ST. JOSEPH MERCY OAKLAND
SAINT JOSEPH MERCY HEALTH SYSTEM

COMMUNITY HEALTH NEEDS ASSESSMENT

Responding to the Call

Adopted FY18
for FY2019-2021

Community Health Needs Assessment 2018

Board Approval: June 12, 2018

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Executive Summary

Healing presence within our communities

As member of the Saint Joseph Mercy Health System, St. Joseph Mercy Oakland (SJMO) is a leader in technology, and a hospital that combines advanced medicine with personal care to assist patients on their path to wellness. As part of Trinity Health, SJMO's mission is to serve together in the spirit of the Gospel and be a compassionate and transforming healing presence within our communities. St. Joseph Mercy Oakland truly personalizes the patient care experience—an experience that reflects our Trinity Health Values of Respect for the Dignity of the Human Person, Compassion, and Excellence.

Community Health Needs Assessment Process

SJMO is a 501(c)(3) tax exempt hospital regulated by Federal IRS guidelines for nonprofit healthcare institutions. SJMO executed its Community Health Needs Assessment (CHNA) according to Affordable Care Act Legislation and Trinity Health standards. This comprehensive CHNA relied on quantitative and qualitative data including national, state and local health statistics, social service organization consultations, and community member interviews. The CHNA was presented to the SJMO Board of Directors for review and acceptance June 12, 2018. To request a printed copy of the report or share comments visit www.stjoeshealth.org/cbm.

Community Served

SJMO rests within the City of Pontiac, the County seat. Oakland County has a current estimated population of 1,250,836 residents. Oakland County's population has increased incrementally by 3.5% since the most recent 2010 census.[1] Residents throughout Oakland County and the State of Michigan have access to the Saint Joseph Mercy Acute Care facility. There are currently two additional hospitals within the City of Pontiac: Doctors Hospital of Michigan, which was the first hospital in Oakland County, and as of 2007, McLaren Oakland Medical Center, formerly known as Pontiac Osteopathic Hospital. The broader SJMO service area is slated to welcome Henry Ford Health System to Bloomfield Hills fall of 2019. This broader community also includes the following not-for-profit hospitals: William Beaumont, Henry Ford Health West Bloomfield, Huron Valley-Sinai, Providence Park Novi, Providence Hospital of Southfield and Botsford in Farmington Hills.

Pontiac is a Midwest postindustrial community. Residents left this once-thriving city due to a diminishing auto industry. The community now suffers from increasing poverty and hardship. Pontiac, like most cities in the nation, faced a recession in 2009. The bankruptcy of GM and Chrysler left the city in a financial crisis. Unemployment soared, tax revenues declined and the local government cut essential services. Pontiac is a unique community not because it is plagued by excessive poverty but because it is surrounded by affluent communities, creating a silo of underserved residents.

Pontiac is the only Federally Designated Medically Underserved community in Oakland County since 1994. It is also a Dental Care Health Professional Shortage Area. [2] Pontiac also reflects an unusually high Community Need Index (CNI) rate. CNI aggregates five socioeconomic

[1] https://www.census.gov/prod/www/decennial.html

[2] https://datawarehouse.hrsa.gov/tools/analyzers/MuaSearchResults.aspx

indicators known to contribute to health disparity-income, culture/language, education, housing status, and insurance coverage - these socio-economic indicators are applied to every zip code in the United States. The average Community Need Index (CNI) in the SJMO service area in 2012 was 2.09, the CNI for Pontiac averages 4.08 (2017).[3]

Comparative demographics for Michigan, Oakland County, and three small cities that immediately boarder Pontiac (Lake Angelus, West Bloomfield, Bloomfield Hills and Rochester) reflect the extreme poverty discrepancy in Pontiac and supports the significant focus of SJMO's Community Benefit resources.

Lake Angelus, to the north, has a poverty rate of 1.5% and median household income of $127,083; West Bloomfield, to the southwest has a poverty rate of 3.7% and income of $148,750; Bloomfield Hills, to the south, a 3.1% poverty rate and income of $172,768 while Rochester has a poverty rate of 4.1% and income of $95,975.[4] The community of Pontiac, where SJMO sits, has a poverty rate of 34.5% (2017) and average household income of $30,152. Because of this large disparity, the City of Pontiac was the focus for the Community Health Needs Assessment.

Health Care Needs

The CHNA identified 16 health needs within the SJMO service area. The identified health needs were refined by the CHNA steering committee to reveal four (4) significant health care needs. The CHNA steering committee was instrumental in developing and distributing the survey in addition to prioritizing the associated health care needs. The four healthcare needs below were ranked based upon prevalence of health disparity, feasibility of hospital to offer intervention, magnitude of community impact and severity of health need. The identified health care needs are:

- Behavioral Health and Substance Abuse
- Obesity and Diabetes
- Heart Disease
- Access to Maternal Education

In the time leading up to Saint Joseph Mercy Oakland's next CHNA report, community benefit program alignment will be reviewed annually to assess organization mission adherence, health equity effectiveness and responsiveness to social determinants of health. The CHNA Implementation Strategy will be developed in consideration of the above criteria and presented in an independent document and updated annually for optimal impact.

I. Introduction and Mission

For more than 90 years, St. Joseph Mercy Oakland (SJMO) has been a vital part of the health care landscape in northern Oakland County. The hospital was founded by the Sisters of Mercy in 1927 at the request of the City of Pontiac. It has grown into a 443-bed comprehensive community and teaching hospital, highly rated for clinical quality outcomes. The hospital is part

[3] http://cni.chw-interactive.org/

[4] Poverty rates

of the Saint Joseph Mercy Health System, with five hospitals serving Southeast Michigan; and it is a member of Trinity Health, the country's second largest Catholic health care system. At the core of the hospital's mission is a commitment to care for the poor and underserved.

The hospital's mission is: *We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.*

SJMO is dedicated to providing the highest quality care to all individuals regardless of their ability to pay. In fiscal year 2017, the hospital served more than 19,000 inpatients and 210,000 outpatients, experienced nearly 52,000 emergency room visits, performed more than 11,000 surgeries and dispensed more than 3.1 million pharmaceuticals.

While managing this high level of activity, SJMO maintains a signature commitment to patient-centered care and community outreach. During this same time period, the hospital provided approximately $20 million in charity care and community programs serving more than 45,500 local residents.

In 2014, SJMO opened its new South Patient Tower, labeled the most technologically-integrated healing environment in the country by the Oakland Press. Along with eight new healthcare technologies to assure patient comfort and safety, the tower is graced with artwork by 80 Michigan artists.

Accredited by The Joint Commission, St. Joseph Mercy Oakland is a leader in innovation and improving health care delivery

II. 2015 Community Health Needs Assessment (CHNA) review

All hospitals recognized as a 501(c)(3), must complete a CHNA and adopt an implementation strategy, once every three years. In 2015 Arbor View Consultants completed the CHNA on behalf of St Joseph Mercy Oakland. The 2015 CHNA identified community health issues, impediments to care, voids in services and social determinants to health. In addition to the needs analysis an implementation plan was generated. The full 2015 CHNA report is available for review and commentary online at: http://www.stjoeshealth.org/cbm.

The first stage of the 2018 CHNA process included review of the 2015 CHNA report. SJMO annually evaluated its identified community health needs. Strategic plans and budgets were updated and realigned to address identified community health needs based upon health and social concerns, barriers to care, gaps in service, as well as available health education and prevention services. Additional areas of analysis for the 2015 CHNA included:

- Program alignment with CHNA
- Program costs
- Individuals served

SJMO selected four (4) health needs as priorities to address within its 2015 implementation plan using the metrics identified above to prioritize community impact, relevancy of programs and appropriate resource allocation.

2015 Community Health Needs

- Obesity
- Dental Care
- Behavioral Health, which includes Mental Health and Substance Abuse
- Financial Access to Care

Since the last CHNA in 2015, SJMO responded to identified community health needs by focusing initiatives to develop progressive and improved health in the area of obesity, dental care, behavioral health and financial access to care with the following programs:

Obesity

- **Senior Fit**: A free exercise program that combines weight management and other health benefits, such as cardiovascular fitness and avoidance of osteoporosis, with supportive social interaction. Encourages older adults to exercise their way to a healthier lifestyle, through body strengthening, floor and chair exercises, and flexibility training. The program has experienced measurable success since 2016. The program currently supports 20 sites with demand for expansion.

- **Camp Cavell Campership program**: Ten summer camperships and five LIT (teen leadership program) camperships for Pontiac School District students. Collaborative effort between Camp Cavell, St. Joseph Mercy-Oakland, and the Pontiac School District. A residential summer camp experience for urban, at risk children. Reduces childhood obesity and promotes healthy lifestyles while also increasing self-confidence and improved mental health.

- **Breastfeeding Support Group** Registered Nursing staff and lactation consultants provide support and education meeting needs of each family. Consultants are certified by the International Board of Lactation Consultant Examiners (IBLCE), available seven days a week. By introducing and educating mothers early on the effectiveness of lactation early childhood development and weigh management drastically improve further reducing the rate of infant mortality within the first 3 months after birth.

- **Diabetes & Nutrition Education:** Led by pharmacists and dieticians - includes individual assessment, educational classes, and an individualized meal plan. The diabetes education program is a valuable inpatient chronic disease management course designed to effectively support patients with management of their diabetes. Future program goals include implementation of an external diabetes prevention course in partnership with the Center for Disease Control and Mercy Place Clinic.

- **Forgotten Harvest:** Food distribution to residents that meet the Federal poverty level guidelines and experience nutrition shortage. 999 community members served from July 2015 to June 2016. There were 96,111 pounds of food distributed within the same timeframe. 82% of the surveyed produce recipients identified an increase in their annual fresh produce intake. This annual fresh food consumption can be translated to an overall increase in daily consumption of fresh fruit and vegetable servings

- **Teachers Wellness Center Memberships**: Provided teachers within the Pontiac School District an opportunity to learn healthy eating habits through a focused weight management program: improved weight outcomes, long-term healthy eating behaviors & mental health support. The third year of the program membership reached 141 individuals with 5 individuals identified as personal trainers encouraging other teachers and community members to become more physically active.

Dental Care

- **Dental Clinic:** People living in poverty and those with a disability are more likely to have tooth loss, oral pain, and a higher incidence of oral cancer. SJMO opened Mercy Dental Center within the hospital to assist this demographic. The clinic has a fully approved General Practice Residency program.

- **Dental Clinic/General Dental Residency Program**: This much needed program is designed to provide a full range of dental services to the community, regardless of ability to pay. Patients, including uninsured patients, who present at ER with an infection or illness rooted in dental disease, can now be treated on site. A unique aspect of the program is that it services the developmentally disabled population and those with other special medical needs. This is a critical component, as cognitively impaired children and adults have few places to receive dental treatment in the SJMO service area. The hospital-based clinic is one of the only places in Michigan that provides dental care to people with medical, physical, or developmental special needs, in a safe and comfortable setting.

Behavioral Health

- Pontiac SUN (Strong United Neighbors) TimeBank: Loneliness and isolation are two of the biggest predictors of illness, depression and dementia. This innovative partnership sets out to provide a network of support and care to help patients heal through a supportive network of volunteers within the community. Since introduction, the Sun Time Bank has effectively connected patients with unconventional community resources. As awareness and communication of the program has increased referrals from Outcomes management have also improved. The Sun Time Bank works aggressively to address loneliness and isolation within patient volume who have little to no family support. Addressing loneliness can reduce the risk of cardiovascular disease by 29% and stroke by 32%.

- **SOAR Coordination**: Assisted those eligible for social security and disability benefits through the application process for approval increased the number of eligible individuals obtaining benefits and utilizing right time, right place healthcare services. The SOAR coordinator case approval rate has doubled since the introduction of this community resource from 3 cases in 2016 to 7 approved cases in 2017.

Financial Access

- **The Health Insurance Marketplace**: The Affordable Care Act (ACA) requires legal U.S. residents to have health insurance beginning January 1, 2014. Despite the ACA provision there are instances where individuals have too little or no insurance and access to health plans at various cost levels. St. Joseph Mercy Health System is committed to providing health-care services to all patients based on medical necessity. For patients who require financial assistance or experiencing temporary financial hardship, St. Joseph Mercy Health System offers charity and discounted care.

- **Charity Care**: A 100% discount is available for medically necessary services for patients who earn 200% or less of the Federal Poverty Level this also includes copays and deductibles. Those who earn between 200% and 400% of the Federal Poverty Level are eligible for a partial discounts equal to the Medicare discount rate.

- **Financial/SOAR counselors:** Patient Financial services provides financial assistance in the form of counselors who are available to work with patients in completing financial assistance applications in order to determine what assistance is available. This includes assessing eligibility for Medicaid and Health Insurance Exchange plans, disability insurance.

III. Summary Observations from the Current CHNA

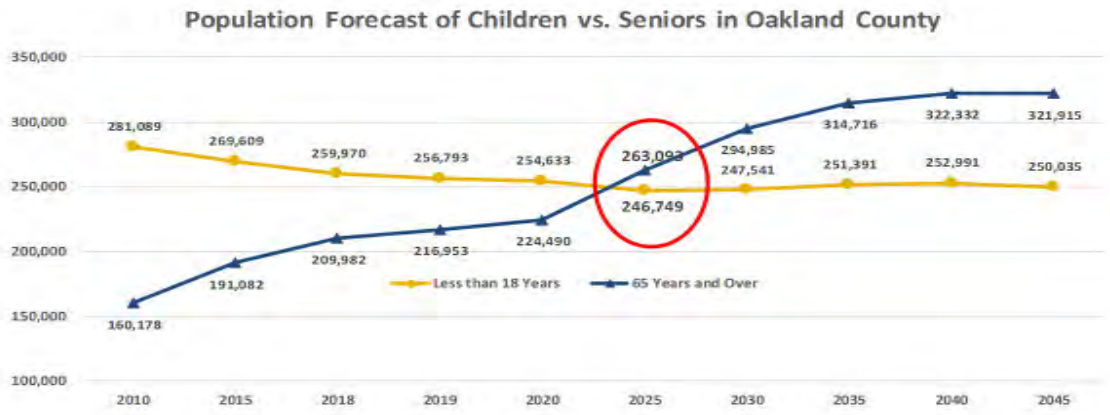
A. Service Area Population Description

For the purpose of this CHNA assessment, the geographic boundary for SJMO encompasses the combined, geography of Oakland County. The hospital's primary service area is defined as the contiguous zip codes where 80% of the hospital's admissions originate. The primary service area of SJMO includes Oakland County, specifically the City of Pontiac located in southeastern Michigan.

Oakland County is the second most populated county in Michigan behind Wayne County with approximately 1.2 million residents in 62 cities, villages, and townships. The Robert Wood Johnson Foundation ranks Oakland County as the 9th healthiest county in Michigan.[5] However, SJMO is located in Pontiac, MI, an area designated by the Health Resources and Services Administration as Medically Underserved for having too few primary care providers, high infant mortality, high poverty & high elderly population.[6] As a result, the CHNA review was conducted to analyze needs in Pontiac as well as Oakland County overall.

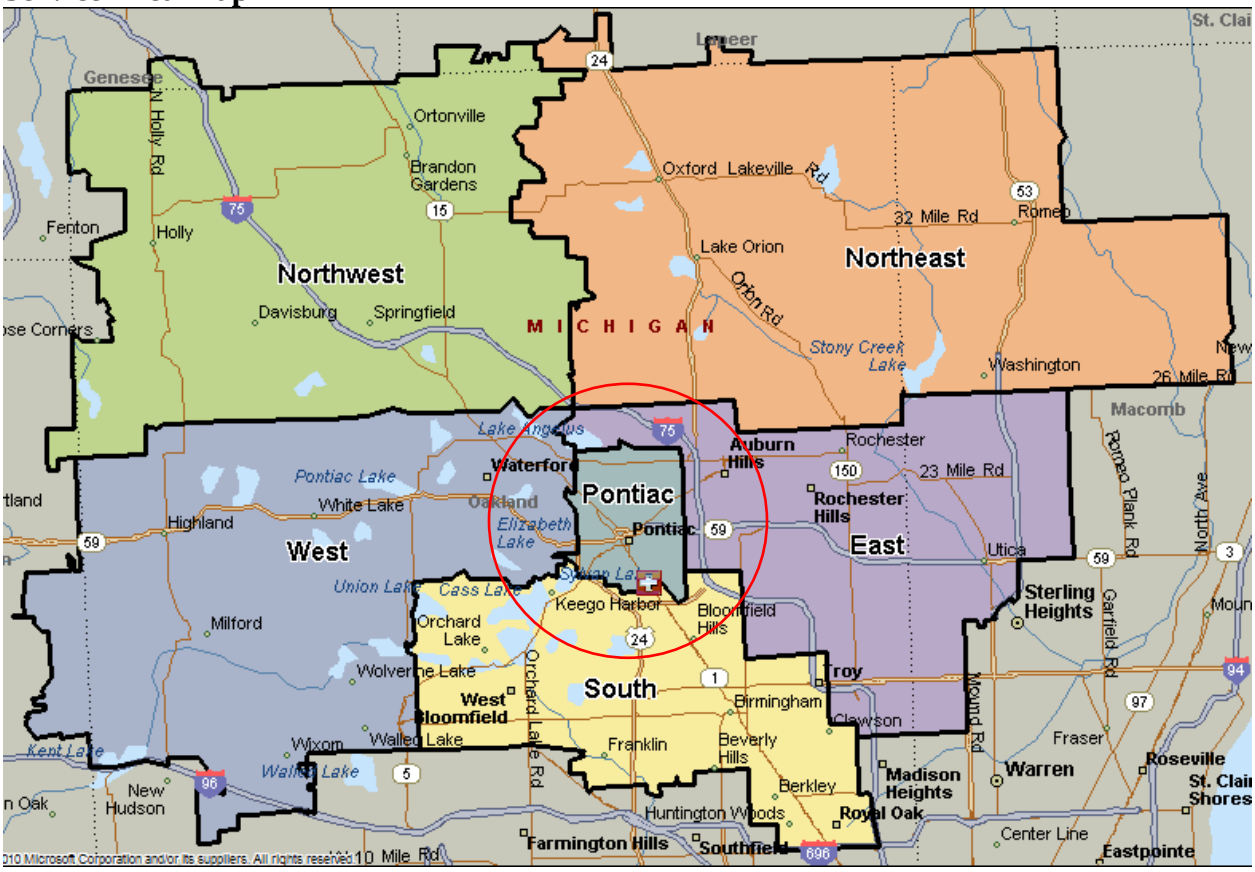
The population of Oakland County is aging. Oakland County will continue to age and baby boomers will dominate the demographic landscape. The Census Bureau forecasts that the nation's seniors (persons 65 years and over) will outnumber the nation's children (persons under 18 years of age) for the first time in history by 2035.[7]

[5] http://www.countyhealthrankings.org/app/michigan/2018/rankings/oakland/county/outcomes/overall/snapshot
[6] https://datawarehouse.hrsa.gov/tools/analyzers/MuaSearchResults.aspx
[7] https://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html



SOURCE: United States Census Bureau

Service Area Map



DEMOGRAPHICS - AGE	2013	2014	2015	2016
TOTAL POPULATION	1,213,406	1,220,798	1,229,503	1,235,215
% 18 years and under	23.1	22.7	22.4	22.1
% 21 years and over	73.5	73.8	74.2	74.5
% 62 years and over	17.2	17.7	18.2	18.7
% 65+ years	13.7	14.1	14.6	15.1

SOURCE: United States Census Bureau

Oakland County's racial demographics are becoming incrementally more diverse, yet predominantly Caucasian. In 2016, Oakland County's population was 75.9% White, 13.8% African American, 6.5% Hispanic, 3.8%, Asian, and 0.3% Native American. Comparatively, the City of Pontiac experienced greater diversity in 2016, with 49.9% of its population African American, 39.2%, Caucasian, 17.2% Hispanic, and 2% Asian. This community mix is shown in the chart below and tracks change over time.

COMMUNITY	DEMOGRAPHICS - RACE	2013	2014	2015	2016
Oakland County	% White	77.2	76.8	76.3	75.9
	% African American	13.7	13.8	13.9	13.8
	% Native American	0.3	0.3	0.3	0.3
	% Asian	6.6	6.8	6.4	6.5
	% Pacific Islander	0.1	0.1	0.1	0.1
	% Hispanic/Latino	3.6	3.6	3.7	3.8
Pontiac	% White	38.4	38.8	39.6	39.2
	% African American	51.0	51.0	50.6	49.9
	% Native American	0.4	0.2	0.3	0.5
	% Asian	2.6	2.3	1.9	2.0
	% Pacific Islander	0.0	0.0	0.0	0.0
	% Hispanic/Latino	15.8	16.6	16.8	17.2

Source: American Fact Finder

*Hispanics population represented as multi-racial

INCOME INDICATORS		2013	2014	2015	2016
PONTIAC	% Children age <18 living in poverty	54.3	55.1	51.4	50.8
	% HH Below Poverty Level	36.6	37.8	35.7	34.4
MICHIGAN	% Children age <18 living in poverty	23.6	23.7	23.5	22.8
	% HH Below Poverty Level	16.8	16.9	16.7	16.3
OAKLAND	% Children age <18 living in poverty	13.8	13.8	13.1	12.2
	% HH Below Poverty Level	10.3	10.4	10.1	9.6

Source: US Census Bureau[8]

IIIV. Community Health Care Needs Assessment Partners

A. CHNA Steering Committee

The CHNA Steering Committee consisted of clinical, governmental and social support agency members. This 21 member group was established November of 2017 with the purpose of spearheading the CHNA process. The CHNA partners represented the following organizations; Great Start Oakland County, Oakland County Light House, Pontiac School District, The City of Pontiac, Oakland Livingston Health Service Agency (OLSHA), Oakland University Health Sciences Department, Centro Multicultural La Familia, Oakland County Health Department, Oakland County Fetal & Infant Mortality Review Team, Community Network Services, Oakland Primary Health Services, Gary Burnstein Clinic, Oakland County Sheriff's Department, and SJMO Clinical staff consisting of the Neuroscience, Injury Prevention and Cancer Services departments.

B. Oakland County Health Department

The Oakland County Health Department (OCHD) is a recognized leader in public health and protects the community it serves through health promotion, disease prevention and environmental protections. The OCHD played an instrumental role in SJMO's CHNA process. Support was provided from the Planning & Evaluation department for qualitative and quantitative data collection and analysis. The OCHD served as one of the leading members of the CHNA steering committee, which assisted with distribution of the CHNA survey at community health fairs, supported the community forum at the Pontiac Public Library, Welcome Missionary Baptist Church, and participated in identifying the prioritized community health needs.

C. ECHO Workgroups – Access to Care, Food Access

Energizing Connections for Healthier Oakland (ECHO) provided valuable input on the CHNA through the Access to Care and Food Policy Council committees. ECHO is a countywide health improvement initiative focused on achieving health equity for its residents. These committees include representatives from Oakland County hospitals, human service agencies, behavioral health organizations, school districts, economic development groups, first responders and elected officials. Membership from the ECHO Access to Care and Food Access workgroups dually served on the SJMO CHNA steering and implementation strategy committees.

[8]https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1701&prodType=table

The Access to Care Workgroup identified programs and services designed to increase access to healthcare, including assistance with health insurance enrollment and accessing care. The Food Policy Council's principle focus is on increasing consumption, accessibility, and affordability of healthy produce among county residents.

*D. **Vulnerable Populations: OLHSA, Pontiac Housing Commission***

Vulnerable health populations are defined as economically disadvantaged individuals, those representing racial and ethnic minorities, the uninsured, elderly, homeless, chronically diseased or mentally ill.

To assure inclusion of vulnerable population within the scope of this CHNA, the Oakland Livingston Health Service Agency (OLSHA) participated in focus groups covering social determinates of health such as employment, housing, education, transportation and child care. OLHSA also assisted with electronic and paper survey distribution. The focused collaboration between SJMO and OLHSA purposefully intended to leverage each institutions' expertise in health, wellness and community action.

The Pontiac Housing Commission (PHC) administers state and federal rental assistance programs for low-income families as well as elderly and disabled persons in the City of Pontiac. For the purpose of this CHNA, the PHC assisted in distribution of paper surveys to residents within Carriage Circle and Woodland Heights public housing facilities and served on the CHNA steering committee.

V. Data Collection Sources and Process

The full roster of the Community Health Needs Assessment participants can be found in Appendix B.

Quantitative and qualitative data was utilized to identify the Community Health Needs of the SJMO service area. Potential community needs were identified by comparing health indicator data for the State of Michigan to National data. Where State data was below the National threshold the indicator was identified as a possible community need.

Community input was gathered for qualitative analysis through surveys, community forums and interviews. Community leaders and public health expert interviews assisted in representing the interests of underserved and indigent populations with disproportionate minority populations. The quantitative and qualitative data was reviewed by the CHNA steering committee to establish a thorough list of health needs for the SJMO service area.

Qualitative Data: Input from Community

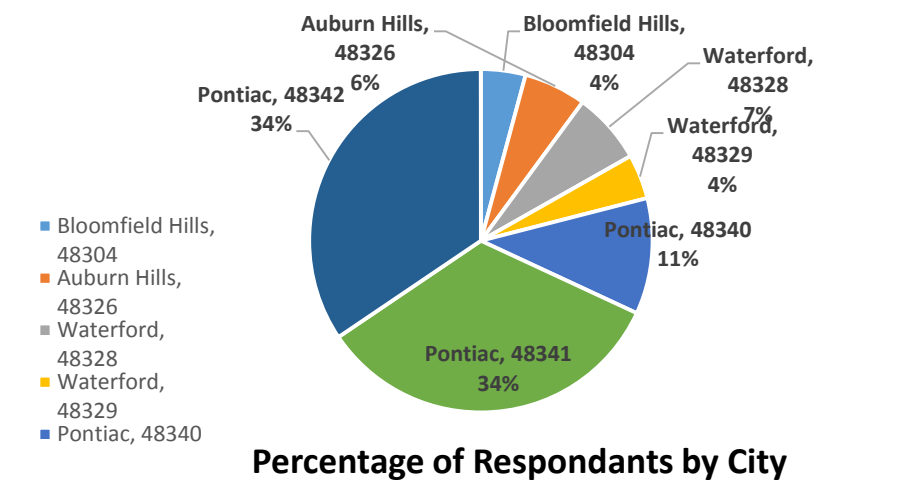
Qualitative data is descriptive in nature. Sources of qualitative data can be surveys, focus group discussions, in-depth interviews, direct observations, written documents or rating scales.

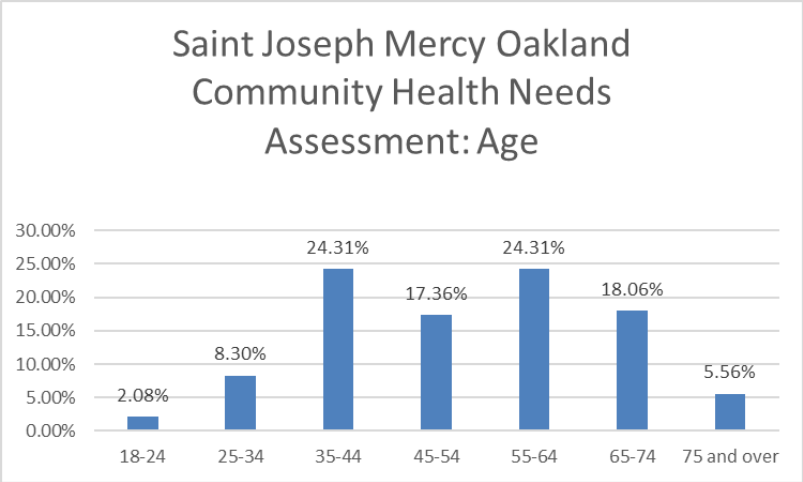
Qualitative data can be subjective yet valuable when considering the full scope of a community's needs.

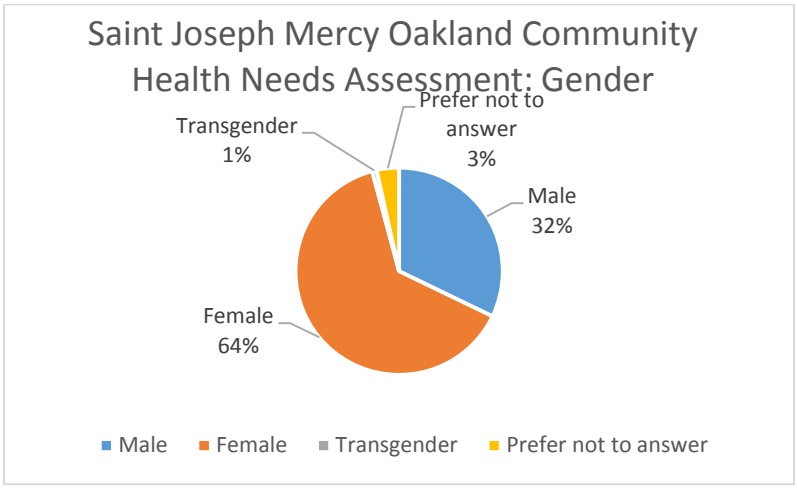
A. SJMO Community Health Needs Assessment Survey- Primary

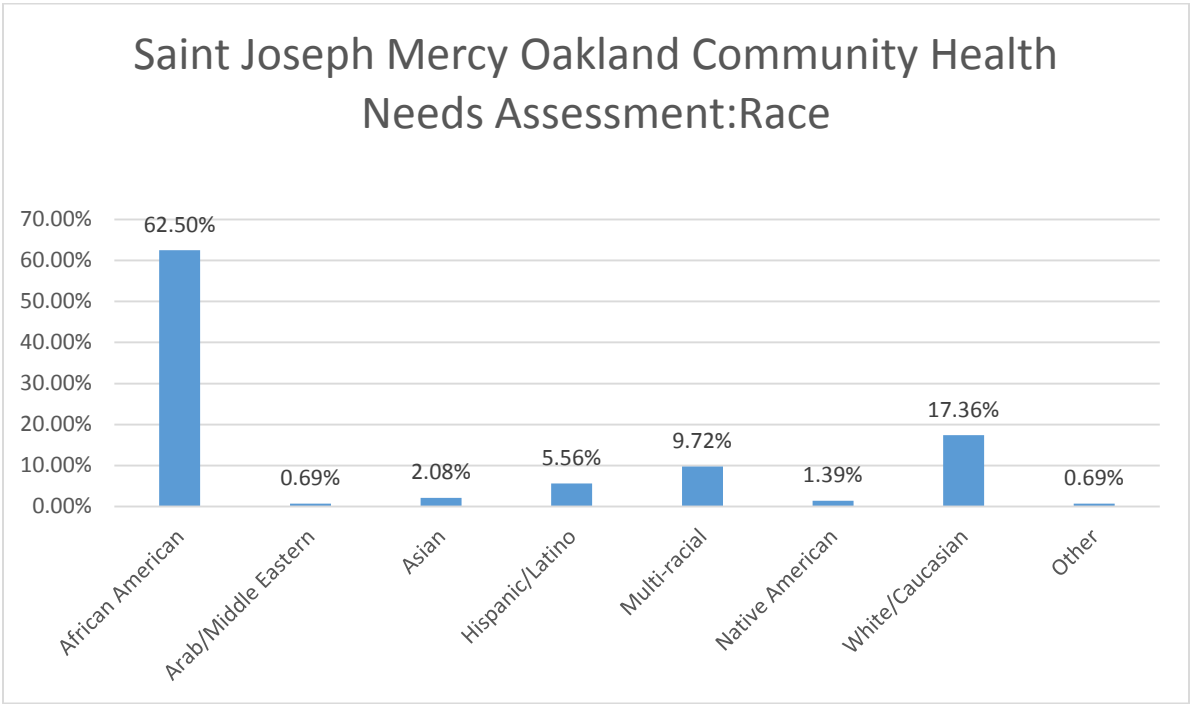
The SJMO Community Health needs Assessment survey was available to community residents in electronic and paper formats. The survey consisted of 32 questions that covered matters relevant to health conditions, health care access, behaviors and social determinants of health. The survey was distributed through a grass roots effort that employed the network and contacts of local community organizations. These community groups and organizations specifically targeted underserved residents and individuals reflecting the broader community as well. There were 721 surveys collected over a two month period; February 1 – March 31, 2018. Of the surveys distributed, an overwhelming number collected were paper. Some of the notable organizations that supported the CHNA distribution process were; OLSHA, MaxOut Fitness, Fight Club Woman's group, Waterford Senior Center, HOPE Warming Shelter, Welcome Missionary Baptist Church, Pontiac Housing Commission, Pontiac Public Library, Pontiac Regional Chamber Oakland County Health Department and the Golden Opportunity Senior Citizen Club.

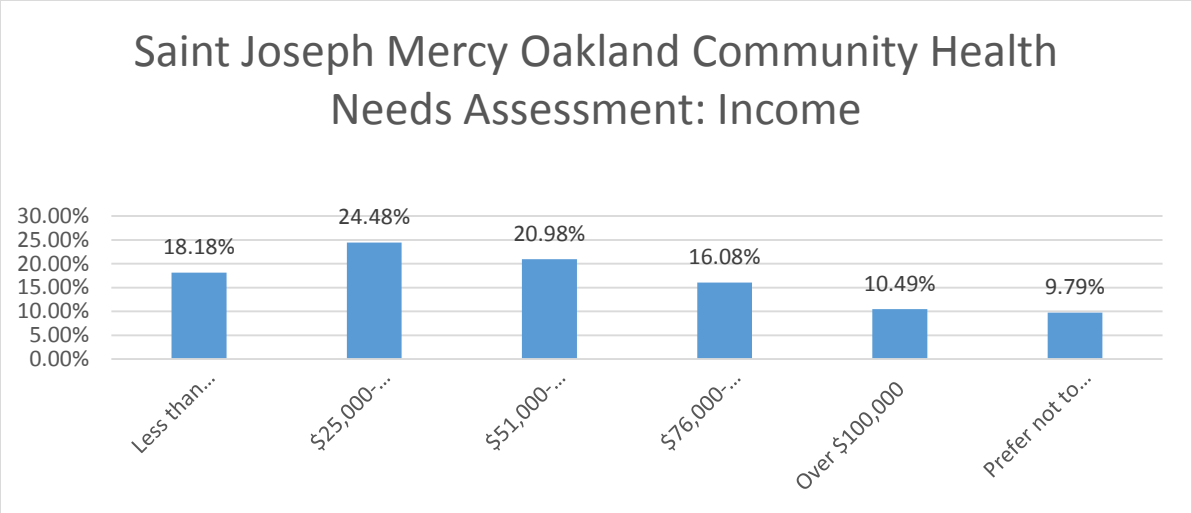
For a full review of the survey results, please refer to Appendix D. From the survey results, four unique health issues emerged, many of which were also identified within the 2015 CHNA. The health issues cited by survey respondents were; Heart Disease/Heart Attack, Mental Health, Diabetes as it relates to Obesity, Alcoholism/Addiction, and Access to Prenatal Care. Characteristics of the survey respondents can be found within the supporting graphics.

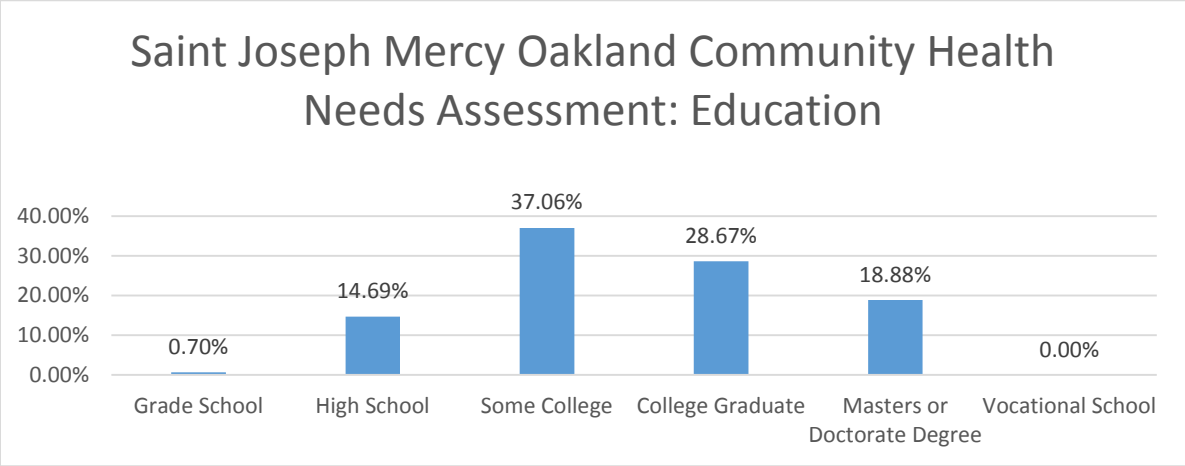


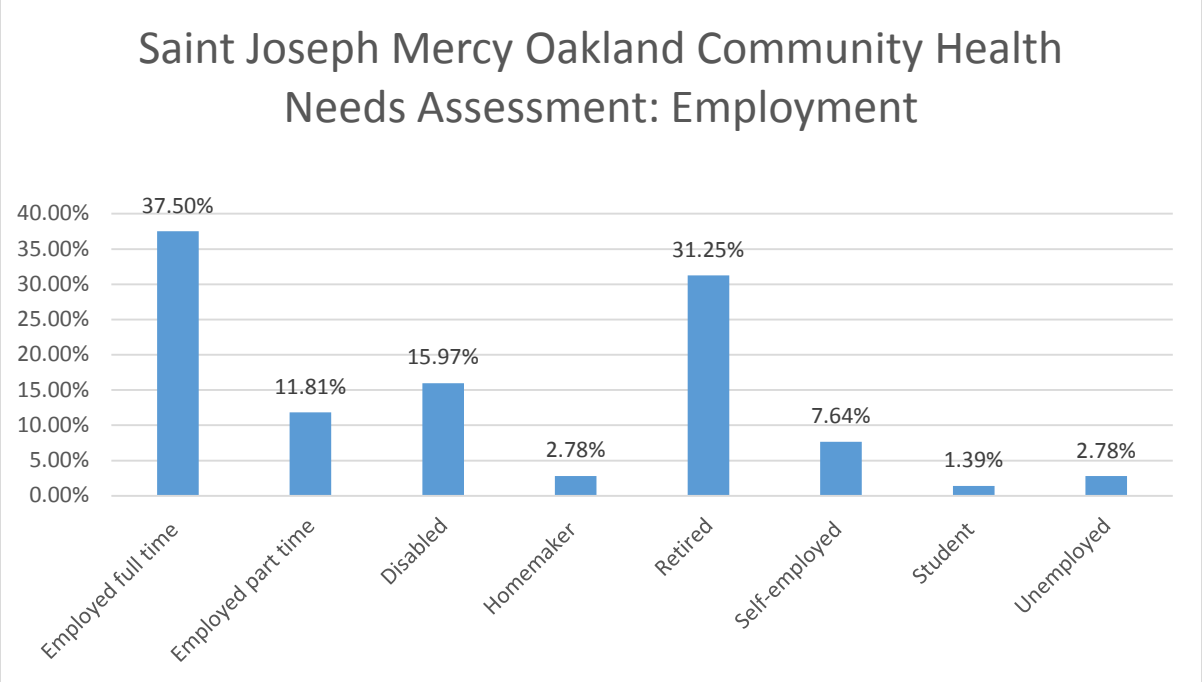

Saint Joseph Mercy Oakland Community Health Needs Assessment: Age
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
2.08%
8.30%
24.31%
17.36%
24.31%
18.06%
5.56%
18-24
25-34
35-44
45-54
55-64
65-74
75 and over


Saint Joseph Mercy Oakland Community Health Needs Assessment: Gender
Transgender 1%
Prefer not to answer 3%
Male 32%
Female 64%
Male
Female
Transgender
Prefer not to answer


Saint Joseph Mercy Oakland Community Health Needs Assessment:Race
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
62.50%
0.69%
2.08%
5.56%
9.72%
1.39%
17.36%
0.69%
African American
Arab/Middle Eastern
Asian
Hispanic/Latino
Multi-racial
Native American
White/Caucasian
Other


Saint Joseph Mercy Oakland Community Health Needs Assessment: Income
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
18.18%
24.48%
20.98%
16.08%
10.49%
9.79%
Less than...
$25,000-...
$51,000-...
$76,000-...
Over $100,000
Prefer not to...


Saint Joseph Mercy Oakland Community Health Needs Assessment: Education
40.00%
30.00%
20.00%
10.00%
0.00%
0.70%
14.69%
37.06%
28.67%
18.88%
0.00%
Grade School
High School
Some College
College Graduate
Masters or Doctorate Degree
Vocational School


Saint Joseph Mercy Oakland Community Health Needs Assessment: Employment
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
37.50%
11.81%
15.97%
2.78%
31.25%
7.64%
1.39%
2.78%
Employed full time
Employed part time
Disabled
Homemaker
Retired
Self-employed
Student
Unemployed

A. Community Forum

SJMO facilitated a community forum at the Pontiac Public Library Thursday, March 29th, 2018 and Saturday, April 28th, 2018 at Welcome Missionary Baptist Church with the purpose of providing an educational setting to inform residents the purpose and scope of a CHNA, review survey results, gain input on health priorities and identify unrealized emerging health needs. Community forum participants were solicited through a tiered approach.

Survey respondents who provided contact information were invited to the forum by email and phone. The Pontiac Chamber of Commerce invited participants from its business contacts and community residents were invited to attend through the local public access broadcast station during weekly City Council sessions within Pontiac and Auburn Hills. Steering Committee members also encouraged resident attendance of the community forum.

Participants of the community forum echoed many of the community health needs identified within the survey with a few exceptions. The community forum participants self-reported that navigation of community resources and early childhood development or adverse childhood experiences (ACE's) were prominent concerns. The community forum is the second instance where adverse childhood trauma is mentioned. Residents expounded on the ACE principle citing some youth within urban communities face daily challenges rarely experienced within broader communities: Some of the challenges endured by urban youth included prolonged exposure to violence, toxic relationships and negative environmental constraints. These daily environmental barriers can negatively affect the normal development processes.

The senior citizen community forum and interview participants identified poverty (fixed income), underinsurance: and Medicare coverage as substantial barriers to care. Most residents indicated they have insurance and access to medical care but possess limited resources to cover high copays, prescription drugs, in addition to vision and hearing coverage. The Affordable Care Act (AFA) has improved the availability of Medicare for many residents, yet remains a challenge for working poor communities such as Pontiac. The CHNA steering committee recognized the challenges associated with insurance affordability for fixed income residents. Steering committee members felt access to affordable insurance coverage is heavily impacted by evolving Federal political policy that eliminates cost increase protections within current AFA legislation. Comprehensive education on affordable insurance plans could positively affect the dilemma experienced with affordability of insurance rates, copays and hearing/dental coverage costs. Reinstating Federal funding support for impoverished insurance seekers and increasing overall participation in the insurance exchange program would also help improve excessive insurance costs experienced by fixed income residents.

From the community forums, residents identified the following barriers to care for consideration:

Summary of Community Forum Input

Health Categories	Input Highlights and Findings
Mental Health	• Lack of professionals available for 0- 9 year olds. • Adverse Childhood Experience Financial coverage of services: o Medicaid o Self-paid o Other insurances • Language barriers • Cultural differences o Undocumented o Lack of acknowledgement in culture of mental health issues
Physical Activity	• Barriers to activity o Sidewalks in need of improvement o Technology distraction
Dental Care	• Lack of available services for low income individuals and families • Need to build a coalition of dental care agencies
Access to Care	• Transportation and navigation • Support services • Community health navigators • Navigation of community resources (Oakland University free counseling) • Stakeholder mapping • Prenatal care resources

Additional health care priorities that emerged from the community forum included:

- Rehabilitating citizens (from jail and prison)
- Housing
- Rising healthcare costs
- "Farm to table" practices
- Need for preventative and long-term care for seniors
- Community Resource navigation
- Single parent household resources
- Healthy Start/Healthy Families

B. Stakeholder Interviews – Secondary Data

Cooperation with the CHNA steering committee produced key community stakeholders for supportive insight into common health issues and conditions within the SJMO service area. The stakeholder interview process included a dynamic and inclusive process. Meetings were held with a wide variety of groups, including property and business owners, elected and appointed Officials, neighborhood leaders, residents and local entrepreneurs.

The Fetal Infant Mortality study group also provided valuable insight on potential community health needs. This study group included an interdisciplinary membership of physicians, home care nurses, social workers, and social support agency representatives. Interviews took place over the course of three sessions; December 13th, 2017, January 10th, 2018 and February 14th, 2018. Participants stated they often see economic constraints, such as lack of funding for programs and organizations that highlight health and, prevention/intervention services, as playing a large role in the poor health behaviors of patients. Lack of funding drastically impacts the improved health status of Oakland County residents. It was also identified that residents face economic constraints that lead to poor health decisions such as choosing fast food, not attending costly gyms, or avoiding preventative healthcare due to cost constraints.

A common theme discussed among the Infant Mortality study group was lack of coordination between community nonprofits that address health issues. There are organizations that offer services to Oakland County (Pontiac) residents, but there is a lack of communication and awareness amongst these efforts. The study group stated that, integration of health improvement initiatives would be beneficial in maximizing results and perpetuate a healthy culture. Coordination between schools, faith based organizations, hospitals and other community entities would be favorable.

Interview participants also reflected upon the disparity in prenatal care access for expectant mothers in urban communities. A mother's health is intimately connected to her child's immediate and long-term health, including educational progress. The focus group shared that women of color have institutional and structural barriers that lead to inequitable health services. Socioeconomic barriers to care often result in underweight babies and excessive morality rates within the first three months of the child's life.

C. Written Comments

Written comments on the previous 2015 CHNA were solicited on the SJMO website, however none were received. Comments and questions on this current CHNA can also be directed to the website.

Quantitative Data:

A. National, State and Local data

Data related to National, State and local community demographics and health behaviors, were gathered from a variety of sources. In some instances, data was restricted requiring a greater reliance upon steering committee interviews, community forum respondents and survey participants to fill information gaps. Where possible, data was refined to city or township metrics for comparison to State and National data

- Southeastern Michigan Council of Governments: http://semcog.org/Data-and-Maps
- American Community Survey: https://www.census.gov/programs-surveys/acs/
- Robert Wood Johnson Foundation: http://www.countyhealthrankings.org/
- Michigan Office of Highway Safety Planning: https://www.michigantrafficcrashfacts.org/

- Michigan League for Public Policy: http://www.mlpp.org/kids-count
- Oakland County Health Department Dashboard: http://Oakland.mi.networkofcare.org/ph/
- Michigan Behavioral Risk Factor Survey: https://www.michigan.gov/documents/mdhhs/2016_MiBRFS_Standard_Tables_FINAL_599753_7.pdf

The Oakland County Health Department assisted in compiling County, State and National databases to provide an accurate snapshot of the SJMO service area. The Health Department played a vital role in the quantitative data gathering process. A comprehensive roster of the accessed data sources are identified within the reference section.

B. County Health Rankings

Annual Health rankings provide a snapshot of how health is influenced by the direct environment where we reside and is a starting point for change in the communities SJMO serves.

The County Health rankings assist communities to become healthier places and require attention to interrelated factors. These health factors include access to clinical care and improvements in healthy behaviors, such as diet and exercise, but also social and economic factors, such as neighborhood safety, employment, housing, and transit. By monitoring these factors, we can identify avenues to implement evidence-based informed policies and programs that improve community well-being and health for all.

Of the 83 Counties within the State of Michigan, County Health Rankings report Oakland County as 9th in health outcomes and 6th in health factors. The Oakland County Health Department was active in accessing and compiling data to identify appropriate rankings for the SJMO service area.

Health Behaviors	**Oakland**	**Michigan**
Adult Obesity	26%	31%
Physical Inactivity	19%	23%
Access to exercise	94%	84%
Binge Drinking	20%	20%
Alcohol- Impaired Driving	25%	29%
Smoking	15%	21%
Health Outcomes	**Oakland**	**Michigan**
Poor Physical Health Days	2.8	4
Poor Mental Health Days	3.3	3.9

http://www.countyhealthrankings.org/app/michigan/2017/rankings/oakland/county/outcomes/overall/snapshot

Socio-Economic Indicator: EMPLOYMENT

The City of Pontiac has a much higher unemployment rate than Oakland County. Historically employment has closely been associated with health insurance since many obtain their insurance though employers. As a result, unemployment rates are an important metric to consider when analyzing a community's health needs. Generally residents ages 18-64 within Oakland County match the rates of the insured within Michigan overall.

EMPLOYMENT and INSURANCE COVERAGE		2013	2014	2015	2016
PONTIAC	% Population age 16+ unemployed	13.3	12.8	11.6	10.0
	% Unemployed Ages 18-64*w/o insurance coverage	48.3	42.2	39.9	37.2
OAKLAND	% Population age 16+ unemployed	6.8	6.1	5.0	4.2
	% Unemployed Ages 18-64*w/o insurance coverage	37.9	37.0	34.5	29.9
MICHIGAN	% Population age 16+ unemployed	7.8	7.0	6.0	5.2
	% Unemployed Ages 18-64*w/o insurance coverage	40.8	39.1	35.1	31.2

Source: American Fact Finder[9]

Socio-Economic Indicator: POVERTY

Oakland County's poverty rate has been consistently lower than Michigan's overall. In 2016, approximately 7.5% of Oakland County households lived in poverty. This percentage has steadily declined since 2013. Pontiac's poverty level is the lowest it has been since 2013 yet substantially higher than the County and State, 30.9% in 2016 and estimated at 34.4% for 2017.[10]

INCOME INDICATORS		2013	2014	2015	2016
PONTIAC	% Children age <18 living in poverty	46.5	48.0	44.8	42.1
	% HH Below Poverty Level	31.6	33.4	32.4	30.9
OAKLAND	% Children age <18 living in poverty	11.8	12.2	11.7	10.7
	% HH Below Poverty Level	7.5	7.7	7.4	6.9
MICHIGAN	% Children age <18 living in poverty	20.0	20.1	20.0	19.4
	% HH Below Poverty Level	12.0	12.1	11.9	11.5

Source: American Fact Finder[11]

Health Indicator: SUBSTANCE ABUSE

The percentage of Oakland County adults and students who smoke tobacco is lower than Michigan overall. Despite this, the percentage of adults who smoke tobacco increased. The data does not reflect changes related to the increased use of e-cigarettes. The percentage of Oakland County high school students who reported smoking marijuana in the past 30 days (18.5%) is more than twice as high as those smoking tobacco (6.3%). The percentage of Oakland County adults consuming alcohol subsided. One concerning figure is the rate of Oakland County high school students using heroin or pain killers without a physician prescription (5.7%) almost equivalent to the county's tobacco smoking levels.

OAKLAND SUBSTANCE USE		2015-2016	2016-2017
TOBACCO	% HS students who smoked cigarettes during the past 30 days	6.3%	6.3%

[9] https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
[10] https://censusreporter.org/
[11] https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml

ALCOHOL	% Adults Consuming 5+ drinks per occasion in previous month	11.5%	8.7%
	% HS students who had at least one drink of alcohol during the past 30 days	20.5%	19%
DRUGS	% HS students who used marijuana past 30 days	15.3%	18.5%
	% HS students who used heroin one or more times during the past 30 days	0.5%	1.5%
	% HS students who took painkillers such as OxyContin, Codeine, Vicodin, or Percocet without a doctor's prescription during the past 30 days	5.3%	5.7%

SOURCES: BRFSS and Michigan Profiles for Health Youth. Drug Use data: 2015-16, 2016-2017

C. CHNA Gaps and Challenges

There were various challenges in the data collection process. Due to differing scopes of analysis between local and county data, it was difficult to understand the health needs for the specific population to be impacted while evaluating data for an entire county versus the localized community. One dilemma of statistical data collection is that data is often dated or too broad to reflect an accurate portrayal of community health.

It was difficult to gather appropriate Census data for communities within the SJMO service area that have a population under 5,000 residents. Data was limited and in some instances void for communities within this low population range.

VI. Community Health Needs Identified in Assessment

Needs Identified

After identifying potentially significant community needs (in the table below), the Steering Committee began the prioritization process where five health priorities arose. Heart disease, diabetes, maternal health and adverse childhood experiences associated with mental health emerged as unique needs in the 2018 CHNA while general behavioral health, substance abuse and obesity remained prevalent.

2018 POTENTIAL NEEDS	
HEALTH CONDITIONS	Chronic Diseases e.g. heart disease, diabetes
	Obesity
	Cancer
HEALTH BEHAVIORS	Alcohol abuse
	Healthful eating
	Exercise
	Behavioral/ Mental Health/ Adverse Childhood Development (ACE'S)
	Dental care
	End of life care
	Pharmaceuticals
SOCIAL	Health insurance enrollment

DETERMINANTS	Maternal health education
	Transportation
	Health literacy (understanding health info)
	Navigation of healthcare resources/ Access to Care
	Homelessness

Prioritized Significant Health Needs

Mental Health/ Substance Abuse	• 15.8% of Oakland County residents have poor mental health compared to 11.9% in Michigan. [12] •1 in 5 children experience a serious mental disorder in their life.[13] •20% of Oakland County residents reported binge drinking as compared to 20% in Michigan.
Obesity/ Diabetes	•32.9% of Oakland County residents are obese compared to 32.5% in Michigan. •19% of Oakland County residents have no physical activity as compared to 23% in Michigan. •11.56% of Oakland County residents died from diabetes compared to 10.36% in Michigan. •9.2% of Oakland County Residents have diabetes while 9.4% of the U.S. is diabetic. •23.8% of people with diabetes are undiagnosed.
Heart Disease	•27.9% of the mortality rate within Oakland County.[14] •Heart Disease was the leading cause of death in Oakland County in 2016.[15]
Maternal Health Education	•The U.S. has the highest infant mortality rate of all developed countries.[16] •African American woman are twice as likely to experience infant mortality than other races.[17]

https://www.michigan.gov/documents/mdhhs/2016_MiBRFS_Standard_Tables_FINAL_599753_7.pdf

VII. Process for Prioritizing Identified Health Needs

The list of 16 potentially significant community health needs was refined by the CHNA Steering Committee based on the weight of the quantitative and qualitative data identified during the assessment, which included Census data, County Health Ranking data, survey outcomes, community forum input and stakeholder interviews. The prioritization process also included an evaluation of the magnitude of each need relevant to state benchmarks, the impact of the health need on vulnerable populations, and the severity within the community. The final priority area of analysis was evaluation of SJMO resources to positively impact the health need.

[12] https://www.michigan.gov/documents/mentalhealth/CommissionReportFinal1212014_445161_7.pdf, https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

[13] *2015 Michigan Behavioral Risk Factor Survey.*

[14] http://www.mdch.state.mi.us/pha/osr/deaths/causrankcnty.asp

[16] https://www.savethechildren.org/content/dam/usa/reports/advocacy/sowm/sowm-2015.pdf

[17] http://www.mlpp.org/kids-count

Criteria	Priority Description
Severity	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Prevalence	The health need disproportionately impacts specific geographic, age, or racial/ethnic subpopulations.
Available Resources	Effective and feasible prevention is possible. There is an opportunity to intervene at the prevention level and affect overall health outcomes.
Magnitude of Community Impact	Overall duration and extent of resources effective impact within targeted community.

Each criteria was assigned a score between 1 and 5. The scores were used to determine the weight for each criteria that would be used to rank the health needs. Scores of 1 indicated the criteria was less important to rank the identified health needs, whereas scores of 5 indicated the criteria was extremely important to rank the identified health needs. The average score for each criteria was used to develop the formula below to provide a weight for each health need.

Overall Score = (1.5* Severity) + (1.5*Vulnerable) + (1.4*Resources) + (1.3*Magnitude)

The Steering Committee, with support of additional community stakeholders, reviewed the health needs identified, discussed the key findings from the CHNA, and prioritized top health issues. To prioritize the list of identified health needs, participants rated each health disparity using the four criteria discussed above. The table below outlines the resulting average scores of the ratings for each identified health need.

Significant Health Needs in Priority Order					
Final Results		**Unweighted Scores by Criteria**			
Health Needs	**Weighted Score**	**Severity**	**Vulnerable Population**	**Resources**	**Magnitude**
Behavioral Health/ Substance Abuse	20.2	5(1.5)	4(1.5)	2(1.4)	3(1.3)
Obesity	18.4	3(1.5)	3(1.5)	4(1.4)	3(1.3)
Diabetes	15.9	3(1.5)	4(1.5)	2(1.4)	2(1.3)
Heart Disease	15.8	4(1.5)	1(1.5)	5(1.4)	1(1.3)
Prenatal Health	14.6	4(1.5)	3(1.5)	2(1.4	2(1.3)

Behavioral Health

Mental illnesses are common in the United States. One in six U.S. adults lives with a mental illness (44.7 million in 2016). Mental illnesses include many conditions that vary in degree of severity, ranging from mild to moderate to severe. Two broad categories can be used to describe these conditions: Any Mental Illness (AMI) and Serious Mental Illness (SMI). AMI encompasses all recognized mental illnesses. SMI is a smaller and more severe subset of AMI.[18]

[18] https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

Because the public mental health system is community focused, each Community Mental Health Service Program has created programs specifically to meet the needs of their respective community.

Detecting and treating mental illnesses and developmental disabilities early in life are essential to maximizing the benefits of available treatments. Coordination between local and intermediate school districts and healthcare providers in the education system can help ensure children have access to the services and treatments.

Coordination of care is critical to wellness, recovery and management of chronic illnesses. It becomes more complex and imperative to health and well being for people with needs related to a mental illness, developmental disability or substance use disorder.

Substance Abuse

Over the past decade, the number of drug poisoning deaths have increased dramatically in Michigan. The rate of death from unintentional drug poisoning has almost quadrupled since 1999, driven by an increase in overdoses involving prescription drugs. Oxycodone, hydrocodone are narcotic drugs prescribed to relieve pain and were involved in a large number of Michigan's prescription drug overdose deaths.

According to a WalletHub report which ranked 50 states across 20 key metrics, ranging from arrest and overdose rates to opioid prescriptions Michigan ranked 4th highest in drug use by State.[19] The Michigan Automated Prescription System (MAPS), a prescription drug monitoring program, reported almost 20 million prescriptions written for controlled substances in 2017, a 10.7% decrease since 2015. [20, 21]

The number of opioid deaths in Michigan rose from 622 in 2011 to 1,689 in 2016. Opioid prescriptions have increased from 10,441,714 in 2011 to 11,028,495 in 2016 with 743,969 of these prescriptions in Oakland County.[22] People in substance use disorder treatment for opioids and heroin went from 22,234 to 32,473.[23] Drug poisoning deaths by opioids went from about 20% in 1999 to 72% in 2016.[24] The substance abuse issue within the SJMO service area has increased in recent years and with issues in service provision within behavioral health many are turning to controlled substances to self-medicate as opposed to seeking professional assistance.

Obesity

Obesity is defined as having a Body Mass Index (BMI) of 30 or higher. Obesity has risen to epidemic levels in the U.S. in the past decade. Individuals with obesity can suffer devastating

[19] https://wallethub.com/edu/drug-use-by-state/35150/
[20] https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79584---,00.html
[21] https://www.michigan.gov/lara/0,4601,7-154-72600_72603_55478_55479---,00.html
[22] http://accessoakland.oakgov.com/pages/oakland-county-opioid-initiative/
[23] https://www.michigan.gov/documents/lara/BPL_ApprissStatewideOpioidAssessementMICHIGAN_03-29-2018_620258_7.pdf
[24] https://www.michigan.gov/documents/mdch/MAPS_Report_2014_-_FINAL_464112_7.pdf

and costly health problems, face reduced life expectancy, and experience stigma or discrimination. [25]

The high prevalence of obesity likely is a result of a variety of factors: environmental, socioeconomic, and behavioral which can be dictated by a lack of built environment. Obesity disproportionately affects people from certain racial and ethnic minority populations and those who are socio-economically disadvantaged due to environmental barriers like access to fresh produce and physical activity.

The percentage of adults that report a BMI of 30 or more in Oakland County (32.5%) is slightly lower than national rates (36.5 %). The national increase in obesity rates can be attributed to lower levels of physical activity as well as poor food and nutrition choices. Behavioral statistics on physical activity are consistent with Michigan's obesity rates. The percentage of adults reporting no leisure-time or physical activity in Oakland County is 21% percent compared to national rate of 24.5%. [26]

In order to thrive individuals need to be able to afford sufficient food to fully satisfy their nutritional needs. Food insecurity, as defined by the USDA, refers to a socioeconomic condition of limited or uncertain access to enough food to support a healthy lifestyle. According to Feeding America, 11.7% of people in Michigan were food insecure in 2016. Out of all 83 counties in the state, Oakland ranked 32nd in this area from most to least secure.

The challenge of affording or finding fresh, healthy food can be compounded for households residing in areas with limited access to grocery retailers. Oakland County has 167 neighborhoods defined as food deserts and Pontiac is one of these communities. Residents in these areas must often travel over a mile to purchase fresh food. In 2015, pockets of Waterford, Keego Harbor, Rochester, Farmington Hills, and Troy were among cities newly identified as food deserts.

Diabetes

Diabetes is the resulting diagnosis when blood glucose levels are above normal and the body cannot make enough insulin, causing sugar to build up in the blood. This disease is associated with blindness, kidney failure, stroke, and the loss of toes, feet and legs. [27]

Diabetes is a health issue that also blends into the realm of nutrition management. To address this chronic illness appropriately, programs should focus on how to prevent diabetes while also providing education to effectively manage the ailment. Education on overall health and nutrition is the single best line of defense against this chronic disease.

Diabetes was the seventh leading cause of death in the United States in 2015. [28] Diabetes can be the casual result of engaging in a number of unhealthy behaviors such as smoking, physical inactivity, and high blood pressure, cholesterol & glucose rates. The associated risk factors for

[25] https://www.cdc.gov/obesity/adult/causes.html

[26] http://www.countyhealthrankings.org/app/michigan/2018/rankings/oakland/county/outcomes/overall/snapshot

[27] https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf

[28] http://www.diabetes.org/diabetes-basics/statistics/

diabetes are another reason why education exists as the principle component to improved outcomes for this disease.

Heart Disease

Heart disease is the leading cause of death in America and stroke is the fourth leading cause of death in Michigan.[29] Cardiovascular disease is a category of diseases and conditions that includes coronary artery disease, high blood pressure, cardiac arrest, congestive heart failure, arrhythmia, peripheral artery disease, stroke and congenital heart disease.

More than 27.6 million Americans are diagnosed with cardiovascular disease. Through community interviews and survey data comparison, cardiovascular disease was identified as a health priority due to its preventable nature and impact on overall health.

High blood pressure is the single most important treatable risk factor for stroke. About half of adults in the United States have one or more risk factors that contribute to cardiovascular disease.[30] Although smoking continues to decrease nationally, all other major risk factors continue to increase, especially obesity and diabetes.

SJMO's Faith Community Nurses facilitated 63 stroke assessments in 2016 and 206 blood pressure screenings in 2017. These screenings reflected an increase in the risk for a heart attack despite modification of the healthy blood pressure ranges suggested by the National Stroke Association.

Focus group participants discussed the need for prevention and education initiatives that improve the impact of heart disease in the community. These programs should coordinate with other related initiatives (addressing obesity and nutrition access in the community) to increase overall wellness.

Prenatal Health

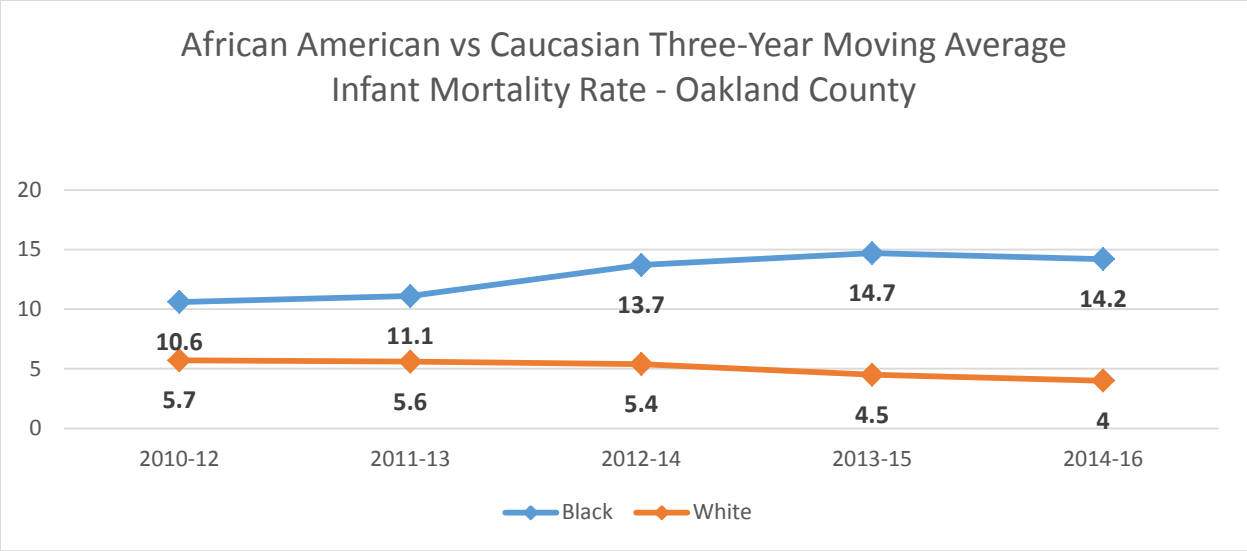
Although data is showing infant death mortality within Pontiac has incrementally reduced in recent years from 15 deaths in 2013 to 10 in 2016,[31] there is a huge discrepancy in the mortality rate among ethnic groups.

An identified barrier to care for expecting mothers is that women who live in areas without reliable transportation to visit a doctor, do not have clean, safe communities. The exposure to harmful environmental toxins and socioeconomic stress have a greater risk of unhealthy birth outcomes.

[29] http://www.mdch.state.mi.us/pha/osr/deaths/causrankcnty.asp

[30] http://strokeassociation.org/idc/groups/strokepublic/@wcm/@hcm/documents/downloadable/ucm_309713.pdf

[31] https://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944_4669_4686---,00.html



Michigan league for public policy

VIII. Resources to Address Community Health Needs

A. SJMO Internal Resources

Behavioral Health Program

The Department of Behavioral Medicine offers psychiatric care, including diagnosis of and treatment for depression, anxiety and stress disorders. SJMO also offers a Partial Hospitalization Program (PHP) for individualized patient-centered treatment for serious behavioral health problems. Care is coordinated with family and social support networks to assure rapid independence upon discharge.

Diabetes Education

The Diabetes Education Program is a diabetes self-management education program certified by the Michigan Department of Community Health and accredited by the American Association of Diabetes Educators. The program is led by pharmacists and dieticians and includes one-on-one individual assessment, educational classes, and an individualized meal plan.

Faith Community Nursing

Oakland County's Community Nursing program provides home visitations to families all over the county with a strong emphasis on addressing the health care needs of congregation members, St. Joseph Mercy Oakland works with numerous churches and other faith communities in the service area to provide appropriate health care assistance. The program is staffed by licensed professional RNs who are employed by SJMO, and coordinate activities of volunteer RNs within the various faith communities.

Stroke Center

St. Joseph Mercy Oakland has a complete range of services and dedicated resources to educate, diagnose, treat and manage stroke. From its educational resources to Actevase (tPA) blood clot treatment capabilities and its dedicated unit for stroke patients, St. Joseph Mercy is truly the community leader in combating this disease.

Besides the commitment to community education and Actevase treatment, SJMO has a comprehensive stroke program including a dedicated stroke unit and rehabilitation program. Physicians and nurses, highly skilled in stroke assessment and treatment, manage stroke patients

SJMO is also the first accredited thrombectomy certified hospital in the United States. This resource allows physicians to remove blood clots within the brain through a minimally invasive procedure. All diagnostic tests and consults such as physical therapy, speech pathology and rehabilitation services are done in an effective and timely manner.

Prenatal Resources

SJMO offers a broad range of services, including high-risk pregnancy care, Level III neonatal intensive care, genetic counseling, diagnostic care, childbirth education and lactation counseling. The hospital maintains a 30-bed pediatric care unit allows SJMO doctors and staff to care for children from premature newborns through teens under a nurturing philosophy of family-centered care. In addition, SJMO offers women's health services, including high-risk pregnancy care and lactation consultation.

B. External Community-Based Resources

SJMO supports the HOPE warming shelter through fund allocation and staff volunteers. This relationship allows for the implementation of a respite care program to support homeless and transient patient populations. The hospital also partners with the Burstein Community Health Clinic to facilitate lab and radiology services to address the needs of community members who are undocumented or without insurance. The services noted above will trend into the next CHNA implementation cycle.

IX. Reflection on Health Needs Assessment

A. Process and Lesson

Developing the CHNA is a fluid process of discovery. There are volumes of data sets that reveal insightful information about the community and its health status.

The current CHNA reveled similar results to the 2012 and 2015 CHNA's regarding premature death rate, health inequities (white vs. minority populations), chronic disease prevention, and mental health care as major health concerns. However, the City of Pontiac's Medicaid population face particular challenges in the areas of substance abuse, and diabetes which is aggravated by high poverty and low education levels.

B. Strategic Next Steps

Detailed implementation plans will be developed with the support of SJMO's Senior Leadership team, Community Needs Assessment Steering Committee and appropriate community collaborative partners. Specific action plans for program implementation will be included within this implementation plan and presented in an independent report.

Appendix A
Community Service Area Health Data

Demographic Data	Pontiac	Michigan	Oakland County	Clarkston	Birmingham	Waterford	Auburn Hills	Bloomfield
Population estimates base, April 1, 2010, (V2017)	59,515	9,884,129	1,202,386	34,683	20,103	71,705	21,412	41,070
Population estimates, July 1, 2016, (V2016)	59,698	9,928,300	1,243,970	36,521	21,007	72,866	22,795	42,123
Population, Census, April 1, 2010	59,515	9,962,311	1,202,362	34,681	20,103	71,707	21,412	41,070
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	0.30%	0,8%	4.00%	5.30%	4.50%	1.60%	6.50%	2.60%
American Indian	0.50%	0.70%	0.30%	0.00%	0.10%	0.03%	0.40%	0.20%
Asian	2.00%	3.10%	7.20%	2.00%	2.70%	1.70%	14.60%	8.10%
African American	49.9	14.20%	14.30%	2.40%	3.20%	5.20%	18.90%	7.80%
Native Hawaiian	0%	0%	0%	0.00%	0%	0.10%	0.20%	0.00%
Two or more	6.50%	2.40%	2.20%	2.10%	2.90%	3.30%	3.80%	2.70%
White	39.20%	75.40%	76.00%	92.40%	91.00%	87.50%	60.00%	80.70%
High school graduate or higher, percent of persons age 25 years+, 2012-2016	78.60%	89.90%	93.50%	94.40%	98.90%	91.70%	92.20%	97.60%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	12.10%	27.40%	45.00%	41.80%	78.10%	26.70%	42.50%	71.40%
Persons without health insurance, under age 65 years, percent	17.50%	6.30%	5.20%	6.20%	3.60%	11.60%	10.40%	3.70%
Median household income (in 2016 dollars), 2012-2016	$30,152	$50,803	$69,850	$84,211	$112,545	$56,274	$53,686	$118,317
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$16,610	$27,549	$28,992	$39,367	$75,132	$29,631	$27,369	$68,168
Persons in poverty, percent	34.40%	15.00%	8.70%	5.80%	3.70%	11.70%	12.90%	4.50%
Persons under 5 years, percent, April 1, 2010	8.40%	5.80%	5.50%	5.10%	6.20%	5.60%	5.70%	4.40%

Appendix B
CHNA Steering Committee Membership

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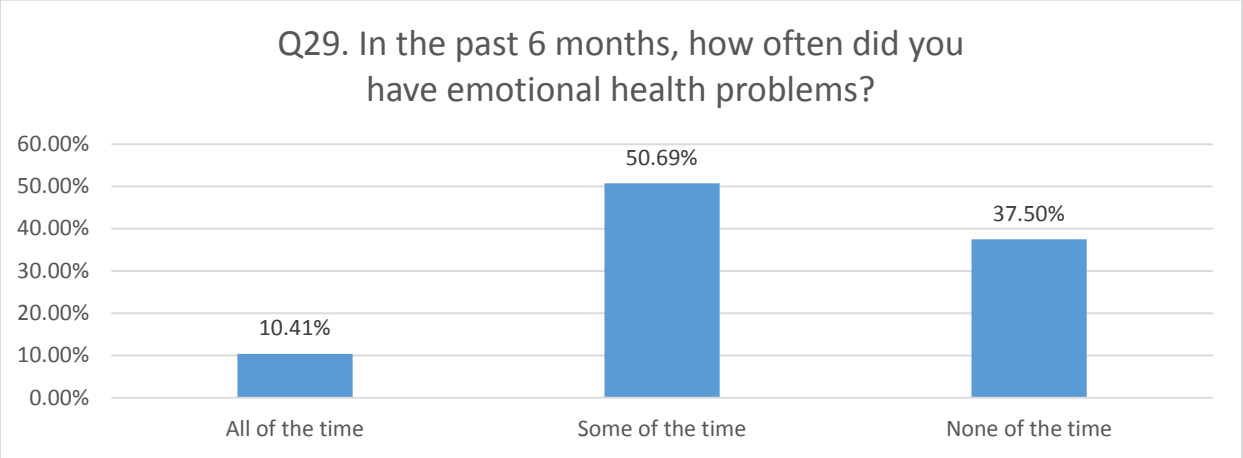
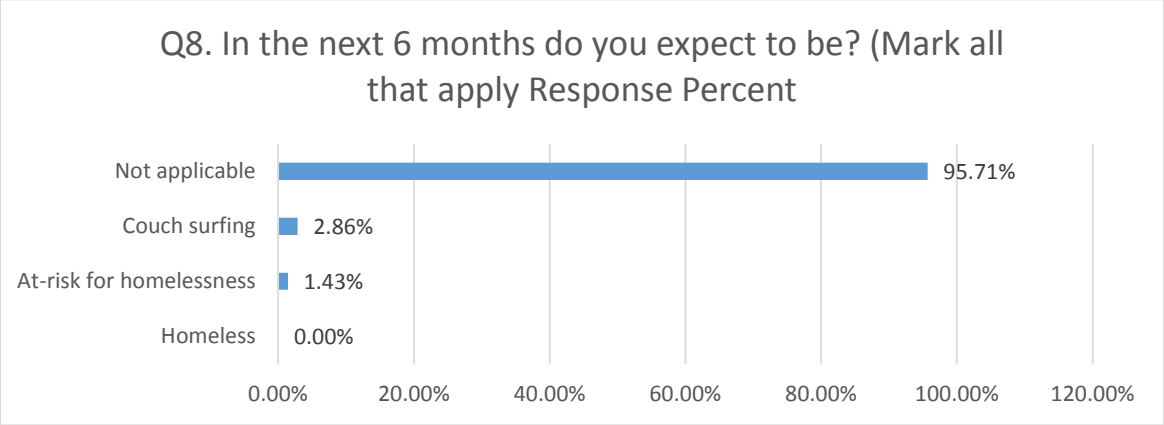
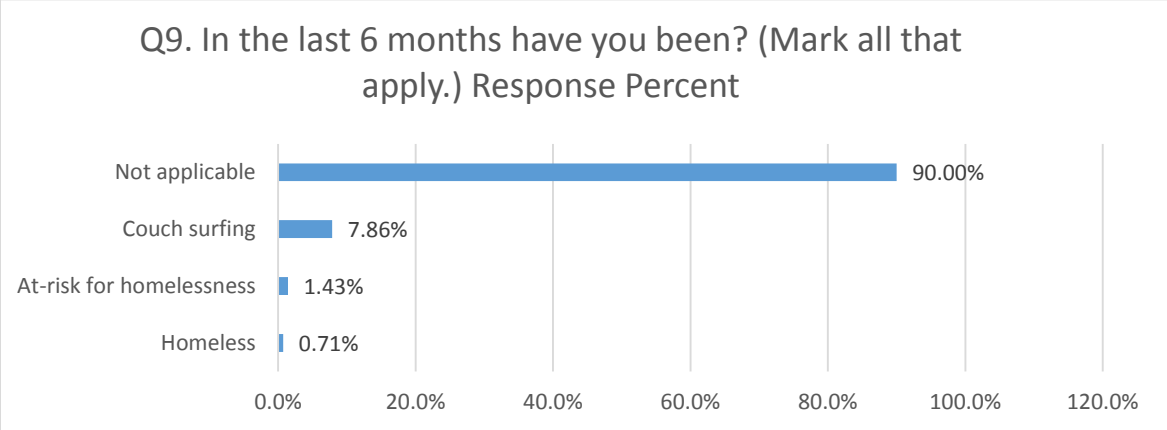
Appendix C
2018 CHNA Survey Outcomes

Socio-Economic Indicators: Mental Health

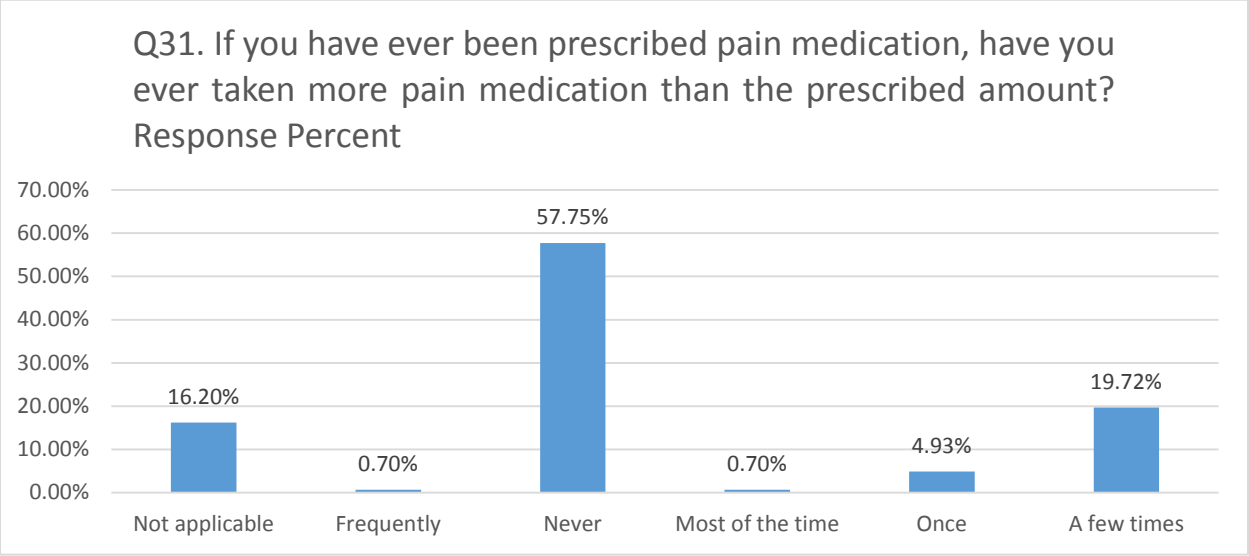


Socio-Economic Indicators: Homelessness

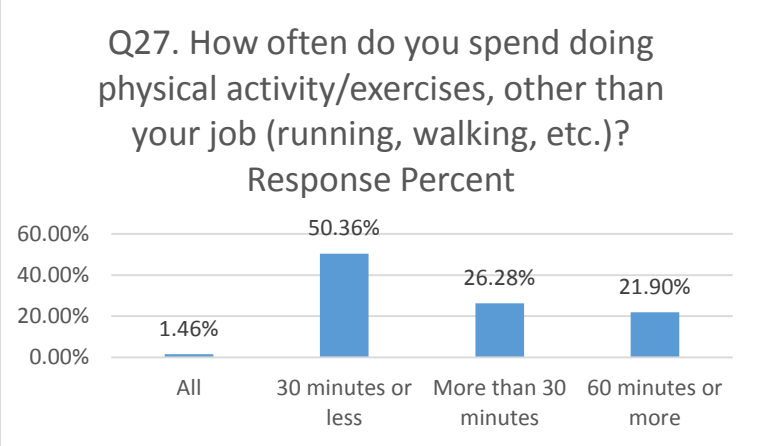


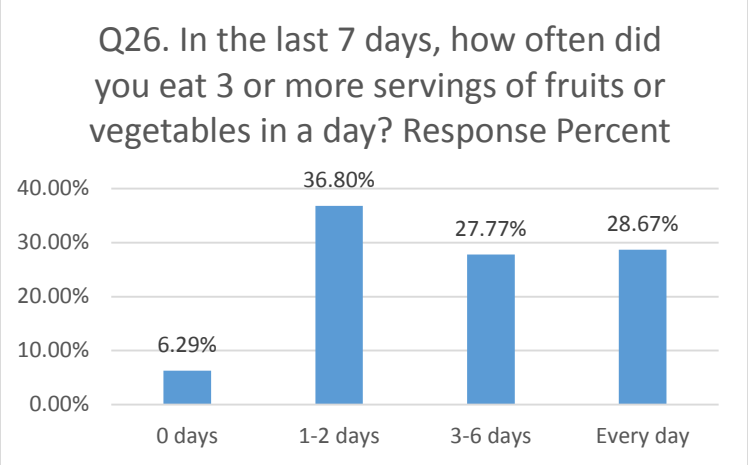


Health Indicators: SUBSTANCE USES

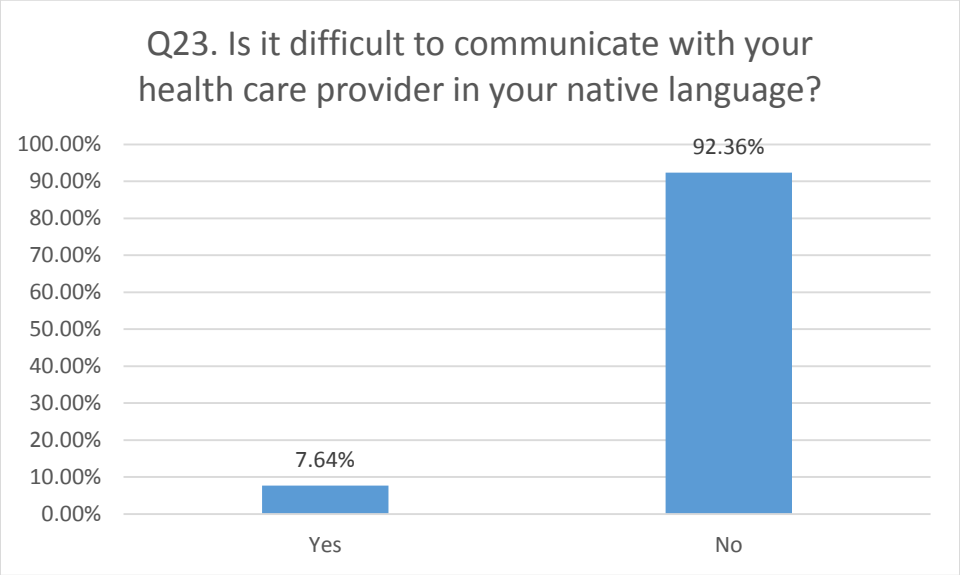


Health Behaviors

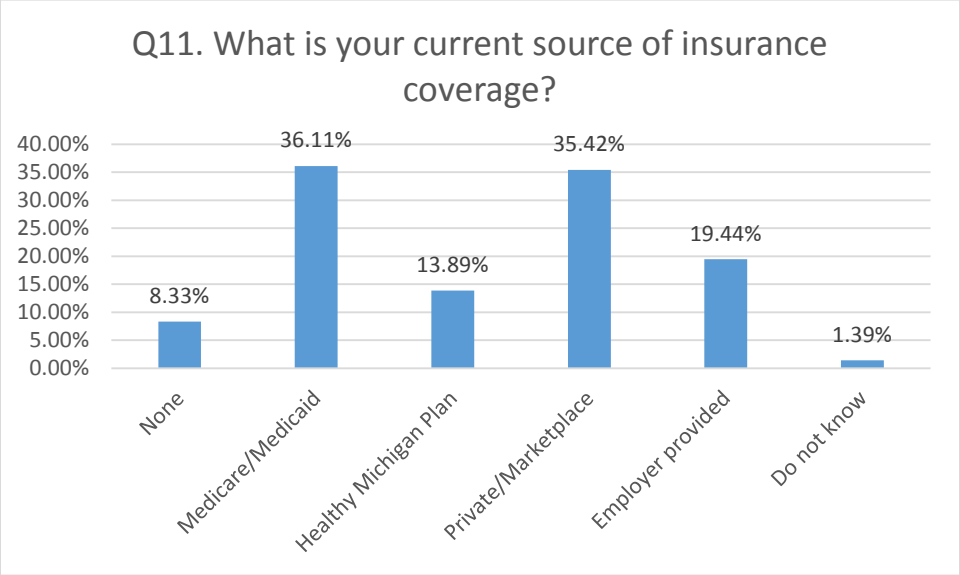




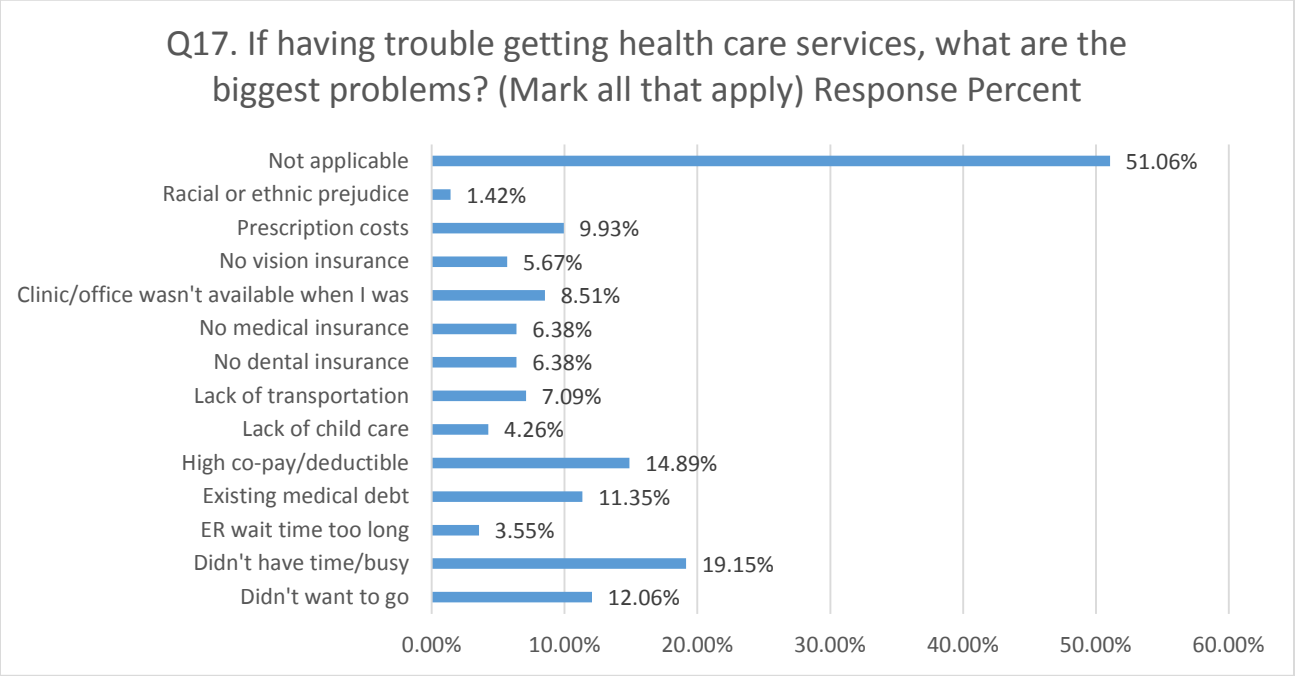
Language



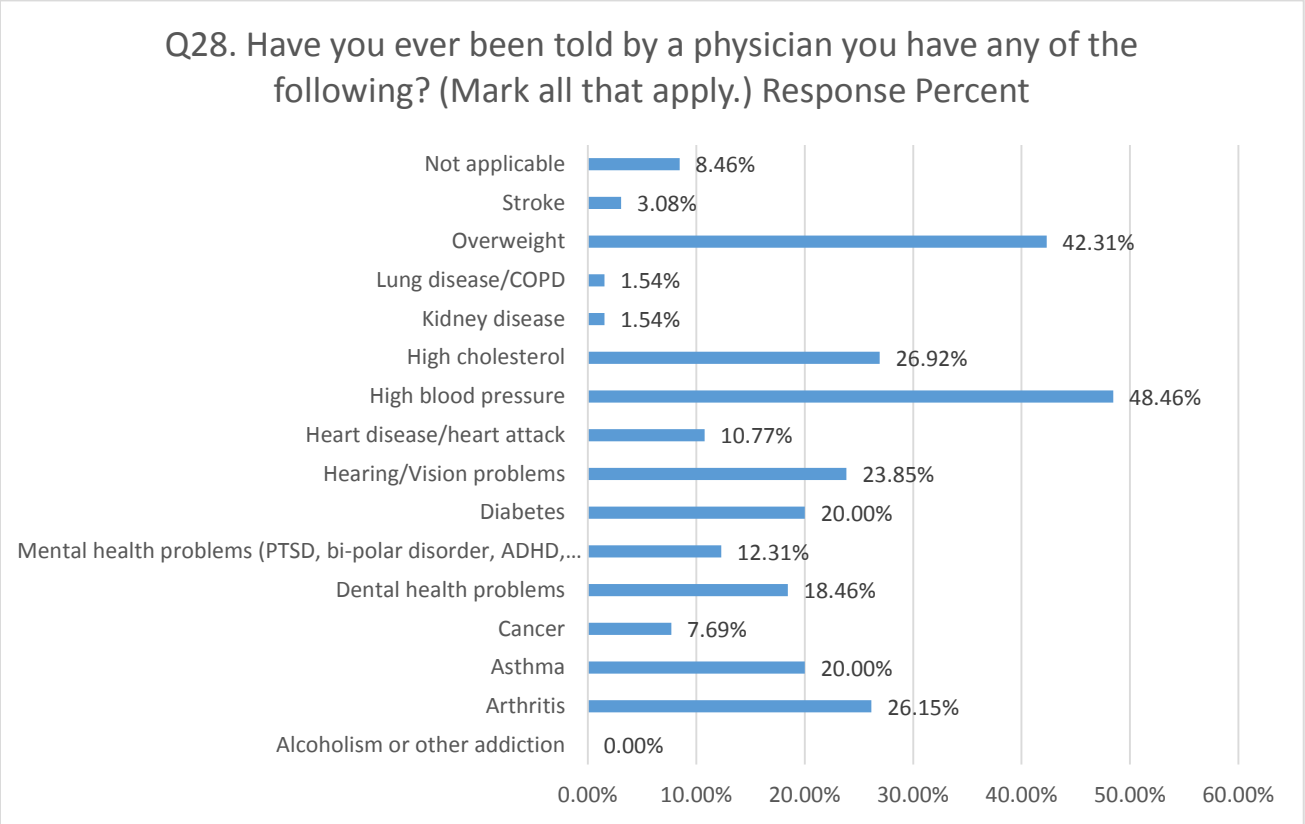
Insurance

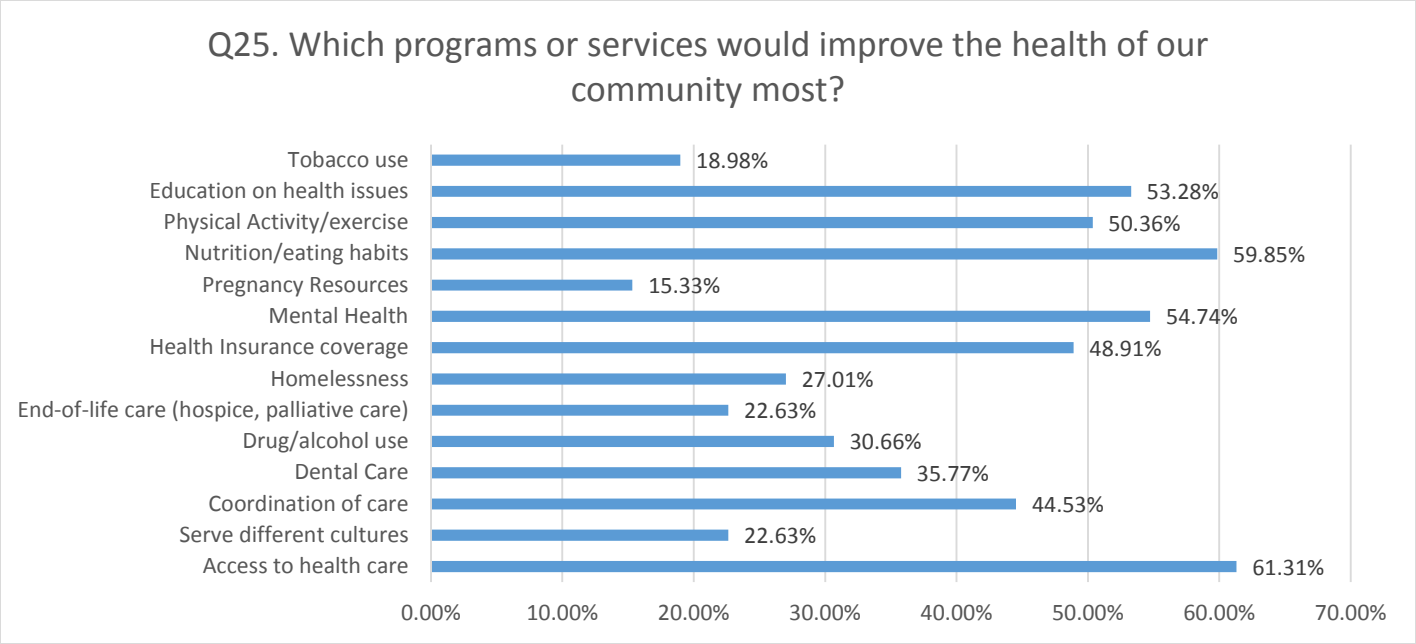


Access to Care



Diagnosis by Health Professional




Q25. Which programs or services would improve the health of our community most?
Tobacco use
Education on health issues
Physical Activity/exercise
Nutrition/eating habits
Pregnancy Resources
Mental Health
Health Insurance coverage
Homelessness
End-of-life care (hospice, palliative care)
Drug/alcohol use
Dental Care
Coordination of care
Serve different cultures
Access to health care
18.98%
53.28%
50.36%
59.85%
15.33%
54.74%
48.91%
27.01%
22.63%
30.66%
35.77%
44.53%
22.63%
61.31%
0.00%
10.00%
20.00%
30.00%
40.00%
50.00%
60.00%
70.00%

Appendix D
CHNA SURVEY

St. Joseph Mercy Health Community Health Needs Survey

Every three years, St. Joseph Mercy Health conducts a Community Health Needs Assessment to evaluate the changing health needs in the communities it serves. Your input allows us to understand the community's perception of needs and how these needs are or are not being met. Once completed, the Community Health Needs Assessment will be shared publicly on our website and throughout the community. We appreciate your willingness to participate.

- You must be at least 18 years of age to complete this survey.
- Where it states (mark only one), select one choice; where it states (mark all that apply), select all that apply.

Please return to:

ATTN: David Bowman
Faith Community Nursing
St. Joseph Mercy Oakland
44405 Woodward Ave
Pontiac MI 48341

What is your ZIP code? ☐☐☐☐☐

Tell us who you are:

1. What is your age?

☐ 18-24 ☐ 35-44 ☐ 55-64 ☐ 75 and over

☐ 25-34 ☐ 45-54 ☐ 65-74

2. What is your sex? ☐ Male ☐ Female ☐ Transgender ☐ Prefer not to answer

3. Race/ethnicity? (Mark only one.)

☐ African American ☐ Hispanic/Latino ☐ White/Caucasian
☐ Arab/Middle Eastern ☐ Multi-racial ☐ Other _____
☐ Asian ☐ Native American

4. Highest level of education completed? (Mark only one.)

☐ Grade school ☐ Some college ☐ Masters or Doctorate degree
☐ High school ☐ College graduate ☐ Vocational School

5. Employment status? (Mark all that apply.)

☐ Employed full time ☐ Disabled ☐ Retired ☐ Student
☐ Employed part time ☐ Homemaker ☐ Self-employed ☐ Unemployed

6. Yearly household income (you, spouse, or others who contribute to household)? (Mark only one.)

☐ Less than $25,000 ☐ $51,000-$75,000 ☐ Over $100,000
☐ $25,000-$50,000 ☐$76,000-$100,000 ☐ Prefer not to answer

7. Are you a Veteran? ☐Yes (*thank you for your Service*). ☐No

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

☐ Homeless ☐ At-risk for homelessness ☐ Couch surfing ☐ Not applicable

9. In the last 6 months have you been? (Mark all that apply.)

☐ Homeless ☐ At-risk for homelessness ☐ Couch surfing ☐ Not applicable

Insurance, Health Care & Wellness:

10. What type of insurance coverage do you currently have? (Mark all that apply.)

☐ None ☐ Health ☐ Dental
☐ Vision ☐ Don't know

11. What is your current source of insurance coverage? (Mark all that apply.)

☐ None ☐ Healthy Michigan Plan ☐ Private/Marketplace

☐ Medicare/Medicaid☐ Do not know

12. How would you rate your current health?
☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

13. How important is healthy lifestyle for you?
☐ Not important ☐ A little important ☐ Somewhat important ☐ Very important

14. How often do you smoke? ☐ Everyday ☐ Somedays ☐ Not at all

15. When was your last routine doctors visit?
☐ within 12 months ☐ within 2 years ☐ within 5 years
☐ over 5 years ☐ Never had a doctors visit

16. Are you able to see a doctor when you need to? ☐ Always ☐ Sometimes ☐ Never

17. If you had trouble seeing doctor, What caused your delay in medical treatment (*check all that apply*)?
☐ No insurance ☐ No available childcare ☐ Did not know where to go
☐ High Deductible ☐ No transportation ☐ Not applicable
☐ No time off work

18. If having trouble getting health care services, what are the biggest problems? (*Mark all that apply*)
☐ Didn't want to go ☐ Lack of child care ☐ No vision insurance
☐ Didn't have time/busy ☐ Lack of transportation ☐ Prescription costs
☐ ER wait time too long ☐ No dental insurance ☐ Racial or ethnic prejudice
☐ Existing medical debt ☐ No medical insurance ☐ Not applicable
☐ High co-pay/deductible ☐ Clinic/office wasn't available when I was

19. Where do you go for routine healthcare services? (*Mark all that apply*.)
☐ Personal doctor/health center ☐ Urgent care ☐ No care
☐ Emergency Room ☐ Pharmacy/retail clinic ☐ Free clinic
☐ Other _____ ☐ Alternative care provider (specify) _____

20. What do you use as a resource for your primary health information? (*Mark all that apply*)
☐ Emergency Room ☐ Location close to home/work ☐ Pharmacists
☐ Friends/family ☐ Media (newspaper, TV, radio,) ☐ Not applicable
☐ Insurance-directed ☐ Other health professional ☐ Social Media

21. Do you have access to a computer/internet for your health care needs? ☐Yes ☐No

22. Do you have trouble filling out medical forms and other paperwork? ☐Yes ☐No

23. Do health professionals communicate with you in a way you understand? ☐Yes ☐No

24. Is it difficult to communicate with your health care provider in your native language? ☐Yes ☐No

25. Which **programs or services** would improve the health of our community most? (Mark all that apply)

☐ Access to health care	☐ End-of-life care (hospice, palliative)	☐ Nutrition/eating habits
☐ Serve different cultures	☐ Homelessness	☐ Physical Activity/exercise
☐ Coordination of care	☐ Health insurance coverage	☐ Education on health issues
☐ Dental care	☐ Mental health	☐ Tobacco use
☐ Drug/alcohol use	☐ Pregnancy Resources	☐ Other _____

26. Which of the following are health concerns in our community? (Mark all that apply)

☐ Asthma	☐ Dental health problems	☐ Lung disease/COPD
☐ Alcoholism or addiction	☐ Diabetes	☐ Mental health problems
☐ Arthritis	☐ Heart disease/heart attack	☐ Overweight/Obesity
☐ Cancer	☐ Kidney disease	☐ Stroke
☐ Trauma	☐ Other _____	

27. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day?

☐ 0 days ☐ 3-6 days ☐ 1-2 days ☐ Every day

28. How often do you spend doing physical activity/exercises, other than your job (running, walking, etc.)?

☐ None ☐ 30 minutes or less ☐ More than 30 minutes ☐ 60 minutes or more

29. Have you ever been told by a physician you have any of the following? (Mark all that apply.)

☐ Alcoholism or other addiction	☐ Diabetes	☐ Kidney disease
☐ Arthritis	☐ Hearing/Vision problems	☐ Lung disease/COPD
☐ Asthma	☐ Heart disease/heart attack	☐ Overweight
☐ Cancer	☐ High blood pressure	☐ Stroke
☐ Dental health problems	☐ High cholesterol	☐ Not applicable

☐ Mental health problems (PTSD, bi-polar disorder, ADHD, Depression, Anxiety, etc.)

30. In that past 6 months, how often did you have emotional health problems (stress, anxiety, depression, anger, isolation)?

☐ All of the time ☐ Some of the time ☐ None of the time

31. Do you understand why and how to take your medications? ☐Yes ☐No

32. If you have ever been prescribed pain medication, have you ever taken more pain medication than the prescribed amount?

☐ Not applicable ☐ Never ☐ Once ☐ A few times
☐ Frequently ☐ Most of the time

33. Does your insurance pay for prescription medications? ☐Yes ☐No

34. If you would like to enter the drawing or be part of a future focus group or forum, please complete the information below and check the options.

☐ Yes. I would like to enter the drawing.

☐ Yes. I would like to be part of a focus group/forum to discuss health needs of the community

Name_____ Phone Number_____

Email address_____ Zip Code_____

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