Ascension Southeast Michigan Hospitals

Ascension St. John Hospital

Ascension Macomb-Oakland Hospital

Ascension Providence Hospital

Ascension River District Hospital

Ascension Brighton Center for Recovery

2021 Community Health Needs Assessment
Livingston, Macomb, Oakland, St. Clair, and Wayne (City of Detroit) Counties, Michigan

Conducted: July 1, 2021 - June 30, 2022

Tax Year: 2021

Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across southeast Michigan, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

The 2021 community health needs assessment report was approved by the Ascension Southeast Michigan Board of Trustees on June 20, 2022 (2021 tax year), and applies to the following three-year cycle: July 1, 2022 to June 30, 2025. This report, as well as the previous report, can be found at our public websites.

We value the community's voice and welcome feedback on this report. Please visit our public website (https://healthcare.ascension.org/chna) to submit your comments.

ASCENSION SOUTHEAST MICHIGAN HOSPITALS

Ascension St. John Hospital
22101 Moross Rd, Detroit, MI 48236
313-343-4000
Tax ID: 38-1359063
https://healthcare.ascension.org/locations/michigan/midet/detroit-ascension-st-john-hospital

Ascension Macomb-Oakland Hospital

Warren Campus
11800 Twelve Mile Rd, Warren, MI 48093
586-573-5000
Tax ID: 38-3322109
https://healthcare.ascension.org/locations/michigan/midet/warren-ascension-macomboakland-hospital-warren-campus

Madison Heights Campus
27351 Dequindre Rd, Madison Heights, MI 48071
248-967-7000
Tax ID: 38-3322109
https://healthcare.ascension.org/locations/michigan/midet/madison-heights-ascension-macomboakland-hospital-madison-heights-campus

Ascension Providence Hospital

Southfield Campus
16001 West Nine Mile Rd, Southfield, MI 48075
248-849-3000
Tax ID: 38-1358212
https://healthcare.ascension.org/locations/michigan/midet/southfield-ascension-providence-hospital-southfield-campus

Novi Campus
47601 Grand River Ave, Novi, MI 48374
248-465-4100
Tax ID: 38-1358212
https://healthcare.ascension.org/locations/michigan/midet/novi-ascension-providence-hospital-novi-campus

Ascension River District Hospital
4100 River Rd, East China, MI 48054
810-329-7111
Tax ID: 38-3160564
https://healthcare.ascension.org/locations/michigan/midet/east-china-township-ascension-river-district-hospitall

Ascension Brighton Center for Recovery
12851 Grand River Ave, Brighton, MI 48116
810-227-1211
Tax ID: 38-1576680
https://healthcare.ascension.org/locations/michigan/midet/brighton-ascension-brighton-center-for-recovery

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![Ascension logo] Ascension

Executive Statements

The 2021 community health needs assessment (CHNA) represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across southeast Michigan. Ascension Southeast Michigan hospitals are exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of southeast Michigan.

Kevin Grady, MD
Regional President &
Chief Executive Officer
Ascension St. John Hospital,
Ascension Macomb-Oakland
Hospital (Madison Heights and
Warren Campuses),
Ascension River District Hospital

"Our mission calls us to approach health holistically, paying attention to the physical, mental, social and spiritual aspects of those we serve. We can only do this effectively when we partner and collaborate with others who share our health mission."

Gary Druskovich, MD, MBA
Regional President &
Chief Executive Officer
Ascension Providence Hospital
(Novi and Southfield Campuses),
Ascension Providence Rochester
Hospital, Ascension Brighton
Center for Recovery

"While important, improving the health and quality of life of those we serve cannot be achieved inside the walls of a hospital alone. The role of community based organizations to address non medical needs and influencers of health is critical."

Cynthia Taueg DHA, MPH, BSN,
Vice President of
Community Health
Ascension Southeast Michigan

"Health and well-being does not happen by chance. Nor is it the sole responsibility of healthcare institutions. To be achieved each individual and organization must do its part."

Executive Summary

The goal of the 2021 community health needs assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs across southeast Michigan. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

For the purposes of the 2021 CHNA, this report applies to the five Ascension hospitals located within southeast Michigan:
- Ascension St. John Hospital
- Ascension Macomb-Oakland Hospital: Warren campus and Madison Heights campus
- Ascension Providence Hospital: Southfield campus and Novi campus
- Ascension River District Hospital
- Ascension Brighton Center for Recovery

Community Served

Although Ascension Southeast Michigan (SEM) hospitals serve southeast Michigan and the surrounding areas, Ascension SEM hospitals have defined the community served as the counties where the five (5) hospitals reside: Livingston, Macomb, Oakland, St. Clair, and Wayne (City of Detroit). The five counties were selected as Ascension SEM hospital's community served because it is our primary service area and our partners' primary service area. Also, community health data is readily available at the county level.

Data Analysis Methodology

The 2021 CHNA was conducted from July 2021 to April 2022, and utilized the Hanlon Method which incorporated data from both primary and secondary sources. Primary data sources included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services. The community input consisted of 751 responses to the general community survey and 121 responses to the youth community survey. There were two key stakeholder focus groups conducted to get insight on the needs of the community from the organizations that serve the communities. Secondary data was compiled and reviewed to understand the health status of the

community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

Ascension SEM hospitals, with facilitation of the Ascension Southeast Michigan Community Health Department and Ascension Michigan Community Benefit Center of Expertise and contracted assistance from Southeastern Michigan Health Association (SEMHA), analyzed secondary data of over 50 indicators and gathered community input through community surveys and key stakeholders focus groups to identify the needs in the five counties. In collaboration with community partners, Ascension SEM hospitals used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The 2021 significant needs are as follows:

- Chronic Disease, including Diabetes and Cancer
- Diet and Exercise, including Obesity
- Mental and Behavioral Health
- Access to Care

Ascension SEM hospitals understand the importance of all the needs of the community and are committed to playing an active role in improving the health of the people served. For the purposes of the 2021 CHNA and subsequent three-year CHNA implementation strategy, Ascension SEM hospitals will prioritize its efforts on the needs below:

- Mental Health (includes stress, anxiety and depression)
- Healthy Behaviors and Chronic Disease Issues
- Access to Care (with emphasis on maternal and infant health)

A resolution for the three Prioritized Needs were presented, and approved, to the Ascension Southeast Michigan Board of Trustees board on June 20, 2022. It is now the task to develop an implementation strategy, or action plan, for each Prioritized Needs taking into consideration the populations to be served, access to resources that will allow our ability to serve them, potential for partnerships and collaboration for collective impact, and measurability of the impact or outcomes of the implementation strategy.

About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 146 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension's own group purchasing organization.

Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

> **Mission:** Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit https://www.ascension.org/.

Ascension Southeast Michigan Hospitals

As a Ministry of the Catholic Church, Ascension SEM hospitals are non-profit hospitals governed by a local board of trustees represented by residents, medical staff, and sister sponsorships, and have been providing medical care to southeast Michigan. Ascension SEM hospitals operates five hospitals with seven campuses, 10 ambulatory campuses, and employs more than 880 primary and specialty care physicians.

Ascension St. John Hospital

> Ascension St. John Hospital is a full-service 714-bed hospital with 24/7 emergency care, and a Level I Trauma Center. We deliver advanced surgical care for serious and life-threatening injuries and illnesses. The care teams listen to quickly understand your health needs and deliver care that's right for you. Ascension St. John is a destination for specialty care - including heart, cancer, stroke care, orthopedics and women's health. The OB-GYN maternity care teams at our Birthing Center deliver a personalized birthing experience and advanced neonatal care for sick

babies. Minimally invasive procedures using robotic-assisted technology, imaging and lab tests, a dedicated inpatient rehabilitation center, all on one campus.

https://healthcare.ascension.org/locations/michigan/midet/detroit-ascension-st-john-hospital

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Ascension Macomb-Oakland Hospital

Ascension Macomb-Oakland Hospital - Warren campus is a full-service hospital with 24/7 emergency care, and a Level III Trauma Center. We deliver advanced surgical care for serious and life-threatening injuries and illnesses. Our care teams listen to quickly understand your health needs and deliver care that's right for you. Ascension Macomb-Oakland Hospital - Warren is a destination for specialty care - including advanced heart care, stroke and cancer care, advanced orthopedics and neurosciences, women's health, behavioral health and senior specialty care. The OB-GYN maternity care teams deliver a personalized birthing experience. Minimally invasive surgical procedures using robotic-assisted technology, imaging and lab tests, and a dedicated inpatient rehabilitation center, all on one campus.

https://healthcare.ascension.org/locations/michigan/midet/warren-ascension-macomboakland-hospital-warren-campus

Ascension Macomb-Oakland Hospital - Madison Heights campus is a full-service hospital with a Level III Trauma Center with 24/7 emergency care and surgical specialists. Our doctors and care teams deliver personalized care for serious and life-threatening injuries and illnesses. We listen to quickly understand your health needs to deliver care that is right for you. We provide many specialty care services including bariatric weight loss, sleep medicine, and more. At Ascension Macomb-Oakland, we deliver a wide range of outpatient services, including diagnostic imaging, lab tests, pharmacy, respiratory therapy, and rehabilitation therapy services all on one campus.

Combined beds between Madison Heights and Warren campuses are 535.

https://healthcare.ascension.org/locations/michigan/midet/madison-heights-ascension-macomboakland-hospital-madison-heights-campus

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Ascension Providence Hospital

Ascension Providence Hospital - Southfield campus is a full-service hospital with 24/7 emergency care, a Level II Trauma Center, and a Primary Stroke Center. We deliver advanced surgical care for serious and life-threatening injuries and illnesses. Our care teams listen to quickly understand your health needs and deliver care that's right for you. Ascension Providence Hospital - Southfield is a destination for specialty care - including advanced heart and neuroscience care, comprehensive cancer services, orthopedics, women's health and pediatric care. Our OB-GYN maternity care teams deliver a personalized birthing experience including alternative birthing options and advanced neonatal care for sick babies. We provide a wide range of minimally invasive surgical procedures using robotic-assisted technology, imaging and lab tests, and a dedicated inpatient rehabilitation center, all on one campus.

https://healthcare.ascension.org/locations/michigan/midet/southfield-ascension-providence-hospital-southfield-campus

Ascension Providence Hospital - Novi campus is a full-service hospital with 24/7 emergency care, a Level II Trauma Center, and a Comprehensive Stroke Center. We deliver advanced surgical care for serious and life-threatening injuries and illnesses. Our care teams listen to quickly understand your health needs and deliver care that's right for you. Ascension Providence Hospital - Novi is a destination for specialty care - including advanced heart and neuroscience care, comprehensive cancer services, orthopedics, women's health and pediatric care. Our OB-GYN maternity care teams deliver a personalized birthing experience. We provide a wide range of minimally invasive surgical procedures using robotic-assisted technology, imaging and lab tests, and a dedicated inpatient rehabilitation center, all on one campus.

Combined beds between Novi and Southfield campuses are 628.

https://healthcare.ascension.org/locations/michigan/midet/novi-ascension-providence-hospital-novi-campus

Ascension River District Hospital

Ascension River District Hospital is a full-service 68-bed hospital with 24/7 emergency care and surgical specialists. Our doctors and care teams deliver personalized care for serious and life-threatening injuries and illnesses. We listen to quickly understand your health needs to deliver care that is right for you. Our OB-GYN maternity care services and Birthing Center offer a personalized birthing experience. At Ascension River District, we deliver a wide range of diagnostic imaging, lab tests, respiratory therapy, and rehabilitation therapy services all on one campus.

https://healthcare.ascension.org/locations/michigan/midet/east-china-township-ascension-river-district-hospital

Ascension Brighton Center for Recovery

Ascension Brighton Center for Recovery provides compassionate, personalized care to those struggling with drug or alcohol dependence. This has been our goal from the beginning. We work to change lives every day. And we bring a unique combination of professional expertise and personal experience to the job. The Center has 70 beds and is the first addiction treatment center to be licensed in Michigan and the second-oldest alcohol and drug treatment facility in the United States. For more than 60 years, Ascension Brighton Center for Recovery has been helping equip our patients with the tools they need to live clean and sober lives.

https://healthcare.ascension.org/locations/michigan/midet/brighton-ascension-brighton-center-for-recovery

Ascension Southeast Michigan Community Health Department

Ascension SEM hospitals are one of very few health systems in the country that has an entire department devoted to serving the community.It is a wholly owned 501c 3 subsidiary of Ascension Michigan. The mission of the Ascension SEM Community Health Department is to improve the health status of the community, including the poor and underserved, to be accomplished through strategic partnerships with other health care providers, physicians, public health agencies, businesses, social services, civic and religious organizations, that build on the community's strengths, and value of the uniqueness and diversity of each neighborhood therein.

Supported by the Ascension SEM hospitals and other federal, state, and local grants, the department offers a range of programs that include, but is not limited to: faith community nursing, community health education, health fairs and screenings, wellness centers, maternal infant health program, open arms grief support services, human trafficking education and referrals, school based health centers and other programs services to improve the health and quality of life of service area residents.The department strategies and programs are informed and guided by the CHNA.

To learn more about Ascension SEM Community Health, visit:
https://healthcare.ascension.org/locations/michigan/midet/warren-ascension-southeast-michigan-community-health

About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is "a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs."[1] The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Southeast Michigan hospitals' commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at https://healthcare.ascension.org/CHNA and paper versions can be requested at Ascension SEM Community Health Department, 28000 Dequindre Rd., Warren, MI 48092, or phone (586) 753-0649.

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[1] Catholic Health Association of the United States (https://www.chausa.org)

![Ascension logo] **Ascension**

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the 2021 CHNA, Ascension SEM hospitals have defined the community served as the counties where the five (5) hospitals reside: Livingston, Macomb, Oakland, St. Clair, and Wayne (City of Detroit). Although the hospitals serve the southeast Michigan region and surrounding areas, the "community served" was defined as such because (a) most of our service area is in each county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.
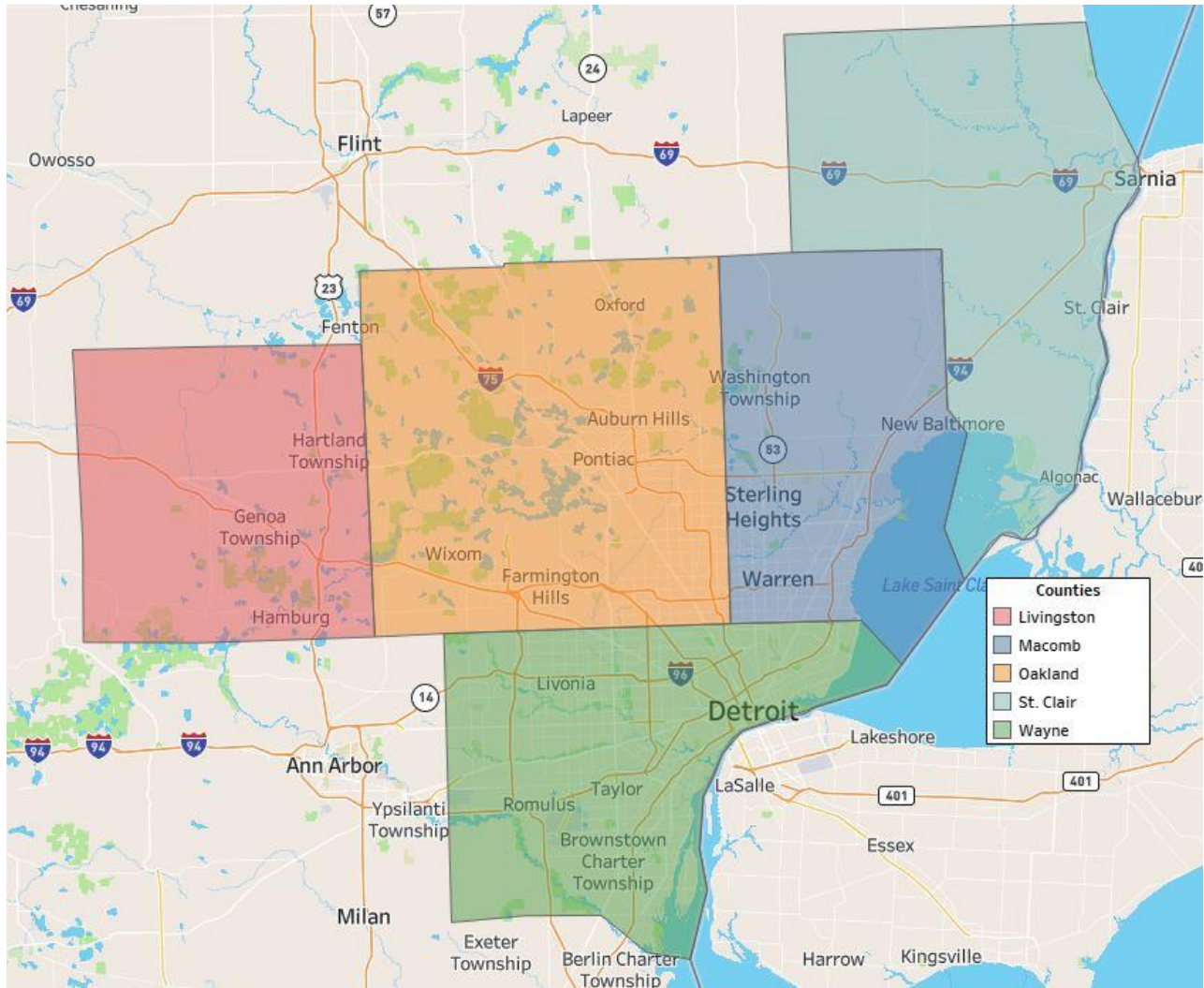
Map of Community Served in Southeast Michigan

Southeast Michigan, also known as Southeastern Michigan, is located in the lower peninsula of the state and covers 3,573 square miles in five counties. The region comprises 42% of the state's population, and consists of both rural, urban and suburban communities, anchored by the city of Detroit. Southeast Michigan is home to a diverse population with residents of all ages and abilities, who represent various races and ethnicities, and who speak a number of languages. For more than 100 years, the Detroit region's well-connected transportation infrastructure has served the automotive industry's supply chain and is well-positioned to become the next transportation logistics hub. With a vastly integrated highway and freeway system, seven international border crossings, five major airports and several airfields, four public transportation authorities, a deep water marine port and eight rail yards, people and goods move easily throughout the region, United States and North America.

Source: https://www.detroitchamber.com/living-here/transi/
Source:https://www.semcog.org/plans-for-the-region/economic-development

Demographic Data

The five counties that make up Ascension SEM hospitals service area include: Livingston, Macomb, Oakland, St. Clair, and Wayne (City of Detroit). Southeast Michigan, which includes metropolitan Detroit, makes up approximately 42% of the state's population. Populations have relatively remained the same compared to 2019, with all counties becoming more racially and culturally diverse. Table 1 displays the demographic data highlights for the southeastern Michigan counties.

Table 1: Description of the Community[2]

Indicator	City of Detroit	Livingston	Macomb	Oakland	St. Clair	Wayne, excl. Detroit	Description
Population							
Total population	679,553	188,141	879,710	1,292,212	160,692	1,112,827	
% of 0-19 years of age	27.4%	23.1%	22.9%	22.9%	22.5%	25.0%	
% 65 and older	14.5%	17.9%	17.4%	17.3%	19.5%	16.6%	
White	14.7%	96.5%	79.8%	74.9%	93.4%	76.4%	
Black or African American	77.9%	0.5%	11.7%	13.6%	3.0%	14.1%	
American Indian and Alaska Native	0.7%	0.3%	0.4%	0.3%	0.2%	0.3%	
Asian	1.7%	1.1%	4.4%	8.1%	0.6%	4.6%	
Two or more races	1.7%	1.5%	3.0%	2.6%	1.9%	3.1%	
Hispanic or Latino (of any	8.3%	2.6%	2.8%	4.3%	3.5%	4.8%	

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[2] Source: US Census Bureau, ACS Estimates, 2019

race)							
Arab Ancestry	2.2%	2.2%	2.2%	3.3%	0.5%	3.7%	

Social and Community Context

Median Household Income	$33,965	$86,512	$64,947	$81,190	$59,837	$50,573	Median household income in the past 12 months *Source: US Census Bureau, ACS Estimates, 2019*
Percent of Children in Poverty	43.2%%	3.1%	11.2%	9.3%	12.1%	20.1%	Percentage of people under age 18 in poverty. *Source: US Census Bureau, ACS Estimates, 2019*
Percent of Adults in Poverty	30.6%	3.9%	8.4%	7.7%	10.0%	12.9%	Percentage of people age 18+ in poverty *Source: US Census Bureau, ACS Estimates, 2019*
Percent of Uninsured	n/a	5%	6%	6%	6%	7%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	34.9%	26.8%	30.5%	18.9%	31.8%	29.1%	Percentage of adults ages 25 and over with a high school diploma or equivalent. *Source: US Census Bureau, ACS Estimates, 2019*
Percent of Unemployment (2020 rate)	22.4%	8.8%	12%	9.3%	12%	13.8%	Percentage of population ages 16 and older unemployed but seeking work *Source: Bureau of Labor Market Information and Strategic Initiatives, Jan 2021*

To view Community Demographic Data in its entirety, see Appendix B *(page 36)*.

Process and Methods Used

Ascension SEM hospitals are committed to using national best practices in conducting the CHNA. Health needs and assets for southeastern Michigan were determined using a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs.

Community Health Improvement Approach

Ascension SE Michigan hospitals' approach relies on the model developed by the County Health Rankings and Roadmaps and the Robert Wood Johnson Foundation, utilizing the determinants of health model as the model for community health improvement. The County Health Rankings and Roadmaps' *Take Action Cycle* for community health improvement, which includes the following:

- Gather information to assess needs and resources.
- Set priorities, so you can focus on what's important.
- Find the most effective approaches to address your priorities.
- Get to work on what's important.
- Evaluating throughout the cycle will help you improve your strategies and ensure that what you're doing is effective.
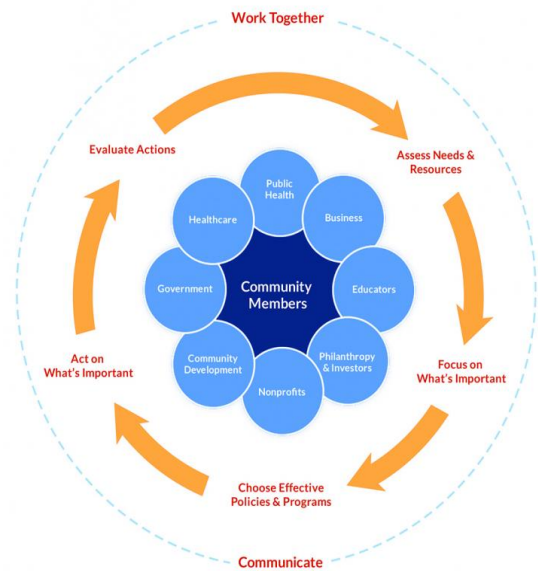
Throughout the entire process, communication and collaborative work is essential and critical.

Consultant

With the contracted assistance of Southeastern Michigan Health Association (SEMHA), Ascension SEM hospitals completed its 2021 CHNA. SEMHA was incorporated in 1956 as a non-profit organization. Through its Center for Population Health Unit, they work to ensure there is no lack of population health data. The Center translates data into information for effective decision-making. Using shared databases and applying a sophisticated understanding of statistics along with advanced data-processing technology. The Center also helps organizations frame the right questions, identify, and gather the essential data needed to get answers and curate plans to facilitate an appropriate course of action.They are a region-wide resource to offer specialized expertise, sophisticated technological capability and a unique understanding of organizational structure to communities and agencies throughout Southeastern Michigan.

SEMHA utilized a hybrid model with primary components of the Healthy Communities Model and the Mobilizing for Action through Planning and Partnerships (MAPP) model. SEMHA was contracted to collect the secondary data for over 30 indicators and to analyze the primary and secondary data.

SEMHA utilized an array of data sources for the secondary data including the U.S. Census Bureau, Southeast Michigan Council of Governments (SEMCOG), Center for Educational Performance, Michigan Department of Health and Human Services (MDHHS), State of Michigan Coronavirus Dashboard, MDHHS Behavioral Risk Factor Surveillance System, National Survey on Drug Use, Centers for Disease Control and Prevention, and the U.S. Environmental Protection Agency.

Data Collection Methodology

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, Ascension SEM Community Health consulted with a range of public health and social service providers that represent the broad interest of the defined community served in the southeast Michigan area. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including key stakeholder focus groups and community surveys for adults and youth.
- A community survey was shared with the local health departments in the southeast Michigan area. Ascension SEM hospitals requested the health departments to list the survey in their public areas, and in their local communications such as electronic newsletters. To fulfill the requirement of including members of medically underserved, low-income, and minority populations, we received community input from some of our family practices that serve this population.
- Also, we surveyed the consumers of our School-Based Health Centers (SBHC), which includes residents in the area of the SBHC. Most of our SBHCs are located in low-income and medically underserved communities like Detroit. Other populations included our faith-based partnerships and churches around southeast Michigan.
- For the key stakeholder focus groups, we invited our partners that particularly serve minority communities and special populations. Some of the organizations in our focus groups included the local health department, senior services organizations, non-profit organizations that serve minority groups.

These methods provided additional perspectives on how to select and address top health issues facing southeast Michigan. A summary of the process and results is outlined in the following pages.

Surveys

A survey was conducted by Ascension SEM Community Health Department to gather the perceptions, thoughts, opinions, and concerns of the community regarding healthy behaviors, mental health, physical health, substance use, Social Determinants of Health (SDoH), access to care, COVID-19 for southeast Michigan (Wayne (city of Detroit), Oakland, Macomb, Livingston, and St. Clair counties). A total of 872 individuals participated in the survey, held between September 2021 and November 2021. The data gathered and analyzed from youth and the community provides valuable insight into the issues of importance to the community.

- The adult (general) community survey contained 36 questions, and was distributed to adults age 18+ by email, paper surveys located in medical centers, and shared electronically through our partner organizations. 751 responses were received.
- The youth community survey contained 24 questions, and was distributed to students in the Ascension MI school based health centers through electronic and paper surveys. 121 responses were received.
- The key stakeholder survey contained 8 questions, and was distributed electronically through our partner organization and during the key stakeholders focus group sessions. 23 responses were received.

Surveys
Key Summary Points
38.29% of respondents described their overall health as "Very Good"   - Based on the respondents opinion, Mental & Behavioral Health, COVID-19, and Obesity are the greatest health concerns of the community   51.29% of respondents answered they feel "Safe" in their community, where they work, live and play   - The respondents listed Mental Health, Transportation, and Substance Abuse as the top 3 weaknesses of their community   87.15% of respondents informed that they have received the COVID-19 vaccine

Populations Represented	Common Themes
- Middle age adults (35 - 50) - Youth (children and teens)	- Growing concern of Mental & Behavioral Health issues in the community - Community safety is a strength in the community - Isolation identified as a weakness in the community

Meaningful Quotes
In response to the question, "The three (3) most important behaviors that put your community most at risk?", one respondent stated "Addressing mental health in the community with professional help. It is delayed until a situation is dangerous, or people are ignorant to the levels of help available/overall importance and benefits."

Key Stakeholders Focus Groups

Key Stakeholder focus groups were conducted by Ascension SEM Community Health to gather feedback from key stakeholders on the health needs and assets of southeast Michigan (Wayne [City of Detroit], Oakland, Macomb, Livingston, and St. Clair counties). The focus groups were held between August 2021 and October 2021. Participants included stakeholders within the southeast Michigan area that works with local health departments, federally qualified health clinics, nonprofit and community organizations, mental health organizations, youth serving organizations, senior serving organizations, education leaders and local school districts, faith-based organizations, local government officials and law enforcement.

Key Stakeholders Focus Groups	
Key Summary Points	
- The pandemic has increased the need for mental health services due to loss, grief, trauma, and isolation. - An increase in the obesity rate due to the lack of movement during the pandemic restrictions. - Access to services is a huge concern and the biggest focus right now.	
Populations Represented	**Common Themes**
- Arab/Chaldean community - Asian community - Seniors - Adults - Youth and Children	- Mental Health (children and seniors) - Obesity and Diabetes Prevention - Infant and Maternal Health - Access to Care- barriers to accessing virtual/telehealth services - Transportation - Lack of Preventative Services - Lack of partnerships between organizations that serve the same communities COVID-19 Related Concerns: - Grief, Fear, Isolation, Access to care, Access to health produce, housing concerns, unemployment and educational level concerns, concern and hesitancy around the vaccine
Meaningful Quotes	
"Mental health has been the target for the last year and a half, their service intake has increased due to the pandemic, dealing with families that had an increase of diabetes and anxiety, laid off and uncertainty about health and covid and whether you can put food on the table. There has been a 138% increase in intake over the last year and a half." "People are tapped out and dealing with trauma" in response to COVID-19.	

To view community input data in its entirety, see Appendix C (page 39).

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable.

Health indicators in the following categories were reviewed:
- Health Outcomes
- Social and Economic Factors that impact health
- Health Behaviors
- Access to Healthcare
- Disparities

The secondary data collected and analyzed through this assessment is referenced and highlighted in the significant needs tables in the Community Needs Section of this report. To view secondary data and sources in its entirety, see Appendix D (page 45).

Summary of COVID-19 Impact in Southeast Michigan

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities were the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection, and death compared to non-Hispanic White Americans.[3]

Significant COVID-19 disparities include:
- Hispanic Persons at 2.3 times the risk of death
- non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:
- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions[4]

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[3]Centers for Disease Control and Prevention (https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities)
[4]Centers for Disease Control and Prevention (https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities)

COVID-19 Impact on southeast Michigan (as of 06/2/2022)								
Indicator	Michigan	City of Detroit	Livingston	Macomb	Oakland	St. Clair	Wayne excl. Detroit	Description
Confirmed Cases	2,213,586	133,815	40,735	222,849	276,628	35,843	270,128	confirmed cases
Confirmed Deaths	33,461	3,345	423	3,735	3,564	775	4,083	number of deaths
Case Fatality Percentage	1.5%	2.5%	1%	1.7%	1.3%	2.2%	1.5%	Percent of total confirmed cases of individuals who died of COVID-19
Source: https://www.michigan.gov/coronavirus/stats, accessed 06/02/2022.								

Written Comments on Previous CHNA and Implementation Strategy

Ascension SEM hospitals' previous CHNA and implementation strategy were made available to the public and open for public comment via the website: https://healthcare.ascension.org/chna.   No comments were received.

Data Limitations and Information Gaps

Although it is comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within southeast Michigan. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian / gay / bisexual / transgender / questioning+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a Ministry's ability to conduct portions of the CHNA assessment. An acute community concern is defined by Ascension as an event or situation which may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, the following acute community concerns were identified: COVID-19, especially mental health and depression exacerbated by COVID-19. Note: The impact of COVID-19 is not reflected in the secondary data.

Despite the data limitations, Ascension SEM hospitals are confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Community Needs

Ascension SEM hospitals, with facilitation by Ascension Southeast Michigan Community Health and contracted assistance from Southeastern Michigan Health Association (SEMHA), analyzed secondary data of over 50 indicators and gathered community input through community surveys and key stakeholders focus groups to identify the needs in our defined southeastern Michigan area: Livingston, Macomb, Oakland, St. Clair, and Wayne County (city of Detroit). In collaboration with community partners, Ascension SEM hospitals used a phased prioritization approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** which were determined most crucial for community stakeholders to address.
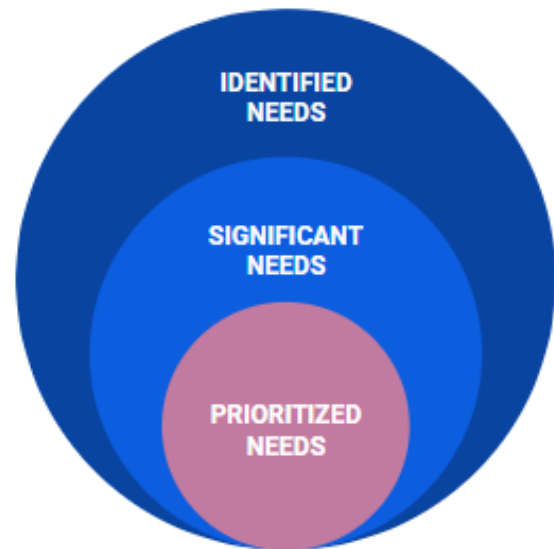
Following the completion of the CHNA assessment, Ascension SEM hospitals selected a subset of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above also describes the relationship between the needs categories.

Identified Needs

Ascension has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of our defined southeastern Michigan area: Livingston, Macomb, Oakland, St. Clair, and Wayne County (city of Detroit). The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

Ascension has defined "significant needs" as the identified needs which have been deemed most signficant to address based on established criteria and/or prioritization methods. In collaboration with various community partners, the Ascension SE Michigan hospitals utilized the Hanlon Method to prioritize which of the identified needs were most significant. The Hanlon Method is a long tested Public Health tool that assists stakeholders in identifying priorities from the many health challenges facing communities. This quantitative and qualitative method provides a fair, reasonable, and easy way

to compare different health problems in a relative framework, as equally as possible, and in a somewhat objective manner.

The Hanlon Method individually recognizes the A.) size of the problem, B.) the seriousness of the problem, and C.) the effectiveness of the solution. The proposed solution may then be modified by several other factors such as propriety, economic feasibility, acceptability, resource availability, resource maximization, long-term benefit, economic sustainability, measurability and legality. 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 scores the priorities individually. The direct impact of the Hanlon Method upon measuring outcomes is that the ease and ability of measuring the impact of a proposed solution is a factor within the prioritization process. Therefore, measurability can be insured by its weighting as a significant factor when identifying solutions for the identified issues.
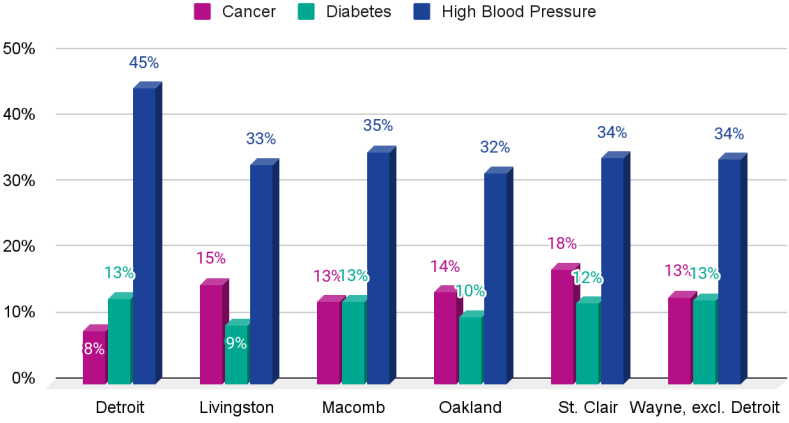
Given the size and scope of the southeast Michigan service area, it is important to understand that several methods were used to determine the most significant needs. The following three aspects of this process were essential in arriving at the most significant needs identified:
1. Utilization of the Hanlon prioritization method with a group of community stakeholders to rank the needs and determine the most significant needs.
2. The collection of community input (primary data) through the 872 surveys.
3. The collection and compiling secondary data or population health statistical data in a format that can be used to inform our understanding of the health needs of the community.

Through the prioritization process for the 2021 CHNA, the significant needs are as follows:
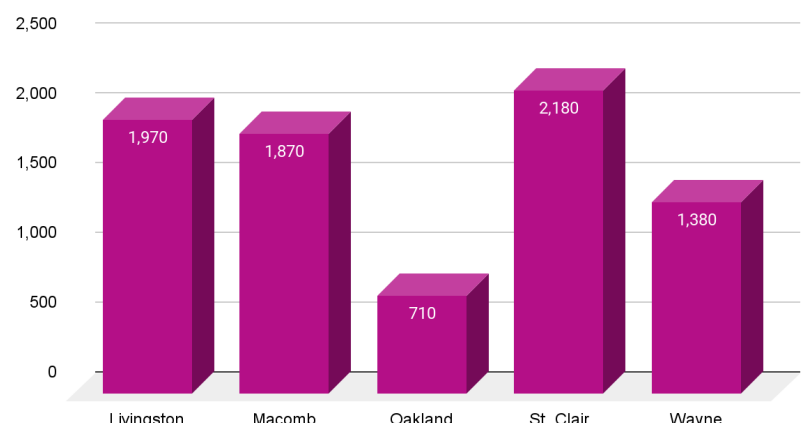- Chronic Disease, including Diabetes and Cancer
- Diet and Exercise, including Obesity
- Mental and Behavioral Health
- Access to Care

A description (including data highlights, community challenges & perceptions, and local assets & resources) of each significant need are on the following pages. To view health care facilities and community resources available to address the significant needs, please see Appendix E (page 51).

Chronic Disease, including Diabetes and Cancer

Why is it Important?

Chronic diseases lead to an increase in preventable deaths and a decrease in the quality of life. Chronic diseases include: Diabetes, Heart Disease, High Blood Pressure, Obesity and High Cholesterol.

Local Assets & Resources

- Ascension Michigan School Based Health Centers
- National Kidney Foundation
- American Diabetes Association
- Detroit Health Department
- Oakland County Health
- Department
- Macomb County Health
- Department
- Livingston County Health
- Department
- St. Clair County Health Department
- Wayne County Health Department
- City of Novi Parks & Recreation
- City of Howell Parks & Recreation
- City of St. Clair Shores Parks & Recreation
- City of Warren Parks & Recreation
- City of Southfield Parks & Recreation

Data Highlights

Chronic Disease

Source: MDHHS BRFSS, 2018-2020, Age 18+

Across all areas:
- Obese persons ranged from 29% to 40%
- Overweight persons ranged from 31% to 36%

Across all areas:
- Cancer ranged from 8% to 18%
- Diabetes ranged from 9% to 13%
- High blood pressure ranged from 32% to 45%

Community Challenges & Perceptions

- Lack of access to primary care and specialists
- Lack of transportation
- Lack of treatment options outside of normal business hours
- Many resources were restricted or unavailable due to the pandemic.
- Fear of contracting the virus

Individuals Who Are More Vulnerable

- Persons aged 65 and older are at an increased risk for Chronic Diseases.
- Individuals without insurance are at an increased risk due to lack of screening, prevention and treatment.
- Economic barriers also impair proper screening, prevention and treatment.
- General population spent time quarantined.

Diet and Exercise, including Obesity

Why is it Important?

Lack of physical activity, improper or poor nutritional health leads to an increase in overweight and obesity. Poor diet and the lack of physical activity is also associated with chronic disease, decreasing quality of life and premature death.

Local Assets & Resources

- Ascension Michigan Weight Loss Program
- American Heart Association
- Area Agency on Aging 1-A
- Area Agency on Aging 1-B
- Detroit Health Department
- Oakland County Health Department
- Macomb County Health Department
- Livingston County Health Department
- St. Clair County Health Department
- Wayne County Health Department
- Ascension SEM Community Health Faith and Community Partnerships
- Ascension Michigan School Based Health Centers
- City of Novi Parks & Recreation
- City of Howell Parks & Recreation
- City of St. Clair Shores Parks & Recreation
- City of Warren Parks & Recreation
- City of Southfield Parks & Recreation
- Jewish Vocational Services

Data Highlights

Physical Health Profile

Source: MDHHS BRFSS, 2018-2020 and 2017-2019, 18+*

Across all areas:
- High blood pressure ranged from 31% to 45%.
- No leisure time physical activity ranged from 18% to 33%
- Those with adequate physical activity ranged from 21% to 35%
- Obese persons ranged from 29% to 40%
- Overweight persons ranged from 31% to 36%
- Poor Physical Health ranged from 18% in Detroit to 8% in Livingston.
- Healthy weight ranged from 32% in Oakland to 27% in Detroit.
- Obesity ranged from 29% in Oakland to 40% in Detroit.

Community Challenges & Perceptions

- Lack of access to primary care and specialists
- Lack of transportation
- Many resources and health facilities; such as local recreation centers, were restricted or unavailable due to the pandemic.

Individuals Who Are More Vulnerable

- Persons aged 65 and older are at an increased risk for Chronic Diseases.
- Individuals without insurance are at an increased risk due to lack of screening, prevention and treatment.
- Economic barriers also impair proper screening, prevention and treatment.
- Individuals diagnosed as "overweight" or "obese."

Mental and Behavioral Health

Why is it Important?

Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to other and daily functioning. Mental health issues are associated with increased rates of smoking, physical inactivity, obesity and substance abuse. As a result, these physical health problems can lead to chronic disease, injury, disability and death (including overdose or suicide). During the COVID-19 pandemic, depression, anxiety and suicidal ideation have increased and access to mental health providers and treatment has been limited.

Local Assets & Resources

- Ascension Michigan School Based Health Centers
- Eastwood Clinics
- Oakland Family Services
- New Hope Center for Grief Support
- St. Clair County Community Mental Health
- Black Family Development
- New Day Foundation for Families
- Chaldean Community Foundation
- Matrix Human Services
- Lighthouse of Oakland County
- Vista Maria
- The Family Center
- Alternatives for Girls
- Catholic Charities of Southeast Michigan
- Catholic Charities Livingston

Data Highlights

Mental Health Condition

■ Any Mental Health Issue   ■ Major Depressive Episode

	Livingston	Macomb	Oakland	St. Clair	Wayne
Any Mental Health Issue	20%	19%	16%	20%	19%
Major Depressive Episode	17%	17%	15%	17%	17%

Source: National Survey on Drug Use and Health, 2016-2018 Age 12+

Across all areas:
- Poor Mental Health ranged from 16% to 19%
- Depression-ever told ranged from 19% to 25%
- Serious Mental Health issues ranged from 4% to 5%
- Major depressive episodes ranged from 6% to 7%
- Serious suicidal thoughts report by 4%
- Receiving Mental Health services ranged from 14% to 17%

Community Challenges & Perceptions

- Lack of accessible and affordable mental health care
- Services are not culturally and/or linguistically available

Individuals Who Are More Vulnerable

- Individuals impacted by the isolation and quarantine of COVID-19.
- Individuals impacted by the grief and loss of friends, relatives and co-workers during COVID-19.
- Children and adults impacted by the switch from in-classroom instruction to a virtual, home-based environment.

Access to Care

Why is it Important?

Regular visits to your primary care is an essential component to maintaining good health, experiencing a healthy pregnancy and birth outcome, and for early detection of disease or chronic conditions that can hamper quality of life.

Local Assets & Resources

- Ascension School Based Health Centers
- Ascension Maternal Infant Health Program
- FernCare Free Clinic
- Advantage Health Centers
- Chaldean Foundation
- Michigan Association of Physicians of Indian Heritage Clinic
- Detroit Health Connection
- Community First Health Centers
- Oakland Primary Health Services
- Livingston County Health Department
- St. Clair County Health Department

Data Highlights

Primary Care Physicians (Population per 1 Provider)

County	Population per 1 Provider
Livingston	1,970
Macomb	1,870
Oakland	710
St. Clair	2,180
Wayne	1,380

In the Service Area:

- Adequate Prenatal Care (PNC) ranged from 81% in Oakland to 53% in Detroit.
- Intermediate PNC ranged from 31% in Detroit to 15% in Oakland.
- Inadequate PNC ranged from 15% in Detroit to 4% in Oakland.
- Smoking while pregnant ranged from 25% in St. Clair to 6% in Oakland.
- Excessive weight gain ranged from 48% to 42% across the Service Area.

Community Challenges & Perceptions

- Affordability
- Individuals with Medicaid may experience difficulty in finding a provider that accepts their insurance.
- Implicit bias
- Fear of contracting the COVID-19 virus caused delays in obtaining health care

Individuals Who Are More Vulnerable

- Low income families are less likely to receive care thus more likely to have unmet needs than families with higher incomes.
- Individuals with limited or no insurance are less likely to receive care.
- Those individuals who might be unaware of services.
- Women who delay seeking prenatal care until the second and third trimester.

Prioritized Needs

Ascension has defined "prioritized needs" as the significant needs which have been prioritized by the hospitals to address through the three-year CHNA implementation strategy. Ascension SEM hospitals understand the importance of all the health needs of the community and are committed to playing an active role in improving the health of the people in the communities it serves.

Following the completion of the 2021 CHNA, Ascension SEM hospitals, in collaboration with Ascension SEM Community Health Department and Ascension Michigan Community Benefit Center of Expertise, consideration was given to select factors in determining the significant needs that would be selected as prioritized needs. A select group of subject matter experts in the form of the CHNA steering committee considered the factors below:
- Is the need one that can be measured/tracked over time?
- Does the need align with overall available and potentially available resources and partner opportunities?
- Does the need align with overall health system strategy and focus areas for community impact?

After thorough consideration, Ascension SEM hospitals' selected the following prioritized needs outlined below for its 2021 implementation strategy.
- **Mental Health** (includes stress, anxiety and depression) - This need was selected because of the ranking and data and its focus as a generalized area of vulnerability in the overall Southeast Michigan population.
- **Healthy Behaviors and Chronic Disease Issues** - This need was selected because of trending indicating increases in chronic disease as well as survey data indicating a lack of opportunities for regular physical activity and the trending toward obesity and overweight. These represent significant risk factors for many chronic diseases. Therefore the promotion of healthy lifestyles was selected.
- **Access to Care** (with emphasis on maternal and infant health) - This need was selected because of more current data trending indicating an increase in the number of persons expressing problems accessing care due to costs and other factors. Also the current trending around the increase in maternal death rate and the slowed reduction in infant mortality in Southeast Michigan.

It's important to note that all significant needs will be addressed as prioritized needs within the 3-year implementation strategy. After evaluating Ascension SEM hospital's resources, program strengths, partnerships, and capacity to make an impact, the four significant needs were modified (in title) and became the three prioritized needs, thus addressing all significant needs.

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on the prioritized needs within the preceding CHNA. By reviewing the actions taken to address the prioritized needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

The three (3) prioritized needs for the 2019 CHNA Implementation Strategy plan are outlined below. Highlights from impact made include:

- **Obesity Reduction and Diabetes Prevention** - Implemented the Center for Disease Control and Prevention (CDC) Diabetes Prevention Program (DPP) and over 150 participants were served through the program. One of the DPP goals was for participants to lose at least 5% of their weight; about 70% of participants have lost at least 5% of their weight and nearly 1,000 total lbs lost across all DPP cohorts. Prior to COVID-19, the program was offered in-person; however, it swiftly transitioned to virtual. During the COVID-19 pandemic, Ascension Southeast Michigan Community Health Department applied and was granted CDC approval for Long Distance Learning status (virtual DPP classes).
- **Mental Health/Substance Abuse** - Increased access to mental health programs/services for children and youth by adding programs/services in over 10 School Based Health Centers.
- **Improving Maternal/Infant Health** - Through the Maternal Infant Health Program (MIHP), 65% of women enrolled, and seen by Ascension physicians, achieved adequate prenatal care (7 to 13 prenatal care visits)

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2019 CHNA can be found in Appendix F (page 53).

Approval by Ascension Southeast Michigan Board of Trustees

To ensure the Ascension SEM hospital's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA was presented to the Ascension Southeast Michigan Board of Trustees for approval and adoption on June 20, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities Ascension SEM hospitals serve. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension SEM hospitals to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension SEM hospitals hope this report offers a meaningful and comprehensive understanding of the most significant needs for residents of southeast Michigan. As a Catholic health ministry, Ascension SEM hospitals are dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension SEM hospitals are dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch.

Ascension SEM hospitals value the community's voice and welcome feedback on this report. Please visit this public website (https://healthcare.ascension.org/chna) to submit your comments.

Ascension

Appendices

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Appendix A: Definitions and Terms

Acute Community Concern
An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern. Source: Ascension Acute Community Concern Assessment Framework

Collaborators
Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups
Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations. Source: www.chausa.org/communitybenefit/assessing-and-addressing-community-health-needs

Community Served
A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants
Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics
Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density. Source:www.chausa.org/communitybenefit/assessing-and-addressing-community-health-needs

Identified Need
Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

Key Stakeholder Interviews
A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews. Source:www.chausa.org/communitybenefit/assessing-and-addressing-community-health-needs

Medically Underserved Populations
Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language,

financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.
Source: www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

Prioritized Need
Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

Significant Need
Identified needs which have been deemed most signficant to address based on established criteria and/or prioritization methods

Surveys
Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.
Source: www.chausa.org/communitybenefit/assessing-and-addressing-community-health-needs

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The descriptions of the importance of the data are largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Indicator	City of Detroit	Livingston	Macomb	Oakland	St. Clair	Wayne, excl. Detroit
Total population	679,553	188,141	879,710	1,292,212	160,692	1,112,827
% Female	n/a	49.90%	51.30%	51.00%	50.30%	51.80%
% Male	n/a	50.10%	48.70%	49.00%	49.70%	48.20%
Source: US Census Bureau, ACS Estimates, 2019						

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Indicator	City of Detroit	Livingston	Macomb	Oakland	St. Clair	Wayne, excl. Detroit
Total population	679,553	188,141	879,710	1,292,212	160,692	1,112,827
White	14.7%	96.5%	79.8%	74.9%	93.4%	76.4%
Black or African American	77.9%	0.5%	11.7%	13.6%	3.0%	14.1%
American Indian and Alaska Native	0.7%	0.3%	0.4%	0.3%	0.2%	0.3%
Asian	1.7%	1.1%	4.4%	8.1%	0.6%	4.6%
Two or more races	1.7%	1.5%	3.0%	2.6%	1.9%	3.1%
Hispanic or Latino (of any race)	8.3%	2.6%	2.8%	4.3%	3.5%	4.8%
Arab Ancestry	2.2%	2.2%	2.2%	3.3%	0.5%	3.7%
Source: US Census Bureau, ACS Estimates, 2019						

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Indicator	City of Detroit	Livingston	Macomb	Oakland	St. Clair	Wayne, excl. Detroit
Total population	679,553	188,141	879,710	1,292,212	160,692	1,112,827
% below 18 years of age	n/a	20.80%	20.80%	20.70%	20.50%	23.60%
% 65 and older	n/a	17.90%	17.40%	17.30%	19.40%	15.80%
Source: US Census Bureau, ACS Estimates, 2019						

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Indicator	City of Detroit	Livingston	Macomb	Oakland	St. Clair	Wayne, excl. Detroit
Median Household Income	$33,965	$86,512	$64,947	$81,190	$59,837	$50,573
% of persons with incomes below the federal poverty guideline	31%	4%	8.4%	7.7%	10%	13%
Source: US Census Bureau, ACS Estimates, 2019						

Education

Why is it important: There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Indicator	City of Detroit	Livingston	Macomb	Oakland	St. Clair	Wayne, excl. Detroit
High school completion	n/a	95%	90%	94%	91%	86%
Some college	n/a	74%	68%	82%	65%	61%
Source: University of Wisconsin Population Health Institute, CHR&R 2021						

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Indicator	City of Detroit	Livingston	Macomb	Oakland	St. Clair	Wayne, excl. Detroit
Uninsured	n/a	5%	6%	6%	6%	7%
Source: University of Wisconsin Population Health Institute, CHR&R 2021						

Appendix C: Community Input Data and Sources

Adult Community Survey

The adult (general) community survey contained 36 questions, and was distributed to adults age 18+ by email, paper surveys located in medical centers, and shared electronically through our partner organizations. 751 responses were received. The following questions were asked:

1. Please type in the 5-digit zip code where you live.
2. Which category includes your age?
3. How much total combined money did all members of your household earn during 2020 before taxes?
4. What is the highest level of education you have received?
5. Which of the following best describes your race?
6. Which of the following best describes your ethnicity?
7. What gender do you identify with? Select all that apply.
8. What language do you speak at home?
9. Thinking about your mental and emotional health, for how many days during the past 30 days was your mental or emotional health not good?
10. Thinking about your physical health for how many days during the past 30 days was your physical health not good?
11. Compared to 1 year ago, how would you rate your physical health in general now?
12. In general how do you describe your overall health?
13. In your opinion, which of the following are the greatest health concerns **for your community?** Select up to three. List of possible answer/options to be listed as help text (recommended options).
14. In the following list, what do you think are the three most important behaviors that put your community at risk?
15. Do you now smoke cigarettes every day, some days, or not at all?
16. Do you use electronic cigarettes every day, some days rarely, or not at all?
17. During the past month, how many times per week did you eat fruits and vegetables? Do not include juices.
18. On average, how many hours of sleep do you get in a 24-hour period?
19. What is your best estimate of the number of days you drank alcohol during the past 30 days?
20. What is your best estimate of the number of days you drank alcohol during the past 30 days?
21. How safe do you feel in your community, where you work, live and play?
22. How do you typically get to and from places in and around the community you live?
23. In the past 12 months how often were you worried food would run out before you could buy more?
24. Do you live close to a grocery store?
25. What are the top 3 strengths of your community?
26. What are the top 3 weaknesses of your community?
27. How long has it been since your last routine health checkup in-person or virtually (such as talking by phone or video on tablet or laptop)?
28. Is everyone in your household covered by health insurance?
29. If YES: whatt types of coverage do you have: (Mark all that apply.)
30. During the past 12 months, did you need: (answer for each type of care): Medical care, Dental care, Behavioral/mental health care, Substance abuse care, Prenatal care
31. If YES, If one or more types of care was needed and not received, why not? (Mark all that apply.)

32. Was there any time when you DELAYED getting medical care because of the coronavirus pandemic?
33. Have you, or has anyone in your household experienced a loss of employment income since March 13, 2020 due to the coronavirus?
34. During the 2020 COVID pandemic, how has your sitting and screen time changed?
35. During the 2020 COVID pandemic, how has your physical activity changed?
36. Have you received a COVID-19 vaccine?
37. During the 2020 COVID pandemic, how have your stress and anxiety levels changed?

Youth Community Survey

The youth community survey contained 24 questions, and was distributed to students in the Ascension SEM School-Based Health Centers through electronic and paper surveys. 121 responses were received. The following questions were asked:

1. What is your sex?
2. What is your race?
3. How old are you?
4. What city do you live in?
5. What language do you and your family speak at home?
6. Thinking about your mental health, during the last 30 days, how many days did you feel so sad or hopeless that it stopped you from doing some usual activities?
7. How is your health most of the time?
8. In your opinion, which of the following are the greatest health concerns for your community? Select up to 3.
9. In the following list, what do you think are the 3 most important behaviors that put your community at risk?
10. Do you smoke cigarettes and/or e-cigarettes/vaping?
11. If yes, how many days in a week do you smoke cigarettes and/or e-cigarettes/vaping?
12. How many servings of fruits and vegetables do you eat each day?
13. On an average school night, how many hours of sleep do you get?
14. Do you drink alcohol?
15. If yes, how much alcohol do you drink in a week?
16. How do you typically get to and from places in and around the community you live?
17. In the past 12 months, how often were you worried food would run out before you could get more?
18. How safe do you feel in your community, where you go to school, live and play?
19. What are the top 3 strengths of your community?
20. What are the top 3 weaknesses of your community?
21. In the last year (12 months), have you seen (virtual visit) or been (in person) to a doctor?
22. During the 2020 COVID-19 pandemic, how has your sitting and screen (tv, cell phone, tablet, video games) time changed?
23. During the 2020 COVID-19 pandemic, how has your physical activity changed?
24. Have you received a COVID-19 vaccine?

Key Stakeholder Survey

The key stakeholder survey contained 8 questions, and was distributed electronically through our partner organization and during the key stakeholders focus group sessions. 23 responses were received.

> 1. What populations does your organization primarily serve?
> 2. Please list the 5 digit zip codes of the areas you primarily serve.
> 3. In your opinion, which of the following are the greatest health concerns for your community? Select up to 3.
> 4. In the following list, what do you think are the 3 most important behaviors that put your community most at risk?
> 5. What are the top 3 strengths of your community?
> 6. What are the top 3 weaknesses of your community?
> 7. What would improve the quality of life for those within your community?
> 8. Which of the following have been the biggest challenges for your community as a result of the COVID-19 pandemic? Select all that apply.

Key Stakeholders Focus Groups

Key Stakeholder focus groups were conducted by Ascension SEM Community Health to gather feedback from key stakeholders on the health needs and assets of southeast Michigan (Wayne [City of Detroit], Oakland, Macomb, Livingston, and St. Clair counties). The following questions were asked:

Priority Needs	1. In Ascension Southeast Michigan's previous community health needs assessment, or CHNA, Obesity reduction and Diabetes prevention, Mental Health/Substance Abuse Prevention, and Improving Maternal/Infant Health was identified as a need. • Has this issue gotten better, gotten worse, or remained the same? • In your personal opinion, does it remain a significant need? (Continue with a list of identified needs from the previous CHNA cycle.)
	2. Other than the needs we just discussed, what are the most important health issues that you see in your community?
Social Determinants of Health and Access to Care	3. What are the most important social issues that you see in your community?
	4. What specific populations, if any, are disproportionately affected by the issues just mentioned?
	5. Are you aware of social factors that influence the issues we've discussed for your community? If so, what social factors have the biggest influence?
	6. What health services are lacking for the people with whom you work?
COVID- 19 and Strategies and Approaches to moving forward	7. What have been some of the challenges for your clients/customers as a result of the COVID-19 pandemic? (i.e. Access to care, employment, lack of food/healthy food).

	8. What are some strategies/approaches that your organization has implemented to address the needs in your community?

Community Advisory Committee (CAC) Input

In 2020, Ascension Southeast Michigan Community Health established Community Advisory Committees (CAC) composed of a diverse group of key stakeholders including educators, business and faith leaders, nonprofit and public agencies serving infants, children and seniors, to establish, maintain and/or enhance its relationships with the community.

For the 2021 CHNA, members of the CACs, along with others from the five county service area, were invited to participate in the prioritization process held on April 20, 2022. The table below outlines those who participated:

First Name	Last Name	Title	Organization
Douglas	Apple	Physician and Chief Clinical Officer	Ascension Michigan
Markyta	Armstrong-Goldman	Manager of Clinical Quality Improvement	Ascension Medical Group
Harold	Bacheldor	Physician and Chief Medical Officer	Ascension River District Hospital
Keith	Bellovich	Physician and Chief Medical Officer	Ascension St. John Hospital
Diane	Bertalan	Director of Faith and Community Partnerships	Ascension SEMCommunity Health
Jennifer	Bingaman	Executive Director	The Family Center of Grosse Pointe/Harper Woods
Antonio	Bonfiglio	Physician and Chief Medical Officer	Ascension Macomb Oakland Hospital
MiVida	Burrus	Chief Development Officer	HAVEN of Oakland County
Steven	Candela	Director, Behavioral Health	Ascension Eastwood Clinics
Kenneth	Coleman	Director, Ascension Michigan School Based Health Centers	Ascension SEM Community Health
Nadine	Cook	Manager, Planning, Reporting and Community Engagement	Ascension SEM Community Health
Roland	Cruickshank	Chief Operating Officer - East Region	Ascension Michigan
Angela	Delpup	Director, Community and Senior Programs	Ascension Providence Rochester
Grenae	Dudley	President & CEO	The Youth Connection
Jennifer	Frush	President	New Hope Center of Grief Support

Kevin	Grady	Physician and President Ascension - East Region	Ascension Michigan
Karen	Gray-Sheffield	Director, Maternal & Infant Health Services	Ascension SEM Community Health
Jonnie	Hamilton	Manager, School Based Health Centers	Ascension SEM Community Health
Peggy	Hayes	Executive Director	The Helm Life Center
Jamii	Hitchcock	Superintendent	Oak Park School District
Carrie	Hribar	Planning & Evaluation Supervisor	Oakland County Health Division
Larry	Jordan	Senior Pastor	Family Victory Fellowship Church
Leon	Judd	President	National Alliance on Mental Illness
Deborah	King	Physician and Vice President of Women's Health	Ascension Michigan
Thomas	Klein	Chief Operating Officer	Ascension Medical Group
Amy	Kruppe	Superintendent	Hazel Park School District
Andy	Kruse	Director of Community Benefit	Ascension Michigan
Deborah	Levan	Physician and Chief of Medicine	Ascension Macomb Oakland Hospital
Daphne	Marbury	Manager, School Based Health Centers	Ascension SEM Community Health
Julie	Markgraf	Chief Legal Counsel	Ascension Michigan
William	Mott	Chief Operating Officer	Ascension Macomb Oakland Hospital
Beth	Newman	Community Liaison Specialist	Livingston County Catholic Charities
John	Onofrey	Chief Nursing Officer	Ascension Macomb Oakland Hospital
Beth	Pomranky-Brady	Manager, Community Benefit	Ascension Michigan
Paul	Propson	President	Catholic Charities of Southeast Michigan
Denise	Robertson	Regional Director Case Management	Ascension
Mark	Robinson	Executive Director	Livingston County Catholic Charities
David	Rupprecht	Program Specialist, Office of Planning, Reporting and Community Engagement	Ascension SEM Community Health
Courtney	Rynkiewicz	Health Promotion Coordinator	Livingston County Health Department

Selena	Schmidt	Vice President of Behavioral Health Services	Ascension Michigan
Andrew	Schwartz	Data Analyst	Ascension SEM Community Health
Susan	Styf	Executive Director	CARE of Southeastern Michigan
Carol	Taggart	Executive Director	The Arc Livingston County
Cynthia	Taueg	Vice President of Community Based Services	Ascension SEM Community Health
Jamila	Taylor	Family Medicine Residency Director	Deighton Family Medicine
Victoria	Tyler	Director	Vista Maria
Mary	Vogt	Chief Development Officer	Vista Maria

Appendix D: Secondary Data and Sources

The tables below were provided by our consultant, Southeast Michigan Health Association. Data sources are listed following each topic area.

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Length of Life							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Premature death	*Years of potential life lost before age 75 per 100,000 population (age-adjusted)*	7,500	5,000	7,600	5,600	8,300	10,500
Life expectancy	*How long the average person should live*	78.1	80.9	78	80.4	77	75.5
Premature age-adjusted mortality		360	250	370	280	400	490
Child mortality		50	30	50	40	40	80
Infant mortality	*Number of all infant deaths (within 1 year) per 1,000 live births*	7	4	6	6	5	9
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Physical Health							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Poor or Fair Health	*Percent of adults reporting fair or poor health.*	18%	13%	17%	14%	19%	24%
Poor Physical Health Days	*Average number of physically unhealthy days reported in past 30 days (age-adjusted).*	4.3	3.5	4.3	3.7	4.8	5
Frequent Physical Distress	*Percent of adults reporting 14 or more days of poor physical health per month.*	13%	11%	13%	11%	14%	16%
Low Birth Weight	*Percent of babies born too small (less than 2,500 grams).*	9%	6%	9%	8%	7%	11%
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Mental Health							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Poor Mental Health Days	*Average number of mentally unhealthy days reported in the past 30 days.*	4.7	4.2	4.8	4.1	4.9	5.3

Frequent Mental Distress	*Percent of adults reporting 14 or more days of poor mental health per month.*	15%	13%	15%	12%	16%	16%
Suicide	*Number of deaths due to suicide per 100,000.*	14	14	15	12	19	12
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Morbidity							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Diabetes prevalence	*Percent of adults aged 20 and above with diagnosed diabetes.*	11%	8%	12%	9%	10%	12%
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Communicable Disease							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
HIV Prevalence	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.	189	51	162	190		462
Sexually Transmitted Infections	Number of newly diagnosed chlamydia cases per 100,000.	507.8	197.2	406.3	351.4	308.8	861.9
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Income							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Median Household Income	*Income where half of households in a county earn more and half of households earn less.*	$59,500	$87,800	$65,100	$81,300	$60,200	$50,800
Unemployment	*Percentage of population ages 16 and older unemployed but seeking work.*	4.10%	3.30%	4.20%	3.40%	4.90%	5.10%
Childhood Poverty	*Percentage of people under age 18 in poverty.*	18%	5%	12%	9%	14%	29%
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Education							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
High School Completion	*Percentage of ninth grade cohort that graduates in four years.*	91%	95%	90%	94%	91%	86%
Some College	*Percentage of adults ages 25-44 with some post-secondary education.*	68%	74%	68%	82%	65%	61%
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Social/Community							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Children in single-parent homes	*Percentage of children that household headed by a single parent.*	26%	14%	23%	19%	22%	39%
Social Associations	*Number of membership associations per 10,000 population.*	9.8	7.6	5.6	8	9.2	7.2
Disconnected Youth	*Percentage of teens and young adults ages 16-19 who are neither working nor in school.*	7%	4%	6%	5%	8%	10%
Violent Crime	*Number of reported violent crime offenses per 100,000 population.*	443	117	293	178	319	1,016
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Access to Healthy Foods							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Food Environment Index	*Index of factors that contribute to a healthy food environment, 0-worst 10-best.*	7	8.8	8	8.4	7.1	7
Food Insecurity	*Percent of the population who lack adequate access to food.*	14%	8%	12%	10%	13%	17%
Limited Access to Healthy Foods	*Percent of the population who are low-income and do not live close to a grocery store.*	6%	5%	5%	5%	13%	4%
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Physical Environment

Why they are important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor

physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Physical Environment							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Severe housing cost burden	*Percentage of households that spend 50% or more of their household income on housing.*	12%	9%	12%	12%	11%	17%
Severe Housing Problems	*Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.*	15%	11%	14%	13%	13%	20%
Air Pollution - Particulate Matter	*Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).*	7.1	9	7.5	7.9	7.8	11.3
Homeownership	*Percentage of occupied housing units that are owned.*	71%	85%	73%	71%	77%	62%
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Healthcare Access							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Uninsured	*Percentage of population under age 65 without health insurance.*	7%	5%	6%	6%	6%	7%
Uninsured Adults	*Percentage of adults under age 65 without health insurance.*	8%	5%	8%	7%	7%	8%
Uninsured children	*Percentage of children under age 19 without health insurance.*	3%	3%	3%	3%	3%	3%
Primary Care Physicians	*Ratio of the population to primary care physicians.*	1,270:1	1,970:1	1,870:1	710:1	2,180:1	1,380:1
Other Primary Care Providers	*Ratio of the population to primary care providers other than physicians.*	880:1	2,160:1	1,420:1	700:1	1,360:1	1,130:1
Mental Health Providers	*Ratio of the population to mental health providers.*	360:1	510:1	510:1	280:1	400:1	330:1
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Hospital Utilization							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Preventable Hospital Stays	*Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.*	4,789	3,260	5,841	5,023	5,867	7,064
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Preventative Healthcare							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Flu Vaccinations	*Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.*	47%	55%	51%	51%	47%	45%
Mammography Screenings	*Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.*	44%	46%	42%	44%	37%	38%
Source: https://www.countyhealthrankings.org/explore-health-rankings							

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Healthy Life							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Adult Obesity	*Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.*	32%	29%	32%	25%	34%	35%
Physical Inactivity	*Percentage of adults age 20 and over reporting no leisure-time physical activity.*	23%	20%	24%	19%	27%	27%
Access to Exercise Opportunities	*Percentage of population with adequate access to locations for physical activity.*	85%	89%	95%	94%	73%	95%
Insufficient Sleep	*Percentage of adults who report fewer than 7 hours of sleep on average.*	40%	34%	38%	38%	41%	45%

Motor Vehicle Crash Deaths	Number of motor vehicle crash deaths per 100,000 population.	10	9	7	5	11	9

Source: https://www.countyhealthrankings.org/explore-health-rankings

Substance Use and Misuse							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Adult Smoking	Percentage of adults who are current smokers.	20%	17%	22%	16%	23%	24%
Excessive Drinking	Percentage of adults reporting binge or heavy drinking.	21%	23%	19%	22%	21%	20%
Alcohol-Impaired Driving Deaths	Percent of Alcohol-impaired driving deaths.	29%	24%	26%	25%	16%	29%

Source: https://www.countyhealthrankings.org/explore-health-rankings

Substance Use and Misuse							
Indicator	**Description**	**Michigan**	**Livingston**	**Macomb**	**Oakland**	**St. Clair**	**Wayne**
Teen Births	Number of births per 1,000 female population ages 15-19.	18	6	13	9	20	27
Sexually Transmitted Infections	Number of newly diagnosed chlamydia cases per 100,000 population.	507.8	197.2	406.3	351.4	308.8	861.9

Source: https://www.countyhealthrankings.org/explore-health-rankings

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension SEM hospitals have cataloged resources available in Livingston, Macomb, Oakland, St. Clair, and Wayne (City of Detroit) counties that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each **significant need** heading is not intended to be exhaustive.

Chronic Disease Issues, including Diabetes and Cancer

Organization Name	Phone	Website
New Day Foundation for Families	248-648-1105	www.newdayff.org
National Kidney Foundation of Michigan	800-482-1455	https://nkfm.org/
Detroit Area Agency on Aging	313-446-4444	www.detroitseniorsolution.org/
American Lung Association	800-586-4872	www.lung.org/
American Cancer Society	800-227-2345	https://www.cancer.org/about-us/local/michigan.html
American Diabetes Association	248-433-3830	www.diabetes.org/

Diet and Exercise, including Obesity

Organization Name	Phone	Website
City of Southfield Parks & Recreation	248-796-4620	www.cityofsouthfield.com/departments/parks-recreation
Ascension Weight Loss Programs	248-967-7326	healthcare.ascension.org/locations/michigan/midet/madison-heights-ascension-medical-group-weight-loss-program?utm_campaign=gmb&utm_medium=organic&utm_source=local
St. Clair Shores Parks & Recreation	586-445-5200	www.scsmi.net/303/Parks-Recreation
Livingston Parks & Recreation	517- 546-0693	https://www.livgov.com/parks

Novi Parks & Recreation	248-347-0400	https://cityofnovi.org/services/parks,-recreation-and-cultural-services
Detroit Health Department WIC Program	313-876-4555	https://detroitmi.gov/departments/detroit-health-department/programs-and-services/wic-women-infants-and-children-program

Mental and Behavioral Health

Organization Name	Phone	Website
Eastwood Behavioral Health	313-343-7320	healthcare.ascension.org/specialty-care/behavioral-mental-health/why-ascension/miasc-mi-behavioral-health-services-at-ascension-eastwood
Catholic Charities of Southeast Michigan	855-882-2736	ccsem.org/
New Day Foundation for Families	248-648-1105	www.foundationforfamilies.org/
Catholic Charities of Livingston County	517-545-5944	www.livingstoncc.org
National Alliance on Mental Illness	313-576-6939	www.namidetroit.org

Access to Care

Organization Name	Phone	Website
Advantage Health Centers	313-416-6200	www.ahcdetroit.org
Livingston County Health Department	517-546-9850	https://www.livgov.com/health
HUDA Clinic	313-865-8446	www.hudaclinic.org/local/Free-Dental-Care-Metro-Detroit.html
St. Clair County Health Department	810-987-5300	https://stclaircounty.org/PageBuilder/scchd/

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension SEM hospital's previous CHNA implementation strategy was approved in September 2019, and addressed the following priority health needs: Obesity reduction and Diabetes Prevention, Mental Health/Substance Abuse Prevention, and Improving Maternal/infant Health. The table below describes the actions taken during the 2020-2022 CHNA to address each priority need and indicators of improvement. The Public Health Emergency due to the pandemic impacted our ability to complete many of our strategies, though some areas were able to continue providing services in a virtual setting after a short period of transition.

Note: At the time of the report publication (e.g., June 2022), the fourth quarter of the third year of the cycle will not be complete. The results reflect Fiscal Years 2020-2021 (Years 1-2), and through the third quarter of Fiscal Year 2022 (Year 3).

PRIORITY NEED	Obesity reduction and Diabetes Prevention	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Ascension Southeast Michigan Wellness Centers		

Increase wellness center hours to accommodate more participants	Not met due to the public health emergency	• Process Measures:
		   o Addt'l 2 hours added to Wellness centers
		   o Goal: 98 hours, Results: 72/98 = 75%
		      ▪ Transitioned to virtual exercise classes

Maintain and increase partners to promote Wellness center exercise classes	Not met due to the public health emergency	• Process Measures:
		   o Maintained 6 partnerships that promoted the exercise classes in their communications to the public
		   o 1 new partnership with a local health departments
		   o Goal: 20, Results: 6/18 = 33.3%

Enhance Fitness exercise class, improve participants physical activity	Completed	• Outcome Measures: o Goal: 80%, Results: 86.1% of participants self reported a 50% improvement in their physical activity via survey
Track referrals into DPP from AMG and hospital diabetes education, Providence Medical Ctr and physician offices	Completed	• Outcome Measures: o Goal: 120 referrals, Result: 133.
Schedule/implement 8 new DPP cohorts	Completed	• Outcome Measures: o Goal: 24 cohorts, Result: 59.

50% of participants enrolled in a DPP cohort will decrease weight by at least 5%	Completed	● Outcome Measures: ○ Goal: 50%, Result: 68%
Retain 80% of participants after session #16 of the 16 week of DPP	Not met due to the public health emergency	● Outcome Measures: ○ Goal: 80%, Result: 71%

PRIORITY NEED	Mental Health/Substance Abuse Prevention	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Expansion of mental health services in 3 school-based health centers (SBHCs)	Completed	● **Process Measures:** ○ 6 SBHCs in FY 2020, Goal:3, Result: 6
Expansion of telehealth mental health services to 4 school based health centers (SBHCs)	Completed	● **Process Measures:** ○ 8 SBHCs in FY 2021 Goal:4, Result:8
Convert referrals to Eastwood Behavioral Health clinics to scheduled appointments	Not met due to the public health emergency	● **Process Measures:** ● 40% of the auto-referrals received into the Eastwood clinics will be converted to scheduled appointments. ○ FY 2020 & 2021 - 51% of referrals converted to schedule appointments, Goal: 40%, Result: 25.5%

Implement the Rapid Assessment for Adolescent Preventive Services (RAAPS) as a suicide risk screening and provide mental health education, counseling and referral for youth in partner schools.	On track to complete	● **Process Measures:**
		● FY 2020, 2021, FY 2022 YTD
		  ○ 5,417 students screened for depression and suicide with the RAAPS screening Goal: 7,354
		  ○ 1.004 students counseled for depression and suicide Goal: 1,550
		  ○ 51 students referred to an external provider for additional support/treatment of depression and suicide Goal: 68,

Implement Red Flags mental health education, counseling and referral for youth in partner schools.
 	
- Implement the Red Flags program into 4
	On track to complete	● **Process Measures:**
		● FY 2020, 2021, FY 2022 YTD
		  ○ Implemented program in 7 SBHCs behavioral health sites
		  ○ 82 sessions completed Goal: 150

		o 516 students trained in the Red Flags program Goal: 1,500 Result: 516
		● **Outcome Measures:**
		● Increase knowledge of signs, symptoms and information of mental health by 80%.
		o In FY 2021, 92% of students increased knowledge Goal: 80%, Result: 31%

PRIORITY NEED	Improving Maternal/Infant Health	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Increase the utilization of the Maternal Infant Health Program (MIHP), which provides evidenced based services to improve awareness, knowledge and behaviors for preventing maternal mortality and infant mortality for communities, including vulnerable and at-risk communities.	Completed	● Process Measures: ● Increase referrals to the MIHP program from Ascension hospitals (St John, Providence Southfield, and Macomb) by 15%. ● FY 2020, 2021, FY 2022 YTD o Referrals increased by 40%, Goal: 15%, Result: 40%
Achieve Adequate Prenatal visits - 65% of women seen by Ascension physicians and enrolled in MIHP will achieve adequate prenatal care (7 to 13 prenatal care visits).	Completed	● Process Measures: # of events, materials, participants, etc. ● Outcome Measures: ● FY 2020, 2021, FY 2022 YTD o Goal 65%, Result 67%
Improvement of knowledge of breast feeding and safe sleep practices pre/post test.	Completed	● Process Measures: # of events, materials, participants, etc. ● Outcome Measures: % change in knowledge, behavior, health metrics o Goal 85%, Result: 100%