegetables at the Brighton and Howell Farmer's Market and at Gleaners Community Food Bank. Highlights over the program's three years included a total of 557 clients served purchasing $40,115 worth of fruits and vegetables.

- THLN's partnership with The Farm at Trinity Health Ann Arbor and their Produce to Patients program provided fresh produce to patients at the Trinity Health IHA Medical Group Academic Family Medicine clinic in Brighton. The clinic itself maintains an onsite garden with 20 raised bed gardens where 40 vegetable and herb plants are grown and provided to any patient who needs them. To address food security needs, the clinic's Care Manager connects those screening positive for food access to outside organizations including Gleaners Community Food Bank and the Prescription for Health program.

- THLN leadership continued its participation with the Livingston County's Hunger Council to identify food security gaps and opportunities to partner with local community-based organizations.

- In June 2023, Gleaners Community Food Bank was awarded $50,000 through THLN Investing in Our Communities grant to support the Gleaners' Fresh Market at Shared Harvest Pantry. This program provides food-insecure families across Livingston County weekly access to fresh produce and dairy, at no cost.

4. Transportation: *Improve availability and utilization of transportation for medical care and basic needs in Livingston County.*

Outcomes
- THLN continued collaborative matching commitments with Michigan Medicine and Ascension health systems to expand health care transportation through Livingston Essential Transportation Service (LETS). THLN's contribution of $40,000 per year for three years assists LETS in achieving the combined $106,000 per year in annual match funding to support access to nearly $700,000 in state and federal funds. This renewed contribution supports four full-time drivers providing 32 service hours per week.
- In addition to the health system collaboration, THLN and LETS agreed to dedicate one wheelchair accessible transit van to provide a dedicated 40 service hours a week for THLN hospital, serving the community during LETS's off hours. The additional van and service hours help with access to care and reduce wait times for rides.
- LETS data showed that in 2021, there were 7,047 medical stops provided by the health system vans. In 2022 there were 9,618 medical stops. From January to September 2023, there were 6,262 medical stops reported. These stops include transportation to medical appointments, dialysis treatment, pharmacies, and food pantries.
- THLN worked with the Healthcare Systems Collaborative Body, a group led by Livingston County Health Department, to discuss the expansion of accessible van usage in Livingston Emergency Services, Brighton Fire Department, and assisted living facilities who have van access for their residents.

THLN continues to make progress and collective impact on several objectives from the 2021 CHNA Implementation Plan, however, many of these needs take multiple years to significantly make large changes. THLN recognizes that addressing policy, systems, and environmental changes require a long-term approach and is committed to collaborating with community partners and stakeholders to collectively address the challenges faced by Livingston County's residents.

COMMUNITY DESCRIPTION

Geographic Area Served

Trinity Health Livingston (THLN) primarily provides services to residents of Livingston County, Michigan. THLN defines the community it serves as all of Livingston County. This is based on discharge data identifying the top 10 zip codes of patients discharged from THLN. In fiscal years 2022 and 2023, a majority of THLN discharges resided in Livingston County, therefore Livingston County is the geographic focus of this Community Health Needs Assessment.
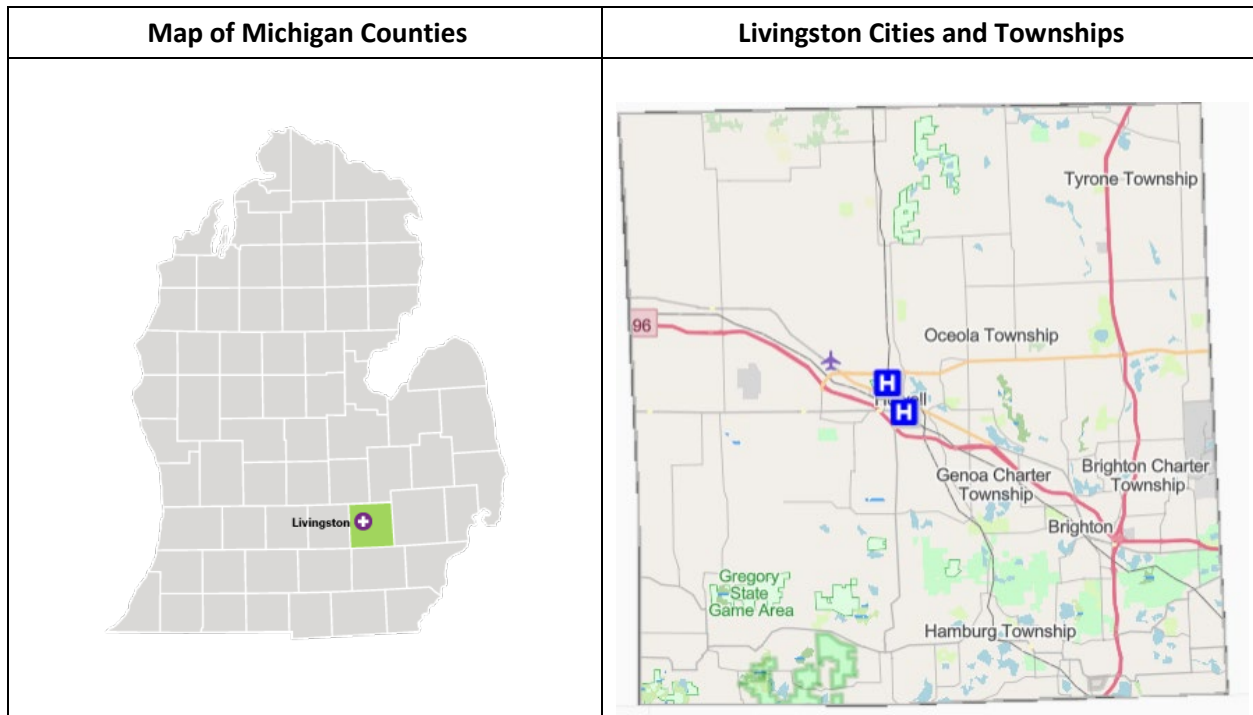
Approximately 194,302 people live in Livingston County, Michigan, which covers 585 square miles in the southeastern region of the state (U.S. Census Bureau). Livingston County shares borders with Washtenaw, Genesee, Shiawassee, Oakland, Ingham, and Jackson counties and is composed of mostly suburban and rural communities with three cities, 16 townships and two villages.

Cities: Brighton, Fenton, Howell
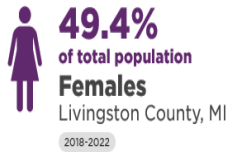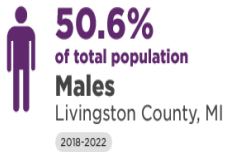
Charter Townships: Brighton, Genoa, Green Oak

Civil Townships: Cohoctah, Conway, Deerfield, Hamburg, Handy, Hartland, Howell, Iosco, Marion, Oceola, Putnam, Tyrone, Unadilla

Villages: Fowlerville, Pinckney

Map of Michigan Counties	Livingston Cities and Townships

Population Demographics

Age and Gender

50.6%
of total population
Males
Livingston County, MI
2018-2022

49.4%
of total population
Females
Livingston County, MI
2018-2022

Sources: US Census Bureau ACS 5-year 2018-2022

Livingston County's population is evenly split between males and females; approximately 50.6% of residents are male while the remaining 49.4% are female. Livingston County's median age is 43.6 years old with the largest age group being adults between the ages of 45 and 64 (30%) followed by young adults between ages 20 to 44 (29%). Youth and children ages 0-19 make up the next largest age group (23%), while adults at least age 65 were about 18% of the population.

Age	Livingston County, MI
Median Age	43.6 years old
0-19 years	23%
20-44 years	29%
45-64 years	30%
65+ years	18%

Most Livingston County residents are part of the Baby Boomer generation (27%), which is a group born between 1946 and 1964. The next largest generation represented in Livingston County includes Generation Z, which are those born between 1997 to 2012. Generation X (i.e., people born between 1965 and 1980) and those who are part of the Millennial generation (i.e., people born between 1981 and 1996) were the next highest demographics represented in Livingston's population at 20% and 17%, respectively. Those born prior to 1946, the Mature or Silent Generation represented approximately 7% of the population.

Generations
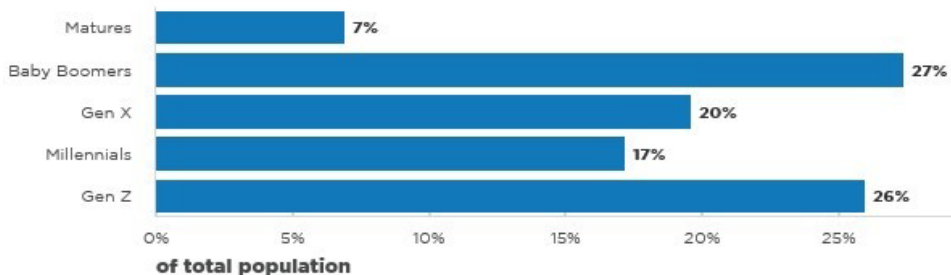
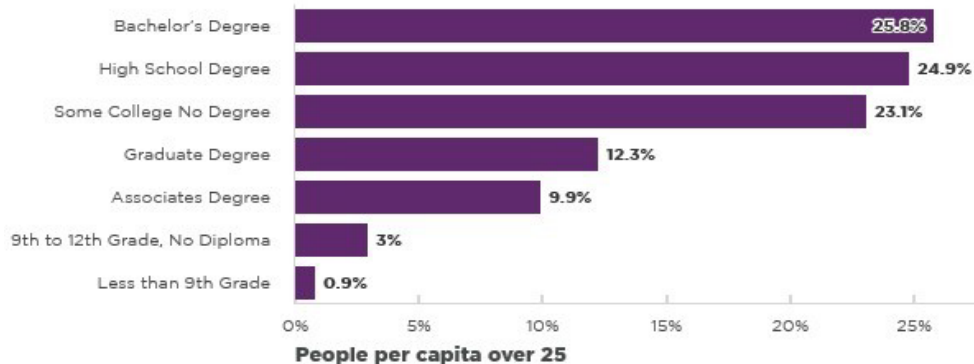*Sources: US Census Bureau ACS 5-year 2018-2022*

Race/Ethnicity

Most residents in Livingston County identify as White (93.9%). Other races include Black or African American, American Indian and Alaska Native, and Asian with each of these groups representing less than 1% of Livingston's residents. Those who identified as having two or more races (i.e., multiracial) represented 2.2% of the population. Approximately 2.7% of Livingston's residents identify as Hispanic or Latino ethnicity. According to the US Census Bureau American Community Survey 5-year estimates for 2018 – 2022, the Hispanic or Latino population has increased steadily in Livingston County since 1990 from approximately 970 and is projected to reach around 6,000 by the year 2030. This is an estimated increase of 518%.

Race/Ethnicity	Livingston County, MI
White	93.9%
Hispanic or Latino	2.7%
Black or African American	0.6%
American Indian and Alaska Native	0.2%
Asian	0.8%
Two or More Races	2.2%

Education

Approximately 48% of residents over age 25 have earned at least a high school diploma with more than 23% completing some college courses. Forty percent of residents have earned at least an associate degree with nearly 26% having earned a bachelor's degree and 12.3% having a graduate level degree. Only a small number of residents in this age group did not graduate from high school (approximately 3.9%).

Educational Attainment

	Livingston County, MI
Bachelor's Degree	25.8%
High School Degree	24.9%
Some College No Degree	23.1%
Graduate Degree	12.3%
Associates Degree	9.9%
9th to 12th Grade, No Diploma	3%
Less than 9th Grade	0.9%

People per capita over 25

■ Livingston County, MI

Sources: US Census Bureau ACS 5-year 2018-2022

Income and Poverty

The median household income for Livingston County is much higher at $96,135 when compared with the State of Michigan ($68,505) and the United States ($75,149), making Livingston County appear to be an area of concentrated wealth in the state. However, poverty is still present for some individuals and families in Livingston County with an estimated 9,362 (4.9%) people living below the Federal Poverty Level (FPL). In 2023, the FPL was $14,580 for an individual and $30,000 for a family of four. Additionally, 14.9% (28,651) of the population in Livingston County has a low income, defined as earning 200% or less of the poverty level, showing the stark difference between the affluent and poor populations in the area and highlights the existing inequities.

14.9%
Ratio of Income to Poverty Level: 200% and Under - Low Income Population
Livingston County, MI

4.9%
Percent of Population Below Poverty Level
Livingston County, MI

*% Diff. shows the *percentage increase or decrease* as compared to the original geography.
Sources: US Census Bureau ACS 5-year 2018-2022

Census Tracts inside Livingston County, MI

Ratio of Income to Poverty Level: 200% and Under:
- 2.7% - <12%
- 12% - <20.3%
- 20.3% - <28.4%
- 28.4% - 38.9%
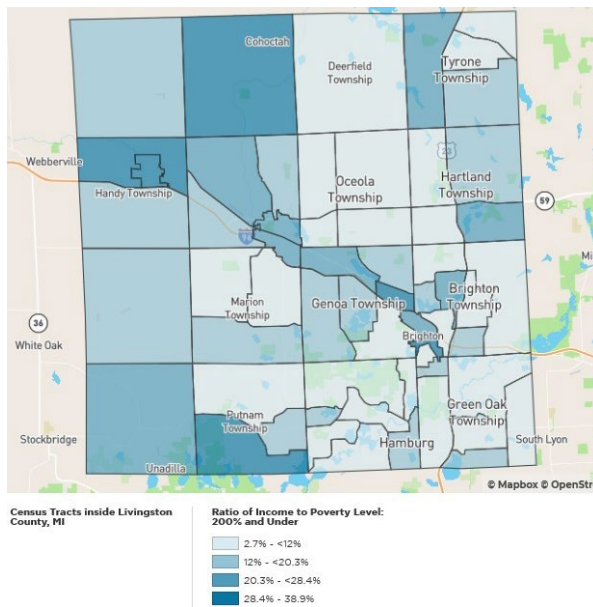
More than 30,955 people in Livingston County met the threshold for low-income earners, which means these people earn incomes that are at or below 80% of the statewide median income or have incomes at or below the designated threshold by the Department of Housing and Community Development State Income Limits. As shown in the map, there are certain areas (highlighted in dark blue) where higher concentrations of low income and poverty exist for the populations. These areas are disbursed across the county and include areas that are partially rural (i.e., Cohoctah, Pinckney zip code 48169, Tyrone Township zip code 48430, Fowlerville zip code 48836) and portions of suburban areas along the I-96 corridor (i.e., Brighton, Genoa Township, Howell).
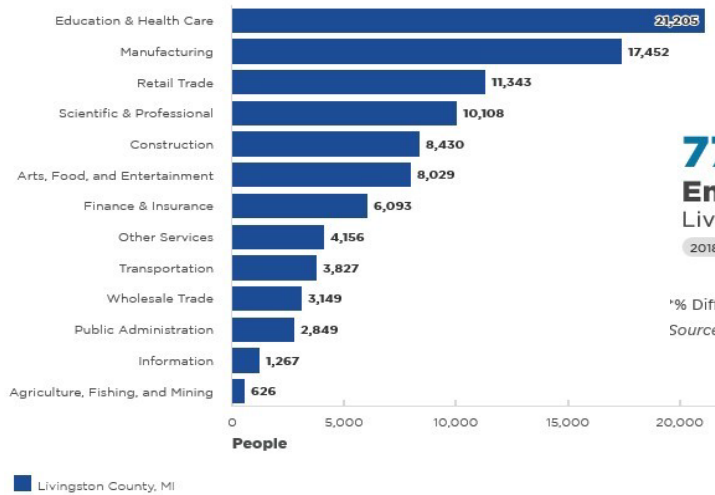
Households that earn more than the FPL but are unable to afford basic costs of living are part of the ALICE population, which stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed. According to the 2021 ALICE Report from the Livingston County United Way, 19% of households met this criterion. Combined with those who live in poverty, it is estimated that approximately 24% of the population in Livingston County have financial needs. These financial needs likely increase their risk of experiencing poor health outcomes.

It is important to note that individuals identified as Black or African American are represented at a disproportionate rate in the ALICE population. Despite this group making up 0.6 % of the overall population for Livingston County, Black or African Americans comprise around 40% of Livingston County's ALICE population. Also, households headed by single females with children are overrepresented in this population with 55% of these households qualifying as ALICE. More than half of people under age 25 (53%) are included in the ALICE population as well as 41% of older adults (i.e., age 65+).

Employment

Most adults are employed in Livingston County (77.2%). Education and health care are the main industries in the area, with employers including Trinity Health Livingston and Trinity Health Brighton. Manufacturing jobs are the next highest industry. Other industries include retail, scientific, professional, and construction.

Employment Industry by Home Location

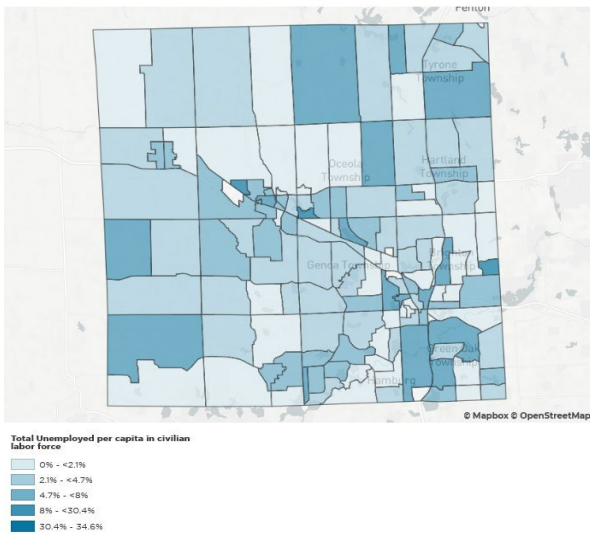| Industry	People
Education & Health Care	21,205
Manufacturing	17,452
Retail Trade	11,343
Scientific & Professional	10,108
Construction	8,430
Arts, Food, and Entertainment	8,029
Finance & Insurance	6,093
Other Services	4,156
Transportation	3,827
Wholesale Trade	3,149
Public Administration	2,849
Information	1,267
Agriculture, Fishing, and Mining	626

77.2%
Employment to Population 18 to 64 Ratio
Livingston County, MI
2018-2022

'% Diff. shows the *percentage increase or decrease* as compared to the original geography.
Sources: US Census Bureau ACS 5-year 2018-2022

■ Livingston County, MI

Sources: US Census Bureau ACS 5-year 2018-2022

Unemployment Rate

Total Unemployed per capita in civilian labor force
☐ 0% - <2.1%
☐ 2.1% - <4.7%
☐ 4.7% - <8%
☐ 8% - <30.4%
■ 30.4% - 34.6%

Sources: US Census Bureau ACS 5-year 2018-2022

The darkest blue areas on the map show where the proportion of unemployed people is higher compared to other areas of Livingston County. The darker blue areas represent census tracts with at least 30.4% of the population in the labor force unemployed. These areas are distributed throughout Livingston County, some overlapping with areas with incomes below 200% of the FPL, including Genoa Township, Howell, and Tyrone Township. Other communities with populations experiencing unemployment include Brighton Township, Deerfield, Green Oak Township, Iosco, Osceola Township, and Unadilla.

COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY AND PROCESS

Community Health Needs Assessment Definition

A Community Health Needs Assessment (CHNA) is a step-by-step process that includes community input to identify and prioritize community health needs. The CHNA uses multiple data sources to understand a community's strengths and their health and social needs. Non-profit hospitals are required to conduct a CHNA at least every three years.

Community Health Needs Assessment Process

The Association for Community Health Improvement's community engagement model demonstrates the steps THLN took in the 2024 CHNA process: Steps 1 through 6 reflect the CHNA cycle, and steps 7 through 9 relate to the CHNA implementation plan which will be developed in partnership with the community by November 2024.

THLN began its 2024 CHNA process by reflecting on the accomplishments of the 2021 CHNA and implementation strategies and identifying opportunities to build upon. To maximize this effort, THLN engaged key stakeholders to assist with data collection, obtain community input, and prioritize needs. Key stakeholders involved in the process included representatives from Trinity Health Ann Arbor and Livingston, Livingston County Health Department (LCHD), Southeastern Michigan Health Association (SEMHA), the Community Needs Assessment (CNA) Work Group of the Livingston County Human Services Collaborative Body, and other special interest stakeholders as well as representatives from vulnerable populations. See Appendix A for a full list and description of community partners.

Based on hospital discharge data, THLN defines the community it serves as all of Livingston County. Once the community was defined, several pre-existing and newly collected data were reviewed

to identify the top health-related priorities impacting Livingston County. To ensure a comprehensive assessment of Livingston County's health needs, data sources included the U.S. Census Estimates (see Appendix B), the Michigan Behavioral Risk Factor Survey, and the Trinity Health CARES Database (see Appendix E).

To augment population health data, data on lived experiences was also collected using surveys, focus groups with community residents, and interviews with key community stakeholders. THLN collaborated with LCHD to create a 27-question survey to distribute throughout Livingston County. The surveys were distributed from March to August 2023 and were available electronically or on paper (see Appendix C). Focus groups and interviews were done virtually and in-person. To identify focus group participants, key community partners were engaged to help with recruitment and to identify locations for in-person group meetings.

After collecting and analyzing quantitative and qualitative data, SEMHA assisted with the prioritization process. Initial health indicators for consideration in the prioritization process were selected based on the following criteria for Livingston County:
1. The data highlighted a disparity between population groups.
2. The data showed performance below state or national level.
3. The data was reflected in focus groups, interviews, and surveys.
4. The data shows a worsening trend over time.
5. The current data does not meet Healthy People 2030 goals.

Because the CHNA team desired to focus on social influences of health rather than health outcomes, all population health data was categorized into the following domains:
- Access/Prevention
- Behavioral, Mental Health and Substance Use
- Economic Stability
- Health Outcomes and Behaviors
- Neighborhood & Physical Environment
- Social Support & Community Context

Data describing important health and health-related indicators, like number of households experiencing poverty, number of people diagnosed with diabetes or obesity, number of people who currently smoke, and number of people who had timely health screenings and doctor visits were considered in the original list. Team members reviewed the list before beginning the prioritization process and collaborated to narrow the indicators for final consideration based on the observed trends and their experiences with supporting residents. The team worked hard to narrow an initial list of 60 health issues to 21 (see Appendix F).

After scoring and ranking the list of 21 health and health-related indicators, CNA Work Group members and invited representatives from local stakeholders scored each item based on the number of people

affected, seriousness of the issue, changeability of the issue, measurability of the issue, organization capacity to address the problem, the impact on eliminating the existing health disparities, and the effectiveness of available interventions. Everyone's scores were averaged to identify the top 10 issues; these issues were discussed collectively to choose priorities. From the top 10 items with the highest average scores, the final three priorities were identified: 1) Mental Health 2) Food and Nutrition Security and 3) Access to Services (emphasis on transportation).

Community Input

Community input is a critical component of ensuring the needs identified in the assessment are reflective of the community served. Community input was obtained through the Community Health Needs Assessment survey, community forums and focus groups, and stakeholder interviews. Key findings included:

- Community assets:
    - A collaborative spirit among the social agencies in Livingston County to tackle its challenges effectively.
    - Services available for seniors and places available for recreation, including green spaces.
- Key challenges:
    - Limited access to health care, encompassing mental health, substance use services, and primary and specialty health care.
    - Challenges with meeting basic needs including accessing affordable housing and nutritious food.
    - Barriers to accessing services, like transportation, are key areas of concern due to the community being somewhat rural.
    - Insights gleaned from surveys, focus groups, and interviews highlight the resource gaps between more affluent populations and individuals with income constraints.

Recommendations provided by residents played a pivotal role in shaping priorities for the CHNA from FYs 2025 to 2027. Both residents and stakeholders will be crucial in devising an implementation strategy to address the identified priorities effectively. No written comments were received on the last CHNA and Implementation Strategy.

Survey Data

Trinity Health Livingston collaborated with the Livingston County Health Department to gather community data for the CHNA cycle. This partnership coincided with the Health Department's timing to begin their next community assessment and provided valuable insight into the lived experiences of Livingston County residents. THLN and LCHD conducted a comprehensive survey between March and August 2023, gathering 1,120 responses. The survey comprised of 27 questions including 17 health-related questions addressing community strengths and weaknesses, potential risks, discrimination, challenges in accessing services, and 10 demographic questions. It was distributed and advertised via email listservs, social media platforms, and in paper format across diverse communities. Any paper surveys completed were manually added to the online survey database.

Analysis of the survey data revealed that most respondents were women (74%), with a significant portion between the age of 45 and 64 (56%). Moreover, more than half of the respondents were from Brighton or Howell (60%). A summary of the survey findings can be found in Appendix D. Key health

concerns highlighted included mental health issues, substance use, obesity, social and economic issues such as abuse and neglect, elderly care, and affordable housing.

Residents expressed their perceptions on community livability, with many feeling that the community was safe, had clean water and air, and boasted good schools. However, opinions were divided on whether there were sufficient parks and playgrounds available. Notably, respondents identified additional needs, including improving walkability and enhancing transportation access.

Furthermore, when asked about experiences of discrimination or unfairness, 28% of respondents (308 individuals) reported encountering discrimination in at least one area. Race or ethnicity (21%) and gender (15%) were the most cited bases for discrimination, while other areas included age, income, weight, and political beliefs. These responses were considered along with input from other community sources when identifying priorities.

Community Forums and Focus Groups

Six focus groups were conducted in Livingston County across various dates and times between October and November 2023. These sessions aimed to gather insights and feedback from participants on community-related matters to complement the survey results.

A total of 34 participants attended focus groups in Livingston County. Focus group participants' ages ranged from 18 to 65+ years of age, however, 62% were over 55 years old. Seventy-one percent of participants were white, and most were female (68%). A summary of their responses is included below.

Participants were asked what health and well-being looked like to them. Many participants referred to the ability to access a variety of health care providers and specialists. They felt that health care access is important for everyone, including those who are part of the Asset Limited, Income Constrained, Employed (ALICE) population and for every family member regardless of age. Equal treatment and options for health care were also important to participants. Having places to be active, having activities available for youth and families, getting a restful night's sleep, being able to complete daily activities without pain or feeling depressed, and having close relationships with others to support mental wellness were also shared as important to health and well-being.

Livingston County was described as a family-oriented and collaborative community where resources were abundant if people needed help. Additionally, the area was described as a place with many green spaces, parks, and places for recreation. These things were described as assets and strengths. People enjoyed the more rural environment because of the low amount of traffic and crime, which made people feel safe. Other assets include senior centers and a variety of options for food and groceries. Each of these things supported participants in living a healthy life.

While the participants identified a rural environment as an asset because of lower traffic, they also expressed the challenges with accessing health care. Participants shared that health care is challenging to access without a car and a strong public transit system. There are also health care access issues for people enrolled in Medicaid due to very few providers accepting Medicaid in the area, thus making it a barrier for this population. Other health care access issues included the lack of a birthing hospital, OB/GYN providers, and mental health providers in the community.

Finally, participants identified the existing wealth gap between residents in Livingston County as a social determinant of health issue due to how access to things like affordable housing and transportation can affect access to the health care they described as being essential to health and well-being.

Residents felt that the existing strengths and resources for Livingston County could be a starting point to address the concerns they shared. Strengthening transportation, food resources, supporting ALICE households, and access to affordable housing were key strategies. There was also the recommendation to raise more awareness about the availability of resources among residents.

Key Stakeholder Interviews

Key Community Stakeholders represent various organizations that provide important services to Livingston County residents or occupy a unique position of influence in Livingston County. Six stakeholders were interviewed for this assessment. The organizations providing input included Gleaners Community Food Bank of Southeastern Michigan, LACASA, Livingston County Catholic Charities, Livingston County Commissioner's Office for District 9, Livingston County Community Mental Health, and Livingston Educational Service Agency. These organizations were selected based on the top needs identified in the primary and secondary data sets to better understand the root cause of the issues. In addition, some organizations were selected to elevate different perspectives not necessarily captured in the reviewed data sets.

When asked about the things in Livingston County that help people live a healthy life, stakeholders pointed to the collaborative spirit of service agencies and institutions as something that is done well. They also felt that having a smaller community compared to surrounding geographic areas helped people live a healthier life in Livingston County. Some stakeholders mentioned the support available for seniors and the accessibility to various services and amenities including preventive health care, physical activity, and substance use support. The community's ability to navigate these resources was mentioned as an asset as well.

However, when asked about the things that prevent people in Livingston County from living a healthy life, there was sentiment around the challenges of mental health and substance use and misuse. Likewise, affordable housing was presented as a barrier for people in the community. Many of the respondents mentioned a culture of denial in Livingston County where people either downplay the existing challenges they mentioned or completely deny their existence in the community. Many of the respondents suggested that stigma was to blame for this mentality. People associate shame and stigma with substance use, mental health, and inability to afford adequate housing. Other barriers included transportation challenges, the acceptance of diverse community members (e.g., LGBTQ), economic factors (e.g., inflation), and lack of funding support to sustain needed programs.

The health and social issues called out by stakeholders included support for mental health, affordable housing, transportation, and employment. These issues were identified as vital to address in Livingston County to help promote health and well-being. When discussing the most utilized services in Livingston County, stakeholders mentioned housing, transportation, and domestic violence and sexual assault support. Behavioral and mental health services, food programs, employment, and health care access services are available in the county, but are reported as underutilized by the stakeholders interviewed for this assessment.

COVID-19 was also mentioned as another social issue that caused challenges for Livingston County residents. Stakeholders shared that the pandemic created a division across the community. Misinformation caused the trust of institutions to weaken. Due to the pandemic, stakeholders pointed out the increase in mental health needs and food accessibility needs along with transportation needs for those who are living in rural areas and for seniors. These issues primarily affected seniors and families with young children in Livingston County.

Stakeholders feel that capitalizing on the already existing collaborative spirit in Livingston County by strengthening partnerships across human services, public health, and health care entities is the key to addressing these social needs. Increasing engagement with community members could also serve as an important way of improving health and well-being for those who experience barriers to achieving optimal health.

Sustainable funding to support programs was a concern among stakeholders along with addressing the stigma of needing help in the community. Stakeholders recommended that THLN continue partnerships with mental health support organizations (e.g., emergency departments) and strengthen relationships with community-based organizations that also work with the populations with the highest likelihood of experiencing disparate health outcomes.

No written comments were received as input from the 2021 CHNA Report and Implementation Plan. Information on how to provide written comments or obtain a written copy of the assessment is posted on the website and is available on a continuous basis.

SIGNIFICANT COMMUNITY HEALTH NEEDS

All Community Health Needs Assessment (CHNA) team members reviewed responses from community focus groups, stakeholder interviews, and surveys along with population health data in preparation for the prioritization process. Priorities were selected using the Hanlon Method, which is a long-tested public health tool that assists stakeholders in identifying priorities from the many health challenges facing communities. The Hanlon Method allows stakeholders to identify factors to be considered in setting priorities, organize those factors into groups that are weighted relative to each other, modify those factors as needed, and score the priorities individually. The Hanlon Method allows stakeholders to recognize the size of the problem, the seriousness of the problem, and the effectiveness of the solution. The Hanlon Method was expanded to include: A) number of people affected, B) seriousness of the issue, C) changeability of the issue, D) measurability of the issue, E) organization capacity to address the problem, F) the impact on eliminating the existing health disparities, and G) the effectiveness of available interventions.

The CHNA team leveraged the CNA Work Group and invited representatives from local stakeholders to participate in the prioritization process. The group scored and ranked a list of 21 health and health-related indicators (Appendix F) based on the expanded Hanlon Method and the scores were averaged to identify top rankings. The top 10 items with the highest average scores were selected to develop the final three priorities. The top 10 indicators included: depression, food insecurity, poor mental health days, obesity, diabetes, high blood pressure medication access, food access or proximity to grocery stores for low-income persons, childcare costs, routine care, and access to services due to no vehicle in household.

From this list of 10, a discernment process occurred to collectively discuss and select which identified needs would be prioritized. The top three health-related needs prioritized for the FYs 2025-2027 CHNA cycle include:

1. Mental Health
2. Food and Nutrition Security
3. Access to Services (emphasis on transportation)

Each priority was strongly expressed as a need by community members and stakeholders and was evident when examining population data. These three priorities especially highlight the disparate outcomes experienced by populations with income constraints compared to people in Livingston County with access to abundant resources. When selecting the health priorities, the CHNA team made sure to choose priorities that would allow for Trinity Health Livingston to not only address health outcomes, but to also work collaboratively with community partners and stakeholders to address the root causes of poor health and determine ways to prevent these outcomes.

Priority 1: Mental Health

Mental health, including substance use disorder, suicide, anxiety/depression, and social isolation, was selected as a priority in the Trinity Health Livingston Hospital 2021 CHNA. These factors continue to be

of great concern for Livingston County residents and community stakeholders, especially in the aftermath of the COVID-19 pandemic. Key data points related to mental health in Livingston County include:

Mental Health
- Approximately 15% of adults in Livingston County reported experiencing frequent mental distress. Livingston County adults reported poor mental health for at least 14 days in a month. (2023 County Health Rankings & Roadmaps)
- 21.8% of adults in Livingston County have been told they have depression. (Source: 2019 – 2021 Michigan Behavioral Risk Factor Survey)
- The suicide rate in Livingston County from 2016 – 2020 was 15 per 100,000 residents and 155 people died by suicide during this timeframe. (2023 County Health Rankings & Roadmaps)
- More than one out of four (27%) individuals in Livingston County living with a disability (i.e., depression, ADD/ADHD, Autism/Asperger's, developmental disability) reported challenges with maintaining mental and emotional well-being (2022 Survey Disability Needs in Livingston County, Abilities Alliance).

Social Isolation
- Thirty-one percent of individuals living with a disability reported needing help with finding social connections with others (2022 Survey Disability Needs in Livingston County, Abilities Alliance).
- Approximately 8.7% of adults in Livingston County live alone. The proportion increases significantly for adults over the age of 65. More than one out of five older adults (22.1%) live alone. Loneliness and isolation can lead to potentially poor mental and physical health outcomes including depression and hypertension (2022 Survey Disability Needs in Livingston County, Abilities Alliance).

Substance Use
- Livingston County saw a 2.7% increase in drug overdose deaths from 2020 to 2021. Approximately 84% of these overdose deaths involved synthetic opioids (2017-2021 Michigan Substance Use Disorder Data Repository).
- The Michigan Substance Use Vulnerability Index (MI-SUVI) is a measure of the vulnerability to individual and community adverse substance use outcomes. The MI-SUVI includes three components: substance use burden, substance use resources, and social vulnerability to produce a composite score of Substance Use Vulnerability. Livingston County ranked 83rd out of all Michigan 83 counties for MI-SUVI, which is the best outcome. However, when examining the components for this score, Livingston County ranked 46th for Substance Use Resources. This score is due to the lack of Syringe Service Programs and Quick Response Teams available to connect individuals to substance use disorders resources after experiencing an overdose (State of Michigan Opioid Data Dashboard, County SVI Report).

Alcohol Use
- Twenty-three percent of Livingston County adults reported excessive drinking (i.e., either binge drinking or heavy drinking) compared to 19% of U.S. adults (2023 County Health Rankings & Roadmaps).

- One out of four driving deaths involved alcohol in Livingston County between 2016 and 2020 (2023 County Health Rankings & Roadmaps).

Adverse Childhood Experiences
- Adverse Childhood Experiences (ACEs) are potentially traumatic events experienced in the lives of people younger than 18 years of age. Nearly two-thirds of Michigan adults living in Livingston County have experienced at least one ACE. The most prevalent ACE was verbal abuse (33%) followed by Household Substance Abuse (27%) (ACEs Livingston County Data Profile, MDHHS).
- Disparities exist between adults who have experienced ACEs and those who have not when it comes to risky health behaviors. Approximately 12% of adults who experienced at least one ACE currently smoke while only 5% of adults who have not experienced an ACE smoked (ACEs Livingston County Data Profile, MDHHS).
- Disparities also exist in overall health for people who have experienced ACEs compared with those who have not. Around 15% of adults who have experienced at least one ACE described their general health as poor in the last month compared to just 5% of adults who had not experienced ACEs (ACEs Livingston County Data Profile, MDHHS).
- In Livingston County, a higher proportion of adults who have at least one ACE experience depression (23%) compared to those who have not experienced ACEs (12%) (ACEs Livingston County Data Profile, MDHHS).

Priority 2: Food and Nutrition Security

Food Security / Access was included as a priority in the most recent CHNA for Trinity Health Livingston and remains an important area of concern for Livingston County residents. The COVID-19 public health emergency caused an increase in the number of people needing assistance with accessing basic needs, including food. Despite a high median income, there are people who earn low wages who may have challenges accessing adequate food for their households. Key data points related to food and nutrition security in Livingston County include:

Food Insecurity
- Eleven percent of Hispanic individuals experience food insecurity compared to only 6% of Whites (Feeding America Map the Meal Gap).
- Approximately, 1,360 children (3.3%) of the total number of children living in Livingston County are experiencing food insecurity (Feeding America Map the Meal Gap).
- In Livingston County, people experiencing food insecurity have a weekly budget shortfall of $22.01, which is the amount needed to meet weekly food needs (Feeding America Map the Meal Gap).

Income and Poverty
- Households that earn more than the Federal Poverty Level (FPL) but are unable to afford basic costs of living are part of the ALICE population, which stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed. According to the 2021 ALICE Report from the Livingston County United Way, 19% of households met this criterion. Combined with those who live in poverty, it is estimated that approximately 24% of the population in Livingston County has financial needs.

The FPL in 2021 was $12,880 for a single adult and $26,500 for a family of four. These financial needs likely increase the risk of experiencing poor health outcomes (United Way ALICE Report, Livingston County).

- The youngest and the oldest people in Livingston County appear to be the most likely to experience income limitations. More than half of people under the age of 25 in Livingston County were part of the ALICE population while 41% of people over the age of 65 met these criteria (United Way ALICE Report, Livingston County).
- Income disparities exist across household and family structures in Livingston County. Fifty-five percent of single, female-headed households with children are included in the ALICE population compared to only 7% of married households with children (United Way ALICE Report, Livingston County).

Priority 3: Access to Services (emphasis on transportation)

While Livingston County is not a rural area designated by the Health Resources and Services Administration, some communities are partially rural, meaning they have lower population density compared to other communities and may not have the same access to important services like health care as neighboring communities. People living in these areas may experience unique challenges when trying to access services and resources. Key data points related to Access to Services include:

Transportation Access
- Approximately 10.9% of households only have one vehicle. These households may potentially have difficulty with easy access to services that require people to drive since the mean travel time to work for adults is more than 30 minutes (U.S. Census Bureau, ACS 5-Year Estimate).
- According to Trinity Health CARES data, 3.95% of households in Livingston County have no motor vehicle (Trinity Health CARES Data Hub, 2022).
- Between 2021-2023, transportation was one of the top five most searched terms on the FindHelp platform for Livingston County residents (Trinity Health Community Resource Directory Analytics, 2023).
- In 2019, Livingston County had a walkability index score of 6, based on the Environmental Protection Agency's National Walkability Index. Scores range from 0 to 20 with higher scores describing areas that are more walkable, with more amenities and services that are within walking distance. This score indicates that residents in Livingston County are more likely to depend on cars and have limited access to public transit (EPA, 2019).

These data points highlight the challenges faced by residents and will be used to devise a strong implementation plan and strategy that will make progress toward improving health outcomes. Trinity Health Livingston looks forward to collaborating with all community partners and stakeholders to collectively address the challenges faced by Livingston County's residents.

CONCLUSION

Trinity Health Livingston is grateful for all partners, stakeholders, and especially community members who contributed their time, thoughts, and talents to identifying the top health and social-related needs for Livingston County. The Community Health Needs Assessment (CHNA) team looks forward to creating a comprehensive CHNA implementation plan that includes measurable strategies to address each priority and create pathways to help everyone in Livingston County achieve optimal health and well-being. The CHNA implementation plan will be publicly available in November 2024 at trinityhealthmichigan.org. The CHNA report is also available on the Trinity Health Livingston website and a paper copy is available at the hospital facility upon request. To submit written comments for the CHNA, to request a printed copy of the report, or direct questions please contact:

Trinity Health Livingston Office of Community Health & Well-Being
620 Byron Road
Howell, Michigan 48843

Contact: Amanda Borg, MPH, Community Health & Well-Being Supervisor
Email: Amanda.Borg@trinity-health.org, Phone: (517) 545-6218

The next Community Health Needs Assessment will be completed in FY 2027.

Appendix A: Community Health Needs Assessment Collaborative Partners

The Community Health Needs Assessment (CHNA) was a collaborative effort that involved partnerships with several community organizations and stakeholders.

Community Needs Assessment (CNA) Advisory Group

The Community Needs Assessment (CNA) Work Group, a subcommittee of the Livingston County Human Services Collaborative Body (HSCB), includes members from various community organizations and served as the advisory group for the THLN CHNA. The CNA Work Group was engaged beginning in August 2023 in the hospital's CHNA process. The CNA Work Group's purpose is to assess and increase community awareness of the health and human service needs in Livingston County and assist in evaluation of collaborative projects. The THLN Community Health & Well-Being Coordinator led the CHNA work. Other Trinity Health colleagues participated and attended the CNA meetings as appropriate.

CNA Advisory Members

- *Louis Bischoff, Ascension Michigan*
- *Amanda Borg, Trinity Health Livingston*
- *Angel Fletcher, Central Michigan 2-1-1*
- *Amy Johnston, HSCB Community Planner*
- *Anne King-Hudson, Recovery Advocates in Livingston*
- *Andrew Kruse, Ascension Michigan*
- *Sarah McGeorge, Livingston County Catholic Charities*
- *Holly Naylor, LACASA*
- *Beth Pomranky-Brady, Ascension Michigan*
- *Courtney Rynkiewicz, Livingston County Health Department*
- *Robin Schutz, Livingston Educational Service Agency*
- *Liz Welch, Livingston County United Way*

Trinity Health Ann Arbor and Livingston Community Health Council

The Trinity Health Ann Arbor and Livingston Community Health Council was informed of THLN's CHNA progress throughout the process. This group consists of health system leaders at Trinity Health Ann Arbor and Livingston and community members who advise the CHNA process, provide input on addressing the priority needs of our community, and where possible, advance policy, system, and environmental changes across the ministries.

- *Katie Barry, Trinity Health Ann Arbor and Livingston*
- *Amanda Borg, Trinity Health Livingston*
- *Angela Combs, Trinity Health Ann Arbor and Livingston*
- *Jae Gerhart, Trinity Health Ann Arbor*
- *Julia Grover, Trinity Health Ann Arbor*
- *Joshua Harrison, Trinity Health Ann Arbor and Livingston*
- *Jaclyn Klein, Trinity Health Ann Arbor and Livingston*
- *Kathy Joyce, Trinity Health Ann Arbor and Livingston*
- *Richard Lichtenstein, Community Advisor*

- *Jimena Loveluck, Community and Board Advisor*
- *Lisa McDowell, Trinity Health Ann Arbor and Livingston*
- *Mary Niester, Trinity Health Livingston*
- *Michaeline Raczka, Community Advisor*
- *Lacey Sapkiewicz, Trinity Health Ann Arbor and Livingston*
- *Jennifer Schaible, Trinity Health Ann Arbor*
- *Eliza Shearing, Trinity Health Ann Arbor and Livingston*
- *Shekinah Singletery, Trinity Health Ann Arbor and Livingston*
- *Danielle Smith, Trinity Health Ann Arbor and Livingston*
- *Rana Smith, Community and Board Advisor*
- *Amanda Sweetman, Trinity Health Michigan*
- *Melissa Tolstyka, Trinity Health Ann Arbor and Livingston*
- *Caitlin Valley, Trinity Health IHA Medical Group*
- *Kelly Wilson, Trinity Health Ann Arbor*

Livingston County Health Department

The Livingston County Health Department (LCHD) was a key partner throughout the CHNA process from August 2023 to April 2024. In addition to being members of the CNA Work Group, the LCHD assisted in the review and development of the community needs survey, collected survey results, and organized survey responses of those who expressed interest in CHNA Focus Groups. They provided insight and guidance in the individual community stakeholder interview process and CHNA Focus Groups and participated in identifying the significant health needs and prioritization.

- *Matt Bolang, Livingston County Health Department*
- *Rebecca Leach, Livingston County Health Department*
- *Courtney Rynkiewicz, Livingston County Health Department*

Southeastern Michigan Health Association

The Southeastern Michigan Health Association was consulted and started work on the THLN's CHNA process in September 2023. This group arranged and conducted CHNA focus group sessions, stakeholder interviews, analyzed collected data, and gathered additional data sources to fill gaps. They advised the CHNA process, provided input on addressing the priority needs of our community, and where possible, suggestions on how to advance policy, system, and environmental changes across the ministry.
- *Lisa Braddix, Southeastern Michigan Health Association*
- *Cheryl Jamieson, Southeastern Michigan Health Association*
- *Gary Petroni, Southeastern Michigan Health Association*

Special Interest Stakeholders

Six stakeholders were interviewed during this CHNA cycle. These stakeholders were selected based on the top needs identified in the primary and secondary data sets to better understand the root cause of the issues. In addition, some organizations were selected to elevate different perspectives not necessarily captured in the reviewed data sets.

- *Connie Conklin, Community Mental Health*
- *Jay Gross, Livingston County Commissioner*
- *Dr. Michael Hubert, Superintendent, Livingston Educational Service Agency*
- *Judith McNeeley, Gleaners Community Food Bank of Southeastern Michigan*
- *Adam Perry, Livingston County Catholic Charities*
- *Bobette Schrandt, LACASA*

Outreach to Vulnerable Populations

To gain input from the vulnerable populations in our area, THLN engaged the leadership of the CNA Work Group to assist with survey communication and distribution throughout Livingston County. THLN encouraged survey distribution and focus group participant outreach to specific groups such as men, those 65 and older, the Hispanic population, and those living in rural areas. Survey distribution was organized at several community events including the Howell Library's Health Happens Community Health Fair and the Livingston County Senior Resource Fair.

Appendix B: Livingston County Census Data

ACS 2018-2022 unless noted otherwise)	#	%
Total Population Estimates (2018-2022)	194,266	**
Percent Population Change since 2010 Census	180,967	7%
Percent Projected Population Change, 2022-2031	225,159	15.80%
Male Persons, number and percent	98,266	50.6%
Female Persons, number and percent	96,036	49.4%
Median Age	43.6	**
Persons Under 5, number and percent	9,455	4.90%
Persons Under 18, number and percent	40,104	20.6%
Persons Over 18, number and percent	154,099	79.3%
Persons Over 65, number and percent	35,600	18%
White Alone, number and percent	181,205	93.3%
Black Alone, number and percent	1,108	0.6%
Hispanic, number and percent	5,224	2.7%
American Indian alone, number and percent	379	0.2%
Asian alone, number and percent	1,627	0.8%
Native Hawaiian or Pacific Islander, number and percent	22	0.0%
Two or More Races, number and percent	4,354	2.2%
Total BIPOC population, number and percent	13,097	6.7%
Veterans, 18 +, number and percent	10,218	6.6%
Foreign Born Persons, number and percent	5,553	2.9%
Population Living with Disability (# and % of Total Pop.)	21,053	10.80%
Disability Age 18 to 64 (# and % of Pop. with Disability)	9,672	45.4%
Disability Age 65 Years and Over (# and % of Pop. with Disability)	9,560	45.9%
Per capita income in past 12 months (inflation adjusted)	$49,274	**
Per capita income in past 12 months, Male (inflation adjusted)	$61,439	**
Per capita income in past 12 months, Female (inflation adjusted)	$37,518	**
Total persons in poverty, number and percent	9,362	4.9%
Median Household Income (inflation adjusted)	$96,135	**
Median Home Value	$311,800	**
Total Housing Units (2018-2022)	78,841	**
Owner Occupied Housing Units, number and percent	64,270	85.9%
Rental Occupied Housing Units, number, and percent	10,571	14.10%
Median Monthly Home Costs with Mortgage (% of income)	**	18.80%
Median Monthly Home Costs Without Mortgage (% of Income)	**	10.40%
Median Gross Rent	$1,207	**
Total Households	74, 841	**
Avg. # of Persons per Household	2.6 Persons	**
Living in same house 1 yar ago # of person 1= years 2018-2022	174,830	90.1%
Language other English spoken at Home, # and % of persons 5 +	5,994	0.32%

Households without Computer, number, and percent	2,887	3.90%
Households without broadband internet, number and percent	4,881	6.50%
Households with cellular internet access only # and %	5,722	8.2%
Persons without High School Diploma, number, and percent	4,180	3%
High School graduate or higher. number and percent	34,417	24.9%
Bachelor's Degree or higher %, number and percent	35,752	25.8%
Mean travel time to work (minutes), workers aged 16 years+	31 minutes	**

Trinity Health

Trinity Health Livingston

Community Health Needs Assessment

The **Community Health Needs Assessment (CHNA)** helps Trinity Health Livingston Hospital and the Livingston County Health Department look at changing health and social needs of our community, defined as "Livingston County". Your valuable input allows us to identify the community's most pressing needs, prioritize focus areas and then plan solutions to address those needs. Once completed, the CHNA/CHA will be shared publicly on our website.

Instructions:

- This survey will take about 10 minutes to complete.
- You must be at least 18 years of age and be a resident of Livingston County to complete this survey.
- Where it states (mark only one), select one choice; where it states (mark all that apply), select all that apply.
- Questions marked with * are required.

1) What is your home zip code?* _____

2) What city, township, or village do you live in?* _____

Personal Health

3) In the past year, how would you rate your overall health?

( ) Failing ( ) Poor ( ) Fair ( ) Good ( ) Excellent ( ) Not sure/don't know

4) In the past year were you able to see a doctor/provider when you wanted or needed?

( ) Yes
( ) No

5) What is the main place you receive healthcare? (Mark only one)

( ) Alternative Medicine (Chiropractor, Naturopath, etc.)
( ) Community Health Center /"Free clinic"
( ) Behavioral Health Clinic
( ) Emergency Department
( ) Gynecology/OB
( ) Health Department
( ) Primary care office

( ) Specialized care (Diabetes, Cancer, etc.)
( ) Substance use disorder treatment/recovery
( ) Urgent care
( ) Other, please specify:
_____
( ) Do not see healthcare providers

6) What sources do you use to obtain health-related information? (Mark all that apply)

[ ] Healthcare provider
[ ] Family/friends
[ ] Television
[ ] Internet
[ ] Social media
[ ] Library

[ ] Newspaper
[ ] Radio
[ ] Health insurance company
[ ] Other, please specify:
_____

7) What kind of health insurance do you have now? (Mark all that apply)

[ ] None
[ ] Bought privately
[ ] Medicare
[ ] Medicaid
[ ] Healthy Michigan Plan

[ ] Health Exchange
[ ] From my employer
[ ] From my spouse's/family's employer
[ ] Veteran's Health Care System

8) What keeps you from getting health care services or improving your health? (Mark all that apply)

[ ] Access to services
[ ] Cannot take time from work
[ ] Communication/language
[ ] Didn't have time/too busy
[ ] Difficulty filling out form
[ ] Existing medical debt
[ ] ER wait too long
[ ] Fear of what others think/say
[ ] High co-pay/deductible
[ ] No childcare

[ ] No computer/technology
[ ] No dental insurance
[ ] No interest to improve my health
[ ] No medical insurance
[ ] No transportation
[ ] No vision insurance
[ ] Office/Provider not available/needs not met
[ ] Prescription/medication costs
[ ] Not applicable

9) Do you participate in local activities, community groups or clubs? (i.e., Rotary, sports, religious organizations, book clubs, gardening groups, or other social groups)?

( ) None of the time ( ) Some of the time ( ) Usually ( ) Always

10) Has a lack of transportation kept you from daily activities (medical appointments, work, grocery store, etc.)?

( ) Yes
( ) No

11) How often do you have stress, anxiety, depression, anger, isolation, or any other emotional health problems?

( ) None of the time ( ) Some of the time ( ) All of the time

12) Do you identify as a person with a disability?

( ) Yes
( ) No
( ) Not applicable

13) In the next 6 months, do you expect to be? (Mark all that apply)

[ ] Homeless
[ ] At-risk for homelessness
[ ] Doubling up
[ ] Couch surfing
[ ] Unemployed
[ ] Not applicable

14) Have you experienced discrimination or unfairness? If so, what is it based on? (Mark all that apply)

[ ] Disability
[ ] Gender
[ ] Race or Ethnicity
[ ] Sexual orientation
[ ] Other, please specify: _____
[ ] I have not experienced discrimination or unfairness in my community

Community Health

15) Which of these medical issues do you feel are most important and need to be addressed in Livingston County? (Select up to three options)

[ ] Alcoholism/Binge Drinking
[ ] Arthritis
[ ] Asthma
[ ] Cancer
[ ] Drug addictions (opioid, etc.)
[ ] Dental
[ ] Mental health problems (PTSD, bi-polar disorder, ADHD, Depression, Anxiety, etc.)
[ ] Diabetes
[ ] Hearing impairment
[ ] Heart disease/heart attack

[ ] Healthy pregnancy
[ ] High blood pressure
[ ] High cholesterol
[ ] Kidney Disease
[ ] Lung disease/COPD
[ ] Overweight/obesity
[ ] Stroke
[ ] Other, please specify: _____

16) What social issues do you feel are most important and should be addressed in Livingston County? (Select up to three options)

[ ] Abuse and neglect (children, older adults, etc.)
[ ] Access to healthy foods
[ ] Access to health care
[ ] Childcare
[ ] Education
[ ] Elderly care
[ ] Exercise/physical activity resources
[ ] Literacy (unable to read or write)
[ ] Not able to find housing/mortgage and rent payment

[ ] Paying for basics (utilities, food, medical care, etc.)
[ ] Personal safety/domestic violence
[ ] Transportation
[ ] Violence in your neighborhood
[ ] Social Isolation/Loneliness
[ ] Other, please specify:
_____

17) Please let us know how you feel about your community. (Mark one for each statement)

	Strongly disagree	Disagree	Agree	Strongly agree	Not applicable
My community is safe	( )	( )	( )	( )	( )
My community is clean (air, water, etc.)	( )	( )	( )	( )	( )
My community is easy to walk or bike around	( )	( )	( )	( )	( )
My community has enough parks and playgrounds	( )	( )	( )	( )	( )
My community has good schools	( )	( )	( )	( )	( )

18) What are the biggest strengths of our community?

_____
_____

19) Is there anything else you would like us to know about health and social needs in your community?

_____
_____

Demographics

20) What is your age?

( ) 18 - 24
( ) 25 - 34
( ) 35 - 44
( ) 45 - 54
( ) 55 - 64
( ) 65 - 74
( ) 75 and over

21) What is your ethnicity? (Choose one)

( ) Hispanic
( ) Non-Hispanic
( ) Prefer not to answer

22) What is your race/ethnicity? (Choose one)

( ) American Indian/Alaskan Native
( ) Asian or Asian American
( ) Black or African American
( ) Middle Eastern/North African
( ) Native Hawaiian/Pacific Islander

( ) White/Caucasian
( ) Multi-racial
( ) Prefer not to answer
( ) Other, please specify:
_____

23) What is your current employment status?

( ) Employed full time
( ) Employed part time
( ) Disabled
( ) Laid off
( ) Homemaker

( ) Retired
( ) Self-employed
( ) Student
( ) Unemployed

24) What is your level of education?

( ) Grade school
( ) High school
( ) Some college

( ) College graduate
( ) Master's or Doctorate degree
( ) Vocational/Trade School/Certificate program

25) What is the approximate annual income of your household (you, your spouse, or others who contribute to your household)?

( ) Less than $25,000
( ) $25,000 - $50,000
( ) $51,000 - $75,000

( ) $76,000 - $100,000
( ) Over $100,000
( ) Prefer not to answer

26) How many people live at your address (regardless of relationship status or age)?

( ) 1
( ) 2
( ) 3
( ) 4
( ) 5
( ) 6
( ) 7
( ) 8+

27) Which gender do you identify with?

( ) Male
( ) Female
( ) Transgender Male
( ) Transgender Female
( ) Other, please specify: _____
( ) Prefer not to answer

Thank You!

Thank you for taking the time to complete the Community Health Needs Assessment survey.

Scan the QR codes below to learn more about the work we are doing in the community please visit our websites:

Trinity Health Livingston Hospital   **Livingston County Health Department**

Online Survey

Community Health Needs Assessment

The **Community Health Needs Assessment (CHNA)/Community Health Assessment (CHA)** helps Trinity Health Livingston Hospital and the Livingston County Health Department look at changing health and social needs of our community, defined as "Livingston County". Your valuable input allows us to identify the community's most pressing needs, prioritize focus areas and then plan solutions to address those needs. Once completed, the CHNA/CHA will be shared publicly on our website.

Instructions:

- This survey will take about 10 minutes to complete.
- You must be at least 18 years of age to complete this survey.
- You must be a resident of Livingston County, Michigan to complete this survey.
- Where it states (mark only one), select one choice; where it states (mark all that apply), select all that apply.
- Questions marked with * are required.

1. What is your home zip code? *

Characters used: 0 out of 5.

2. What city, township, or village do you live in? *

Next

0%

Q20, 27 Age/Gender

Q20. What is Your Age?
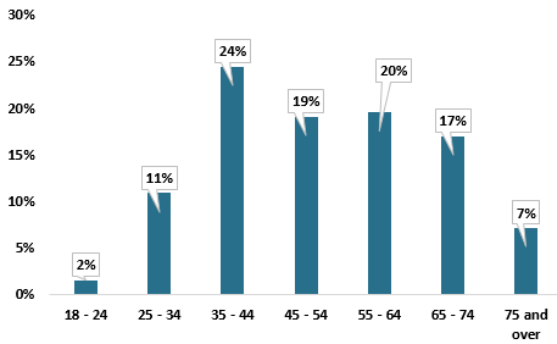
Q27. Which Gender do you Identify With?
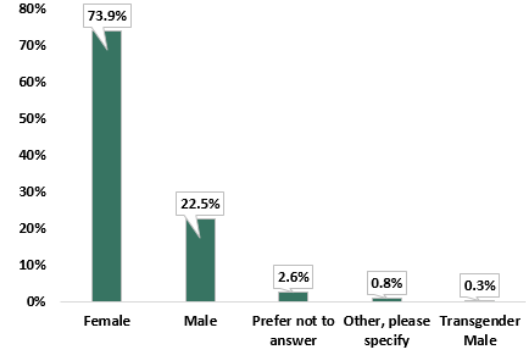
3/12/2024   1

Q2. What City, Township, or Village do you live in?
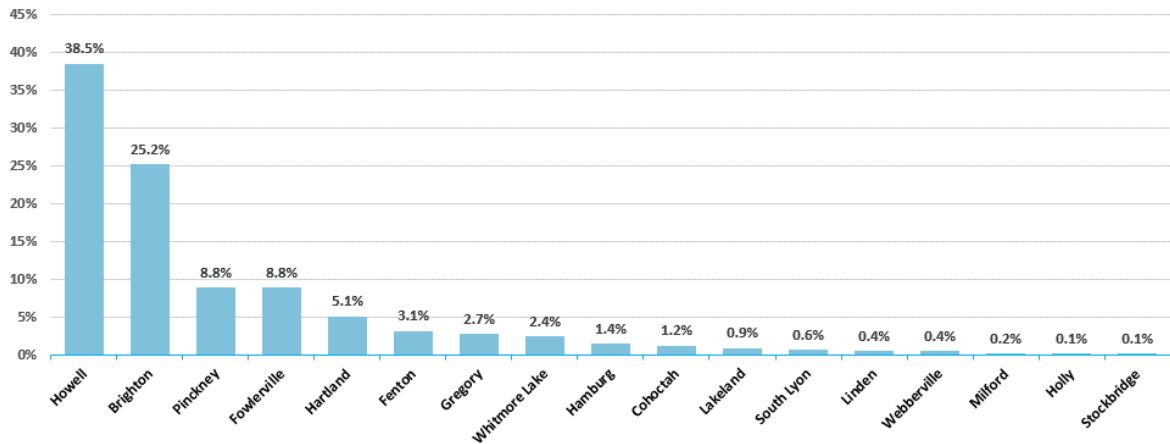
3/12/2024   1

Q21-22 Race/Ethnicity

Q21.What is your Ethnicity? (Choose One)

Q22. What is your Race/Ethnicity? (Choose One)

- White/Caucasian
- Prefer not to answer
- Black or African American
- Asian or Asian American
- Multi-racial
- American Indian/Alaskan Native
- Other, please specify
- Middle Eastern/North African
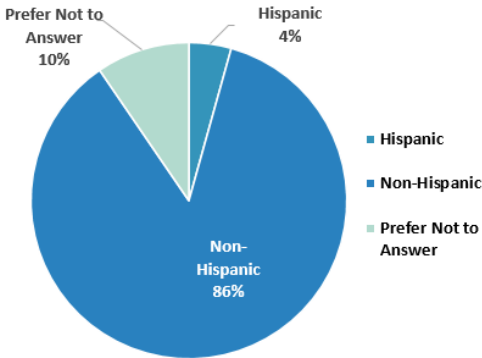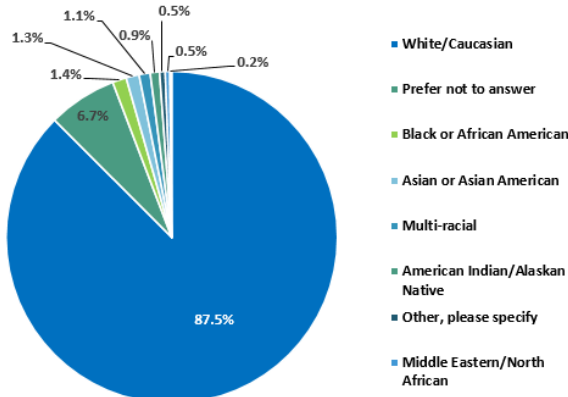
Perceptions of Community Livability

Question 17. Please let us know how you feel about your community. (Mark one for each statement) 5 Questions (Agree/Disagree)

■ Strongly agree ■ Agree ■ Not applicable ■ Disagree ■ Strongly disagree
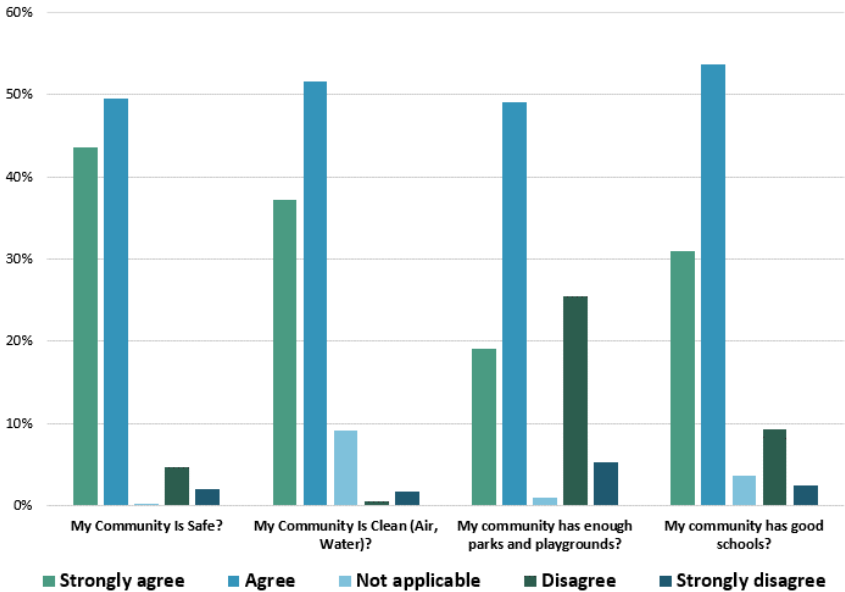
Q14. Have you experienced discrimination or unfairness? If so, what is it based on? (Mark all that apply)

28% (308 persons) of respondents identified at least one area of discrimination

15% of reported discrimination was based on gender, while 21% was based on Race or Ethnicity.

Other discrimination topics mentioned:

- Age
- Income
- Weight
- Political Beliefs

3/12/2024   8

Perceptions of Biggest Health Issues in the Community

Q15: Which of these medical issues do you feel are most important and need to be addressed in Livingston County? (Select up to three options)

Health Issues in Community	Overall Rank
Mental Health Issues	1
Drug addictions (opioid, etc)	2
Overweight/Obesity	3
Alcoholism/Binge Drinking	4
Cancer	5
Heart disease/Heart Attack	6
Healthy Pregnancy	7
Diabetes	8
Dental	9
Arthritis	10
High blood pressure	11
Asthma	12

Source: Livingston County Health Department– Trinity Health Livingston Hospital Community Adult Surveys, March-August 2023   12

Perceptions of Biggest Social Issues in the Community

Q16: What social issues do you feel are most important and should be addressed in Livingston County? (Select up to three options)

Social Issues in Community	Overall Rank
Abuse and neglect (children, older adults, etc.)	1
Elderly care	2
Not able to find housing/mortgage and rent payment:	3
Access to health care	4
Exercise/physical activity resources	5
Paying for basics (utilities, food, medical care, etc.)	6
Childcare	7
Access to healthy foods:	8
Transportation:	9
Social Isolation/Loneliness	10

Livingston County Health Department– Trinity Health Livingston Hospital Community Adult Surveys, March-August 2023

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Appendix E: Trinity Health CARES Data

Category	Data Indicator	Indicator Attribute	Livingston County, MI	Michigan	USA
Demographics	Total Population		194,302	10,057,921	331,097,593
	Total Land Area (Square Miles)		565.28	56,609.97	3,533,269.34
	Foreign-Birth Population, Percent of Total Population		2.86%	6.91%	13.68%
	Total Medicare Beneficiaries		37,667	2,037,871	58,738,711
	Population by Age, Percent				
		Population Age 0-4	4.87%	5.50%	5.74%
		Population Age 18-64	61.04%	60.86%	61.36%
		Population Age 5-17	15.77%	15.87%	16.37%
		Population Age 65+	18.32%	17.77%	16.53%
	Total Population (For Whom Disability Status Is Determined)		193,286	9,949,793	326,147,510
	Population Age 5+ with Limited English Proficiency, Percent		1.00%	3.00%	8.00%
	Urban Population, Percent		60.49%	73.47%	80.00%
	Rural Population, Percent		39.51%	26.53%	20.00%
	Veterans, Percent of Total Population		6.63%	6.31%	6.64%
Economic Stability	Unemployment Rate		2.50%	3.50%	3.60%
	Food Insecurity Rate		7.60%	11.37%	10.28%
	Homeless Students, Percent		0.90%	2.42%	2.77%
	Median Household Income		$96,135	$68,505	$75,149
	Poverty - Below 200% FPL				
		Population with Income Below 200% FPL, Percent	14.86%	29.52%	28.80%
		Population Under Age 18 Below 200% FPL, Percent	16.97%	38.24%	37.17%
	Students Eligible for Free or Reduced-Price Lunch, Percent		22.20%	51.10%	51.70%
	Households Receiving SNAP Benefits, Percent		4.79%	12.70%	11.52%
Education	Head Start Programs, Rate (Per 10,000 Children Under Age 5)		6.05	14.67	10.53
	Population Age 3-4 Enrolled in School, Percent		51.01%	44.29%	45.62%
	Education Attainment				
		Population Age 25+ with Bachelor's Degree or Higher, Percent	38.14%	31.14%	34.31%
		Population Age 25+ with No High School Diploma, Percent	3.92%	8.25%	10.86%
	Chronic Absence Rate		10.36%	21.89%	15.87%
	Student Reading Proficiency (4th Grade)				
		Students Scoring 'Proficient' or Better, Percent	48.80%	41.90%	39.90%
		Students Scoring 'Not Proficient' or Worse, Percent	51.20%	58.10%	60.10%
Healthcare Access	Providers, Rate per 100,000 Population		12.9	30.94	26.94
	Dentists, Rate (Per 100,000 Population)		63	79	72.4
	Providers, Rate per 100,000 Population		131.02	242.47	172.29

	Providers, Rate per 100,000 Population	62.41	130.07	111.65
	Percent of Insured Population Receiving Medicaid	11.33%	23.83%	22.34%
	Uninsured Population, Percent	3.31%	5.18%	8.68%
	Adults Age 18+ with Routine Checkup in Past 1 Year (Age-Adjusted)	71.60%	74.35%	71.80%
Maternal/ Infant Health	% of Births with Late/No Care	2.16%	4.86%	6.12%
	Low Birthweight Births, Percentage	6.00%	8.60%	8.20%
	Deaths per 1,000 Live Births	4	6	5.6
Health Behavior	Adults Age 18+ Reporting, Percent			
	Tobacco Use - Current Smokers (Age-Adjusted)	13.90%	17.82%	13.80%
	Binge Drinking in the Past 30 Days (Age-Adjusted)	20.50%	17.69%	16.70%
	Medicare Enrollees with Diabetes with Annual Hemoglobin A1c Test, Percent	88.84%	88.08%	87.53%
Health Condition	Adults with Poor or Fair Health, Percent	10.00%	15.00%	13.80%
	Adults with Depression (Age-Adjusted), Percent	24.10%	23.80%	19.80%
	Adults with Poor Mental Health (Age-Adjusted), Percent	15.20%	16.79%	15.20%
	Preventable Hospitalizations, Rate per 100,000 Medicare Beneficiaries	2,776	3,051	2,752
	Cancer Incidence Rate - All Sites (Per 100,000 Population)	421.3	438.2	442.3
	Breast Cancer Incidence Rate (Per 100,000 Females)	126.5	122.7	127
	Colorectal Cancer Incidence Rate (Per 100,000 Population)	31.2	35.6	36.5
	Adults Ever Diagnosed with Diabetes (Age-Adjusted), Percent	7.10%	9.32%	9.90%
	Medicare Beneficiaries with Heart Disease, Percent	26.10%	29.00%	26.80%
	Adults with Obesity (BMI ≥30.0 kg/m²) (Age-Adjusted), Percent	29.70%	35.48%	33.00%
	Adults with HTN (Age-Adjusted), Percent	27.40%	31.50%	29.60%
Health Outcomes	Life Expectancy at Birth (2018-20)	80.8	77.5	78.6
	30-Day Hospital Readmissions, Rate	16.70%	19.50%	18.10%
	Mortality - Cancer (Per 100,000 Population)			
	Crude Death Rate	192.4	210	183.5
	Age-Adjusted Death Rate	146.7	160.6	149.4
	Mortality - Coronary Heart Disease (Per 100,000 Population)			
	Crude Death Rate	133	149.4	112.5
	Age-Adjusted Death Rate	108.8	113.9	91.5
	Mortality - Deaths of Despair (Per 100,000 Population)			
	Crude Death Rate	43.9	53.4	49.4
	Age-Adjusted Death Rate	42.9	51.3	47
	Mortality - Drug Poisoning (Per 100,000 Population)			
	Crude Death Rate	21.7	27.6	23.9
	Age-Adjusted Death Rate	23.4	28.2	24

	Mortality - Lung Disease (Per 100,000 Population)			
		Crude Death Rate	41.6	57.1	48
		Age-Adjusted Death Rate	34.1	43.6	39.1
	Mortality - Motor Vehicle Crash (Per 100,000 Population)			
		Crude Death Rate	9.2	10.3	11.9
		Age-Adjusted Death Rate	8.4	9.9	11.5
	Mortality - Suicide (Per 100,000 Population)			
		Crude Death Rate	16.3	14.6	14.3
		Age-Adjusted Death Rate	15.4	14.1	13.8
Neighborhood & Physical Environment	Broadband Access to DL Speeds >= 25MBPS and UL Speeds >= 3 MBPS	97.06%	92.20%	93.82%
	Percent of Population Park Access Within a 10-Minute Walk	8.85%	34.66%	43.57%
	Recreation and Fitness Facility Establishments, Rate per 100,000 Population	8.25	8.32	14.76
	Presence of Health-Based Drinking Water Violation	No	Yes	Yes
	Fast Food Restaurant Establishments, Rate per 100,000 Population	61.38	73.82	96.16
	Grocery Store and Supermarket Establishments, Rate per 100,000 Population	9.8	16.76	23.38
	Percent Low Income Population with Low Food Access	23.39%	19.75%	19.41%
	Housing Cost-Burdened (30%) Households, Percent	20.99%	26.11%	30.51%
	Overcrowded Housing Units, Percentage	0.79%	2.05%	4.74%
	Occupied Housing Units with One or More Substandard Conditions, Percent	20.61%	26.38%	31.70%
	Owner-Occupied Housing Units, Percent	85.88%	72.49%	64.82%
	Renter-Occupied Housing Units, Percent	14.12%	27.51%	35.18%
Social Support & Community Context	Population Using Public Transit for Commute to Work, Percent	0.23%	1.10%	3.79%
	Households with No Motor Vehicle, Percent	2.95%	7.18%	8.33%
	Teen Births, Female Population Age 15-19, Rate per 1,000	4.8	17	19.3
	Violent Crimes, Annual Rate (Per 100,000 Pop.)	116.1	446.3	416
	Population Age 16-19 Not in School and Not Employed, Percent	5.21%	7.06%	6.94%

Appendix F: Hanlon Method Indicators

Domain	Category	Issue/Needs	Final Overall Rank
Behavioral, Mental Health and Substance Use	Depression	Adults ever diagnosed with Depression	1
Economic Stability	Food Insecurity	% and # of Adults Who Report Food Insecurity Last 12 Months	2
Behavioral, Mental Health and Substance Use	Poor Mental Health Days	14+ days Per Month of Poor Mental Health - Adult	3
Health Outcomes and Behaviors	Obesity	% considered Obese BMI> 30 -Adult	4
Health Outcomes and Behaviors	Diabetes	Diabetes - Adult Ever told	5
Health Outcomes and Behaviors	High BP - Meds	High BP- Ever Told - Not on Medication (Reverse)	6
Neighborhood & Physical Environment	Food Access - Proximity Healthy	# and % Low-Income PersonW/Limited Access to Grocery Store	7
Economic Stability	Child Care Costs	Amount and % of Minimum Wage Income spent on Child Care	8
Access/Prevention	Routine Care	PCP - No Annual Visit	9
Social Support & Community Context	Access to Services	No vehicle in Household	10
Health Outcomes and Behaviors	Physical Activity	# of Persons who do not get adequate exercise - Weekly (R)	11
Access/Prevention	Cancer Screening	No Rectal Cancer Screening Test 50+Years (R)	12
Behavioral, Mental Health and Substance Use	Binge Drinking	Adult Binge Drinking - 5+ Drinks a Day /Last Month	13
Behavioral, Mental Health and Substance Use	Substance Use	Overdose Drug related overdose ie /19.5100K Pop	14
Social Support & Community Context	Isolation Seniors	% and # of Seniors who live alone	15
Social Support & Community Context	Isolation	% and # of 18 Persons who live alone	16
Economic Stability	Poverty	# of Food Insecure Adults in <Povery Level HH	17
Economic Stability	Housing - Affordability	Persons in HH who spend >30% of income on Housing	18
Neighborhood & Physical Environment	Housing - Safe Dwelling	# of Persons in HH with at least 1 Severe Safety indicator	19
Health Outcomes and Behaviors	Poor Physical Health Days	14+ days Per Month of Poor Physical Health - Adult	20
Health Outcomes and Behaviors	Smoking	Tobacco Use- Current Smoker	21

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