Ascension Providence Rochester Hospital

2021 Community Health Needs Assessment
Oakland, Macomb, and Lapeer Counties, Michigan

Conducted July 1, 2021 - June 30, 2022
Hospital Tax Year 2021

Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Oakland, Macomb, and Lapeer counties, 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.

Ascension Providence Rochester Hospital
1101 W. University Dr., Rochester Michigan 48307
https://healthcare.ascension.org/locations/michigan/miroc/rochester-ascension-providence-rochester-hospital
248-652-5000
Tax ID #38-1359247

The 2021 Community Health Needs Assessment report was approved by the Ascension Providence Rochester Board of Trustees on May 10, 2022 (2021 tax year), and applies to the following three-year cycle: July 2022 to June 2025 (FY 2023-FY 2025). This report, as well as the previous report, can be found at our public website.

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.

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Acknowledgements / Executive Statement

The 2021 Community Health Needs Assessment (CHNA) report represents a true collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Oakland, Macomb, and Lapeer counties. Ascension Providence Rochester is 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 Oakland, Macomb, and Lapeer counties.

Executive Summary

The goal of the 2021 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Oakland, Macomb, and Lapeer counties. 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.

Community Served

Although Ascension Providence Rochester serves the Rochester, Michigan and surrounding areas, Ascension Providence Rochester has defined its community served as Oakland, Macomb, and Lapeer counties for the 2021 CHNA. Oakland, Macomb, and Lapeer counties were selected as Ascension Providence Rochester's community served because it is our primary and secondary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2021 CHNA was conducted from August 2021 to March 2022, and utilized a hybrid model with primary components of the Healthy Communities Model and the Mobilizing for Action through Planning and Partnerships (MAPP) Model 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. Community stakeholders of different ages, socioeconomic status, occupations, and cultural backgrounds were invited to participate. Ascension Providence Rochester established an Advisory Board with members from all sectors of our community. The Advisory Board, including Ad Hoc members, assisted in the distribution of the survey. In addition to the surveys, Ascension Providence Rochester conducted three focus group sessions with participants of low income and medicaid populations and those that serve them. 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 Providence Rochester, with contracted assistance from Southeastern Michigan Health Association (SEMHA), analyzed secondary data of over 30 indicators and gathered community input through community surveys and focus groups to identify the needs in the Oakland, Macomb, and Lapeer counties. In collaboration with community partners, Ascension Providence Rochester used a phased prioritization approach to determine the most crucial needs for community stakeholders to address.

The significant needs are as follows:

- Chronic Disease
    - Cardiovascular Disease
    - Diabetes
    - Obesity
- Mental Health
- Access to Care
    - No Routine Physical Check-up
    - No Health Care Coverage
    - No Dental Visit
- Health Factors/Behaviors
    - High Blood Pressure
    - High Cholesterol
    - Adequate Physical Activity - lack of
    - Binge Drinking

Ascension Providence Rochester and Ascension Southeast Michigan Hospitals collaborated to create a steering committee that reviewed the primary and secondary data to identify the significant needs. The Ascension Providence Rochester Advisory Board conducted the Hanlon Method to determine the prioritized needs. Ascension has defined "prioritized needs" as the significant needs which have been prioritized by the hospital to address through the three-year CHNA implementation strategy:

- **Chronic Disease** - This need was selected because chronic disease prevention and treatment will decrease preventable deaths and increase the quality of life of the population served.
- **Mental Health**- This need was selected because 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.
- **Access to Care** - This need was selected because access to affordable, quality health care is important to physical, social and mental health.

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 2600 sites of care – including 145 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 Providence Rochester

As a Ministry of the Catholic Church, Ascension Providence Rochester is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and sister sponsorships, and provides medical care to Oakland, Macomb, and Lapeer counties. Ascension Providence Rochester operates one hospital campus and employs more than 64 primary and specialty care clinicians.

Serving Michigan since 1965, Ascension Providence Rochester (formally Crittenton Hospital) is continuing the long and valued tradition of addressing the health of the people in our community. Ascension Providence Rochester resides in a highly competitive market in Southeast Michigan. There are three other hospital systems within a six-mile radius that provide competing primary, secondary, and tertiary health care services. Ascension Providence Rochester has primary and specialty care doctors and is a fully-accredited teaching facility with residency programs in affiliation with Wayne State University's School of Medicine.

For more information about Ascension Providence Rochester, visit
https://healthcare.ascension.org/locations/michigan/miroc/rochester-ascension-providence-rochester-hospital

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 Providence Rochester's 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 Providence Rochester's Community Health and Education Office, 2251 North Squirrel Road, Suite 330, Auburn Hills, Michigan 48326 (Phone: 248-844-4540).

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

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 purpose of the 2021 CHNA, Ascension Providence Rochester has defined its community as Oakland, Macomb, and Lapeer counties. Ascension Providence Rochester primarily serves residents within the zip codes encompassing (*Oakland County): Rochester, Rochester Hills, Auburn Hills, Lake Orion, Leonard, Oakland, Oxford, Troy; (Macomb County): Romeo, Washington, Utica; and (Lapeer County): Almont and Dryden.* The "community served" was defined as such because (a) most of our service area is in Oakland county with small sections of Macomb and Lapeer counties; data available for residents in the above zip codes is identified as "Ascension Providence Rochester community served" (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. For purposes of this CHNA, Oakland County health data has been used as the majority of the zip codes identified as our service area reside in Oakland County. Ascension Providence Rochester provides service to suburban, urban and rural areas.
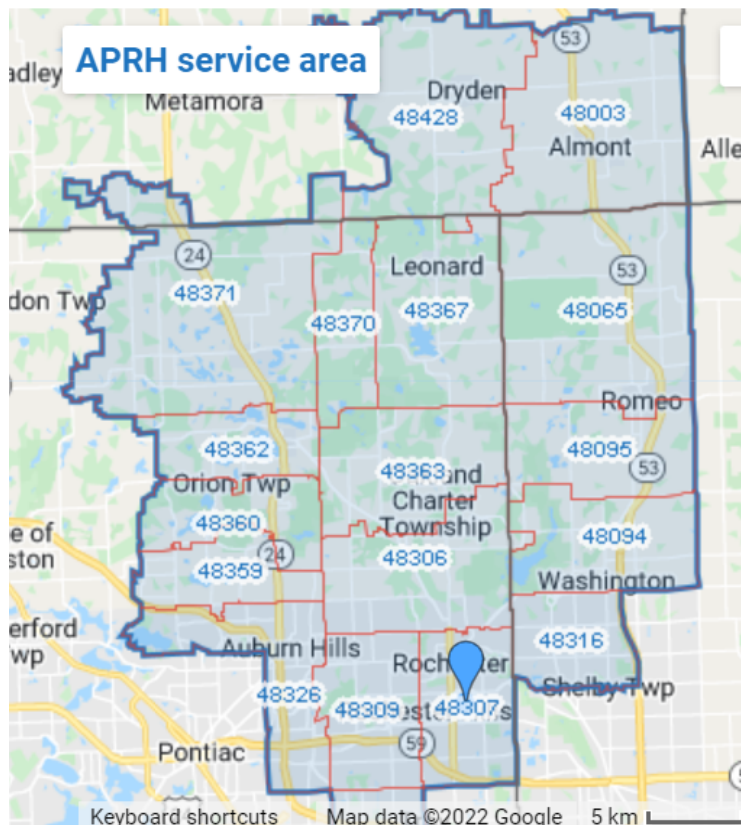
Demographic Data

Located in Michigan, Ascension Providence Rochester service area has a population of 296,183 and resides in Oakland county, the second-most populous county in the state. Below are demographic data highlights for Ascension Providence Rochester service area:

- 16.4% of the residents within Ascension Providence Rochester's service area are 65 or older, compared to 17.7% in Michigan.
- 95.8% of residents are non-Hispanic; 4.2 percent are Hispanic or Latino (any race)
- 85.6% of residents are White, 8.1% are Asian; 3.4% are Black or African American
- The total population increase from 2017 to 2019 was approximately 1%. The racial and ethnic profile of the community did change slightly from the 2016 data gathered in the previous cycle: White, Hispanic or Latino and Arab Ancestry remained relatively flat with a slight increase, the black population slightly decreased, the most notable change was in the Asian population, increasing almost 1 percent.
- The median household income is $89,278; $59,584 for the state of Michigan.
- The percent of all ages of people in poverty was significantly lower than the state (5.5% for community served; 13% for Michigan).
- The uninsured rate for the community served is lower than the state (4.4% for community served; 5.8%for Michigan).

Table 1: Description of the Community

| Demographic Highlights		
Indicator	**Ascension Providence Rochester Community Served**	**Description**
Population		
% below 18 years of age	25%	
% 65 and older	16.4%	
% Hispanic	4.2%	
% Asian	8.1%	
% Non-Hispanic Black	3.3%	
% Non-Hispanic White	84.29%	
Social and Community Context		
Median Household Income	$89,278	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	5.3%	Percentage of people under age 18 in poverty.
Percent of Uninsured	4.4%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	95%	Percentage of adults ages 25 and over with a high school diploma or equivalent.

To view Community Demographic Data in its entirety, see [Appendix B](#) *(page 35).*

Process and Methods Used

Ascension Providence Rochester is committed to using national best practices in conducting the CHNA. Health needs and assets for Oakland, Macomb, and Lapeer counties 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.

Ascension Providence Rochester's 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.

Community Health Improvement Approach
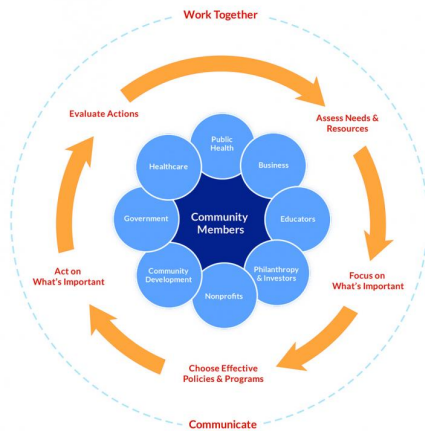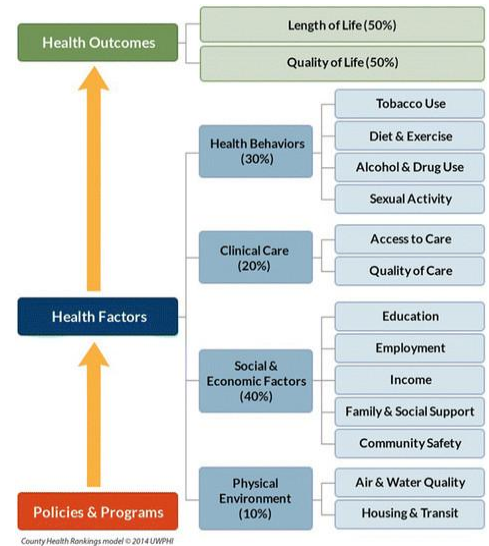
Ascension Providence Rochester utilizes the County Health Rankings and Roadmaps' *Take Action Cycle* for community health improvement, which includes the following:

● 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 acting 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 whole process, communication and collaborative work is critical.

Consultants

With the contracted assistance of Southeastern Michigan Health Association (SEMHA), Ascension Providence Rochester completed its 2021 CHNA. 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 for over 30 data indicators and analyze the secondary and primary data. SEMHA utilized an array of data sources for the secondary data including: US Census Bureau, SEMCOG, Center for Educational Performance, Michigan Department of Health and Human Services (MDHHS), State of MI Coronavirus Dashboard, Behavioral Risk Factor Surveillance System (BRFSS), National Survey on Drug Use, Centers for Disease Control and Prevention (CDC), US

Environmental Protection Agency, US Federal Register Annual January Notice, and Michigan Annual Blood Lead Testing.

Data Collection Methodology

Summary of Community Input

In collaboration with various community partners, Ascension Providence Rochester distributed, collected and analyzed primary and secondary data for our defined service area: Oakland, Macomb, and Lapeer counties.

Recognizing its vital importance in understanding the health needs and assets of the community, Southeastern Michigan Health Association (SEMHA) consulted with a range of public health and social service providers that represent the broad interest of Oakland, Macomb, and Lapeer counties. 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, community focus groups, and a community survey. These methods provided additional perspectives on how to select and address top health issues facing Oakland, Macomb, and Lapeer counties. A summary of the process and results is outlined below.

Community Focus Groups

A series of three (3) focus groups were conducted by Ascension Providence Rochester to gather feedback from the community on the health needs and assets of Neighborhood House staff and clients and Wayne State Internal Medicine Residency clinic patients. These groups were selected and 33 individuals participated in the focus groups, held between October 2021 and November 2021. Populations represented by participants included low-income and medicaid populations and those that serve them.

Community Focus Groups	
Key Summary Points	
- Participants felt that cardiac health, healthy living and mental wellness continue to be areas of concern in their community. - The main issues related to the Social Determinants of Health included limited insurance coverage for specialty care, transportation, job security, affordable housing and basic living resources. - The participants identified limited mental health treatment, insurance coverage, navigating the system, cost and time as major factors that deterred access to health care.	
Low-income and medicaid populations represented	**Common Themes**
- Neighborhood House clients - Neighborhood House staff - Wayne State Internal Medicine Residents	Health Issues identified requiring continued action: - Cardiovascular Health - Mental Behavioral Health - Substance Abuse Treatment (Opiates, Alcohol, Tobacco) - Cancer - Obesity - Diabetes - Dental care
Meaningful Quotes	
The Impact/Challenges of Covid-19: - Isolation in Hospital/Clinics (Visitor restrictions) - Impacts of Tele-Health (both positive and negative) - Hostility; Distrust; Misinformation - School Closings - Supply Chain issues	

Surveys

A survey was conducted by Ascension Providence Rochester and Ascension Southeast Michigan 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, and COVID-19 for Oakland, Macomb, and Lapeer Counties. 750 individuals participated in the survey, with 157 identified as within the service area of Ascension Providence Rochester. The survey was held between August 2021 and November 2021. The data gathered and analyzed provides valuable insight into the issues of importance to the community. The survey contained 36 questions and was distributed to all demographics of the community through online and paper copies utilizing internal and external partners in the Advisory Board to aid in distribution. The survey was distributed electronically by email invitations sent to Advisory Board members and all sectors of the community. Paper copies were available at all community events and at the Older Persons' Commission.

Surveys
Key Summary Points
49% felt Mental and Behavioral Health is the biggest health problem in the community   - Lack of exercise, drug and alcohol use, and social isolation/loneliness were identified as the leading behaviors that put the community at risk.   - Educational opportunities, parks/green space, community safety and health care access were identified as items that make a healthy community   - Mental health, transportation and substance abuse are the top 3 weakness in the community   - COVID-19 major health concern

Populations Represented	**Common Themes**
- Population ages 18-65+ - Oakland County Health Department - Macomb County Health Department - Community Stakeholders - Nonprofit organizations serving low-income and minority poputlations - Medically underserved populations - Members of community served	- Mental Health - COVID-19 - Cancer - Obesity - Heart Disease - Diet and Exercise - Alcohol and Substance Use and Abuse - Diabetes

Ascension Providence Rochester ensured our community input was in alignment with the requirements of the IRS. The IRS informs that community input must be taken into consideration from a) at least one representative of a state, regional or local governmental health department with knowledge of the health needs of the community; b) members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of such populations; and c) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.

Our community survey was shared with the local health departments in the southeast Michigan area. Ascension Providence Rochester 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 conducted Focus Groups with the Neighborhood House and Internal Medicine Residency clinic that serve this population.

To view community input data in its entirety, see Appendix C (page 38).

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

A summary of the secondary data collected and analyzed through this assessment is outlined below. Overall, Oakland County is ranked among the healthiest counties in Michigan (Highest 75-100%) for both Health Outcomes and Health Factors.

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 42)*.

Summary of COVID-19 Impact on Oakland County, Michigan

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took 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.[2]

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

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

- Inadequate access to health care
- Higher rates of underlying conditions[3]

COVID-19 Impact on Michigan (as of 3/16/2022)			
Indicator	**Oakland County**	**Michigan**	**Description**
Total Cases	383,642	2,329,052	This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population.
Confirmed Cases per 100,000	22,525.55	23,300.04	This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population.
Total Deaths	3,756	34,990	This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population.
Deaths per 100,000	298.28	350.05	This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population.
Source: _Johns Hopkins University_. Accessed via _ESRI_; Additional data analysis by _CARES_. 2022			

The Community Survey responses related to COVID-19 impact reported:
- 94% Vaccination Rate
- 76% experienced increased stress
- 33% report delaying medical care
- 23% Reported a loss of income

Written Comments on Previous CHNA and Implementation Strategy

Ascension Providence Rochester's 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 related to the 2019 CHNA.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Oakland, Macomb, and Lapeer Counties. 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

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

a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ 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 FY2021 CHNA, the following acute community concerns were identified:
  - COVID-19

Despite the data limitations, Ascension Providence Rochester is 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 Providence Rochester, with contracted assistance from Southeastern Michigan Health Association (SEMHA), analyzed secondary data of over 30 indicators and gathered community input through community surveys and key stakeholder and community focus groups to identify the needs in the Oakland, Macomb and Lapeer counties. In collaboration with community partners, Ascension Providence Rochester 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 initial CHNA assessment, Ascension Providence Rochester then 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 to the right also describes the relationship between the needs categories.
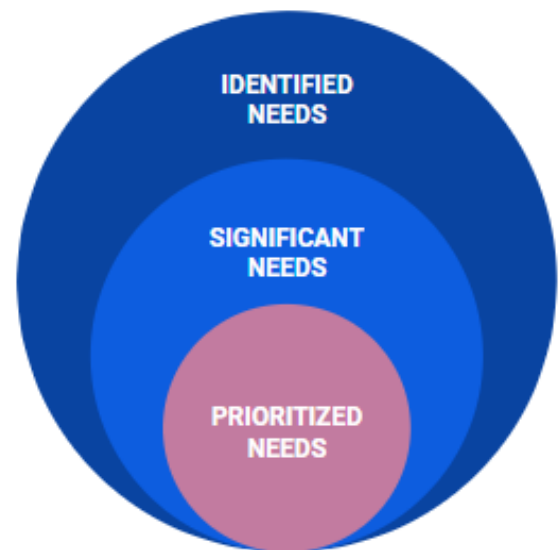
Identified Needs

Ascension has defined "identified needs" as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Oakland, Macomb and Lapeer Counties. 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 Providence Rochester and Ascension Southeast Michigan Hospitals collaborated to create a steering committee that reviewed the primary and secondary data to identify the significant needs.
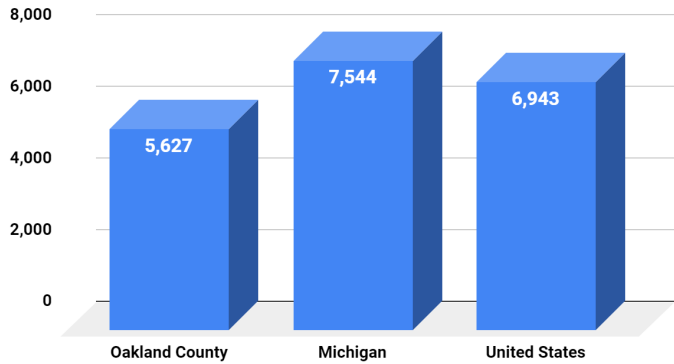
In collaboration with various community partners, Ascension Providence Rochester utilized the Hanlon method to prioritize which of the identified needs were most significant. The Hanlon Method is a quantitative and qualitative method that provides a fair, reasonable, and easy way to compare different health problems in a relative framework. 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. The Advisory Board was provided with the primary and secondary data followed by instructions on the Hanlon prioritization process. The magnitude (the number of people impacted by
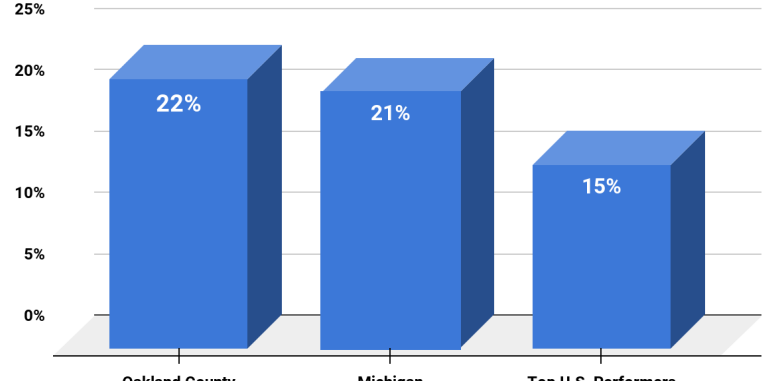
the problem); seriousness of the issue and effectiveness of the interventions were used to rate each need. The significant needs based on this process were identified as follows:
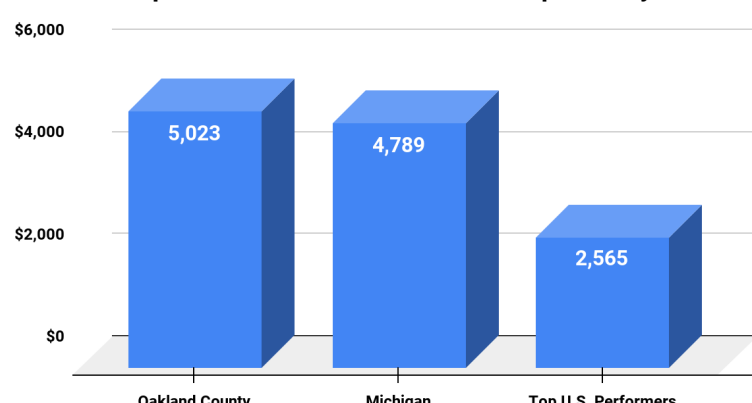
- Chronic Disease
    - Cardiovascular Disease
    - Diabetes
    - Obese
- Mental Health
- Access to Care
    - No Routine Physical Check-up
    - No Health Care Coverage
    - No Dental Visit
- Health Factors/Behaviors
    - High Blood Pressure
    - High Cholesterol
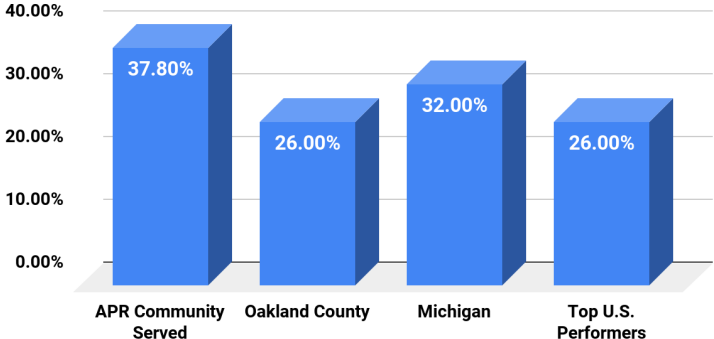   - Adequate Physical Activity - lack of
    - Binge Drinking

To view health care facilities and community resources available to address the significant needs, please see Appendix E (page 48).

A description (including data highlights, community challenges & perceptions, and local assets & resources) of each significant need are on the following pages.

Chronic Disease

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

- American Heart Association
- National Kidney Foundation
- American Diabetes Association
- Area Agency on Aging 1-B
- Oakland County Health Department
- Macomb County Health Department
- Lapeer County Health Department
- Michigan 211

Data Highlights

Years of Potential Life Lost, Rate per 100,000 Population

Oakland County	Michigan	United States
5,627	7,544	6,943

- The number of premature deaths in Oakland County between the years 2017-2019 was reported to be 13,011 which represents 5,627 years of potential life lost per 100,000 population.
- The number of adults aged 20 and older diagnosed with diabetes in Oakland County is 91,059 or 8.1%; the number of adults enrolled in Medicare fee-for-service with diabetes is dramatically higher in Oakland County with 36,849 adults or 28% of beneficiaries..
- The number of Medicare beneficiaries with heart disease in Oakland County is 41,182 or 31.3%, which is higher than the Michigan beneficiaries at 29%.
- The number of Medicare beneficiaries in Oakland County with high blood pressure is 76,623 or 58.2% which is consistent with the Michigan beneficiaries at 58%.
- Oakland County reported the five-year average between 2016-2020 9,517 deaths due to coronary heart disease which represents an age-adjusted death rate of 115.5 per every 100,000 total population which is higher than the Michigan rate of 113.9.

Community Challenges & Perceptions

- Lack of access to primary care and specialists
- Lack of public transportation in many areas
- Lack of transportation
- Lack of treatment options outside of traditional business hours

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.

Sources: County Health Rankings & Roadmaps   Oakland County Assessment SparkMap

Mental Health

Why is it Important?

Mental health disorders are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others 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

- Oakland Community Health Network
- Easterseals Michigan
- Oakland Family Services
- Catholic Social Services
- Common Ground Resources and Crisis Center
- Ascension Eastwood Clinics
- NAMI Metro Oakland Wayne and Macomb Counties

Data Highlights

Percent of Adults Reporting Binge or Heavy Drinking

Oakland County	Michigan	Top U.S. Performers
22%	21%	15%

- The percent of adults reporting binge or heavy drinking is 22% in Oakland County compared to 21% reported for Michigan; both far higher than the 15% Top U.S. Performers.
- The ratio of mental health providers in Oakland County is 360:1 and the ratio in Michigan is 280:1, meaning there is one mental health provider per 280 people. The Top U.S. Performers' ratio of 270:1.
- The average number of mentally unhealthy days reported in the past 30 days by Oakland County residents was 4.1, compared to 4.7 for Michigan and 3.8 for Top U.S. Performers.
- The suicide rate for Oakland County is 12 deaths due to suicide per 100,000 population, Michigan is even higher at 14 both higher than Top U.S. Performers' rate of 11.

Community Challenges & Perceptions

- Lack of accessible mental health care
- Cost of mental healthcare
- Services are not culturally appropriate or in one's preferred language
- Insurance barriers
- Internet access gaps for virtual care
- Stigma
- Providers not understanding patients' identities or needs

Individuals Who Are More Vulnerable

- Economic challenges (e.g., unemployment, poverty, stress) can contribute to poor mental health. Individuals with low income have higher rates of poor mental health.[3]
- Regular, heavy drinking interferes with chemicals in the brain that are vital for good mental health. So while one might feel relaxed after a drink, in the long run alcohol has an impact on mental health and can contribute to feelings of depression and anxiety, and make stress harder to deal with.
- Persons with mental health issues often use alcohol and/or other drugs to self-medicate and decrease stress. [4]

Sources: 1. Mental Health and Chronic Diseases CDC Fact Sheet; 2. CDC, Mental Health, Substance Use, and Suicidal Ideation During COVID-19; 3. Poverty and mental health; 4. NHM: Substance Uses and Co-Occurring Mental Disorders

Ascension Providence Rochester

Access to Care

Why is it Important?

Access to affordable, quality health care is important to physical, social and mental health.[1] Access to Care includes the timely use of personal health services to achieve the best health outcomes through three distinct steps: gaining entry into the healthcare system (usually through insurance coverage); accessing a location where needed healthcare services are provided (geographic availability); finding a healthcare provider whom the patient trusts and can communicate with (personal relationship). [2]

Local Assets & Resources

- Local health systems and departments
- PACE Southeast Michigan
- Older Persons' Commission
- Neighborhood House
- Medicaid

Data Highlights

Hospital Utilization-Preventable Hospital Stays

	Oakland County	Michigan	Top U.S. Performers
Value	5,023	4,789	2,565

- The ratio of primary care physicians in Oakland County is 710:1, meaning there is one primary care physician per 710 people. This is far better than the Top U.S. Performers' ratio of 1,030:1 and Michigan's ratio of 1,270:1.
- The uninsured rate in Oakland County is the same as the Top U.S. Performers, at 6%, Michigan's rate is 7%.
- The rate of hospital stays for ambulatory-care conditions per 100,000 Medicare enrollees Oakland County is higher than both Michigan and U.S. Top Performer at 5,023; Michigan 4,789 and the Top U.S. Performer 2,565.

Community Challenges & Perceptions

- Accessing health care can be challenging for many reasons
- Gaps in what is covered by Medicaid
- High prescription costs
- Undocumented status barrier
- COVID-19 restrictions
- Lack of transportation

Individuals Who Are More Vulnerable

- Significant disparities exist through all levels of access to care, including insurance, having an ongoing source of care and access to primary care. [3]
- In Oakland County, the number of preventable hospital stays is higher than the state level and significantly higher than that of the Top U.S. Performers. This suggests that the emergency room is used more often as a main source of care for these residents.[4]

Sources: 1. County Health Rankings & Roadmaps 2. Access to Health Services | Healthy People 2020 3. Disparities in Health and Health Care: 5 Key Questions and Answers; 4. Preventable hospital stays | County Health Rankings & Roadmaps

Health Factors/Behaviors

Why is it Important?	Data Highlights
Healthy lifestyles improve health outcomes. High blood pressure, high cholesterol, obesity, lack of physical activity, lack of adequate sleep and poor eating habits contribute to increased risk for chronic and acute illnesses.	

Local Assets & Resources

- Oakland County Parks & Recreation
- Older Persons' Commission
- Michigan Farmers' Market Association
- Neighborhood House
- Gleaners Food Banks of Southeastern Michigan

Data Highlights

Percentage of Adults with BMI Greater than or Equal to 30kg/2

	APR Community Served	Oakland County	Michigan	Top U.S. Performers
	37.80%	26.00%	32.00%	26.00%

- The percent of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30kg/m2 in Oakland County is 25%, Michigan is 32%, and the Top U.S. Performer is 26%. Data collected from the Ascension Providence Rochester Community served reported 37.8% of adults as overweight and 31.4% are obese; much higher than county, state and Top U.S. Performers.
- Data collected from the Ascension Providence Rochester Community reported that 54.6% of women gained excessive weight in pregnancy.
- Data collected from the Ascension Providence Rochester Community reported 29.8% of adults have high cholesterol and 28.7% of adults have high blood pressure.
- The percentage of adults age 20 and over reporting no leisure-time physical activity for Oakland County 19%, Michigan 23% and Top U.S. Performer 19%.

Community Challenges & Perceptions	Individuals Who Are More Vulnerable
- Accessing healthy, affordable foods - Time constraints - Lack of understanding of healthy behaviors - Cost associated with healthy food and activities	- Gaining more than the recommended amount of weight in pregnancy is associated with having a baby who is born too large, which can lead to delivery complications, cesarean delivery, and obesity during childhood. Gaining more than the recommended amount of weight can also increase the amount of weight you hold on to after pregnancy, which can lead to obesity. [1] - Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. [2]

Sources: 1. CDC Weight Gain During Pregnancy   2 Physical inactivity | County Health Rankings & Roadmaps Ascension Providence Rochester Community Surveys, 2021

Prioritized Needs

Following the completion of the community health assessment, Ascension Providence Rochester in collaboration with our Community Health Needs Assessment Advisory Council made up of community and internal stakeholders has selected the prioritized needs outlined below for its 2021 CHNA implementation strategy. Ascension has defined "prioritized needs" as the significant needs which have been prioritized by the hospital to address through the three-year CHNA implementation strategy:

Need	Rationale
Chronic Disease	This need was selected because chronic disease prevention and treatment will decrease preventable deaths and increase the quality of life of the population served. Chronic disease management is essential to improving health outcomes and increasing the health literacy of the population served to aid in self-management and reduction in healthcare costs.
Access to Care	This need was selected because access to affordable, quality and convenient health care is essential to physical, social and mental health. Ascension Providence Rochester is committed to help empower people to navigate their health journey through products and services that address health and healthcare services.
Mental Health	This need was selected because mental health challenges are associated with numerous physical health complications such as 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. Ascension Providence Rochester is committed to expanding mental health services in our community and partnering with community organizations to address this health priority.

Ascension Providence Rochester understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this CHNA, Ascension Providence Rochester has chosen to focus its efforts on the priorities listed above.

The following needs were not selected for the 2021 CHNA cycle: No Healthcare Coverage, No Dental Visits, Cancer, COPD and Asthma, Stroke, and Kidney Disease. However, Ascension Providence

Rochester is committed to participating with partners in addressing these needs and will continue to look for opportunities to do so.

Although no healthcare coverage was an identified need, Ascension has a very robust process for assisting those without healthcare coverage to obtain it; Ascension is committed to providing care to all and has a very generous charity care program. In addition, our county data of uninsured is 6%, the same as the U.S. Top Performers. Ascension Providence Rochester does not provide dental services but will work with our community partners to assist those that may need those services. Cancer, COPD, asthma, stroke and kidney disease treatment, services and resources are available and accessible in our community. Ascension Providence Rochester collaborates with the American Cancer Society, American Lung Association and American Kidney Foundation. Ascension Providence Rochester is a Joint Commission Accredited Stroke Center has identified stroke as a strategic priority for many years.

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant 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.

Highlights from Ascension Providence Rochester's 2019 implementation strategy include:

- **Priority Need #1:** *Cardiac Health* with the goal to improve cardiovascular health in the community by increasing utilization of the cardiac clinic. We addressed this need by:
  - Developing evidence-based educational materials and providing outreach to over 3000 community members (even during the pandemic with limited access)
  - Increasing utilization of the cardiac clinic by over 70%
  - Reducing 30 day readmission rate from 29% to 0%

- **Priority Need #2:** *Healthy Lifestyles* with the goal to improve overall health by increasing awareness of healthy lifestyles through expansion of the CDC evidenced-based Diabetes Prevention Program (DPP) specifically targeting at-risk individuals. We addressed this need by:
  - Training additional DPP Lifestyle Coaches
  - Increasing the number of Diabetes Prevention Programs offered from 2 per year to 4 per year. A virtual platform was created to increase access for those that may have transportation or other barriers preventing them from attending the weekly program.
  - Provided a diabetes scholarship for patients to receive nutrition therapy that was not covered by their insurance.

- **Priority Need #3:** *Mental Wellness* with the goal to improve overall mental health and wellness in our community by reducing the stigma and increasing awareness. We addressed this need by:
  - Creating a community collaboration task force with key stakeholders.
  - Conducted a community survey, analyzed data and launched an awareness campaign that included the distribution of over 2000 wellness toolkits to youth and seniors in the community during the pandemic.
  - Provided community education programming both in person and virtually.
  - Collaborated with community partners to provide over 1000 mental health screenings and Mental Health First Aid training for over 200 participants.
  - Identified and distributed a comprehensive resource guide to assist with mental health and other resources in our community.

Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the FY 2020-2022 CHNA can be found in Appendix F *(page 51).*

Approval by Ascension Providence Rochester Board of Trustees

To ensure the Ascension Providence Rochester's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 CHNA (2021 tax year) was presented to the Ascension Providence Rochester Board of Trustees for approval and adoption on May 10, 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 Providence Rochester serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Providence Rochester to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA (tax year 2021) will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Providence Rochester hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Oakland, Macomb and Lapeer counties. As a Catholic health ministry, Ascension Providence Rochester is 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 Providence Rochester is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (https://healthcare.ascension.org/chna) to submit your comments.

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: CHA Assessing and Addressing Community Need, 2015 Edition II

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. ***Note: Appendix data based on Oakland County; identified by the majority of residents in the primary service area.***

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: CHA Assessing and Addressing Community Need, 2015 Edition II

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

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:
https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospitalorganizations-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: CHA Assessing and Addressing Community Need, 2015 Edition II

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website. ***Note: Data below based on Oakland County; identified by the majority of residents in the primary service area.***

Population

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

Population	Oakland County	Michigan	U.S.
Total	1,253,185	9,965,265	324,697,795
Male	48.91%	49.22%	50.78%
Female	51.09%	50.78%	50.76%
Data Source: US Census Bureau, American Community Survey. 2015-19.			

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.

Race or Ethnicity	Oakland County	Michigan	U.S.
Asian	.43%	.26%	.37%
Black / African American	2.31%	3.21%	2.15%
Hispanic / Latino	4.12%	5.09%	18.01%
Native American	.27%	.54%	.85%
White	73.63%	66.30%	65.45%
Data Source: US Census Bureau, American Community Survey. 2015-19.			

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.

Age	Oakland County	Michigan	U.S.
Median Age	1,253,185	9,965,265	324,697,795
Age 0-17	21.23%	21.85%	22.62%
Age 18-64	62.41%	61.42%	61.75%
Age 65+	16.36%	16.72%	15.64%
Data Source: US Census Bureau, American Community Survey. 2015-19.			

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.

Income	Oakland County	Michigan	U.S.
Median Household Income	$81,300	$59,500	$72,900
People with incomes below the federal poverty guideline	8.18%	14.36%	13.42%
Data Source: ***County Health Rankings & Roadmaps*** *Data Source: US Census Bureau, American Community Survey. 2015-19.*			

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.

Education	Oakland County	Michigan	U.S.
High School Graduate Rate	87%	82%	95%
Some College	82%	68%	73%
Data Source: _County Health Rankings & Roadmaps_			

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.

Insured/Uninsured	Oakland County	Michigan	U.S.
Uninsured	6%	7%	6%
Data Source: _County Health Rankings & Roadmaps_			

Appendix C: Community Input Data and Sources

Ascension Providence Rochester Community Stakeholders

Community stakeholders of different ages, socioeconomic status, occupations, and cultural backgrounds were invited to participate. Ascension Providence Rochester established an Advisory Board with members from all sectors of our community. The Advisory Board, including Ad Hoc members, assisted in the distribution of the survey.

Ascension Providence Rochester Advisory Board

First Name	Last Name	Title	Organization
Mark	Hickson	Deputy	Oakland County Sheriff Department
Maria	Willett	Special Assistant to the Mayor	City of Rochester Hills
Tobi	Russell	Director	Rochester Area Counseling Services, LLC
Erica	Willemsen	Community Health Planner	Macomb County Health Department
Carolyn	Hribar	Planning & Evaluation Supervisor	Oakland County Health Department
Renee	Cortright	Executive Director	Older Persons' Commission
Cyndi	Petit	Director	Rochester Area Neighborhood House
Juliana	Harper	Chief Program Officer	Easterseals Michigan
Debi	Fragomeni	Deputy Superintendent	Rochester Community Schools
Verisha	Khanam	Resident -Internal Medicine	Wayne State University School of Medicine
Joseph	Vercellone	Attending - Internal Medicine	Academic Internal Medicine Group
Eleanor	King	Attending - Family Medicine	Rochester Academic Family Medicine
Victoria	Prince	Resident -Family Medicine	Wayne State University School of Medicine
Rasha	Abdulridha	Resident -Family Medicine	Wayne State University School of Medicine
Lori	Crose	Director of Professional and Continuing Education	Oakland University
Maggie	Bobitz	President	Rochester Regional Chamber of Commerce
Jonathon	O'Keefe	Manager, Inpatient BH	Ascension Providence Rochester
Andy	Kruse	Community Benefit Dir	Ascension MI
Alisha	Cottrell	VP Advocacy	Ascension MI
Liz	Popwell	Chief Strategy Officer	Ascension MI
Kirstin	Tesner	Strategy Director	Ascension MI
Jarrett	Schroeder	Chair, Medical Dept BH	Ascension MI
CeCe	Rutherford	VP Nursing	Ascension Providence Rochester

Amity	Rees	Manager, Spiritual Care	Ascension MI
Selena	Schmidt	VP Behavioral Health	Ascension MI
TaShara	Coakley	CB Manager	Ascension Southeast MI
Gerri	Birg	Board of Trustees	Ascension Providence Rochester
Tanya	Regmont	RN - School Health	Ascension Providence Rochester
Julie	Brenner	President/CEO	Alliance Coalition for Healthy Communities
Heather	Cruz	Director of Access and Intake	Easterseals Michigan
Kim	Ford	Director, Case Management	Ascension MI

Ascension Providence Focus Group Questions

Priority Needs Questions

Definition of Community: *The definition of community is all the people living in an area or a group or groups of people who share common interests. Community may include people from your family, neighbors, school, church, social groups, local organizations and businesses, etc.*

1. What are the **most important health issues** that you see in your community?
2. What are the **top 3 strengths** of your community?
3. What are the **top 3 weaknesses** of your community?

Social Determinants of Health questions (SDoH)

4. What are the most important social issues (non-medical factors that influence health) that you see in your community?

Access to Care questions

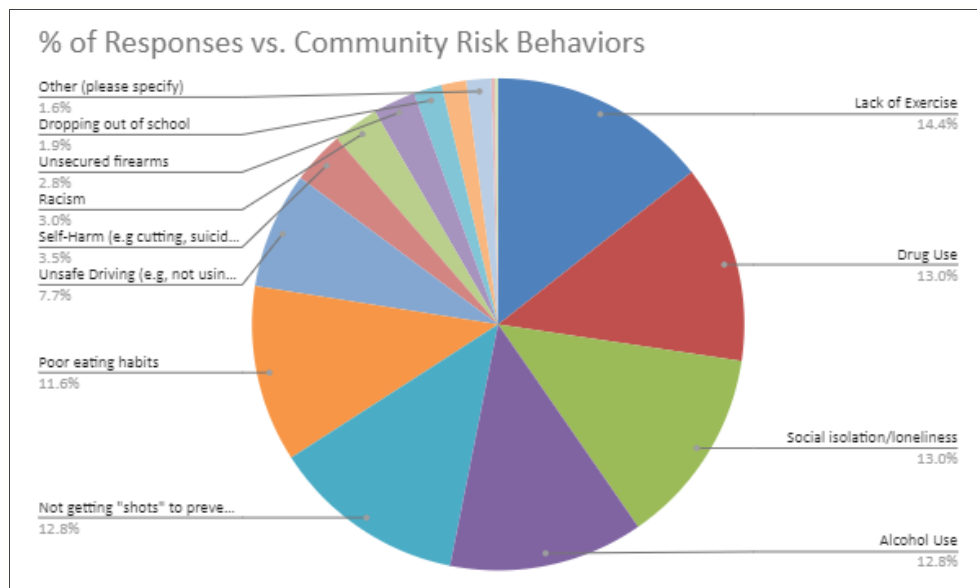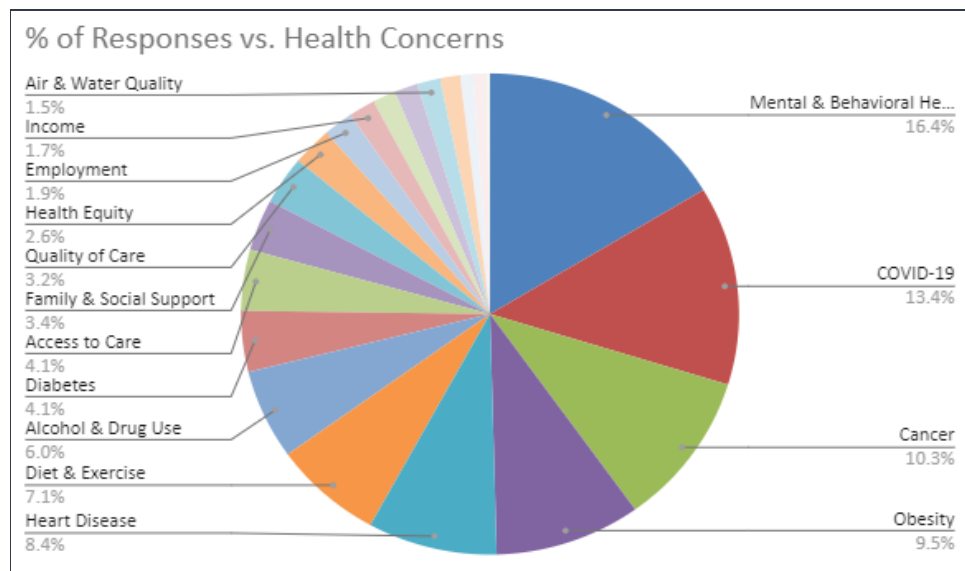5. What health services does your community not have or have limited access to?

6. What are the reasons why healthcare services, especially preventative care such as annual check ups and screenings, are not utilized if they are available?

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).

Ascension Providence Survey Questions

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?
8. What is the primary language that 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. In general, how would you describe your overall health?
12. In your opinion, which of the following are the greatest health concerns for your community? Select up to 3.
13. In the following list, what do you think are the 3 most important behaviors that put your community most at risk?
14. Do you currently smoke cigarettes and/or e-cigarettes/vaping?
15. If yes, how often do you smoke?
16. How many servings of fruits and vegetables do you eat each day? (A serving is 1/2 cup of a fruit or vegetable, examples include 1 small banana, small cup of leafy greens like lettuce, spinach or kale).
17. Approximately, how many hours of sleep do you get each night?
18. How often do you drink alcohol in a week?
19. What is your housing status?
20. How do you typically get to and from places in and around the community you live?
21. In the past 12 months how often were you worried food would run out before you could buy more.
22. In my neighborhood, it is easy to buy fresh fruits and vegetables.
23. How safe do you feel in your community, where you work, live and play?
24. What are the top 3 strengths of your community?
25. What are the top 3 weaknesses of your community?
26. In the last year (12 months), how many times have you seen or been to a doctor in-person or virtually?
27. Are you covered by any health insurance?
28. If YES: what types of coverage do you have.
29. During the past 12 months, did you need any of the following care.
30. If one or more types of care was needed and not received, why not?
31. Was there any time when you DELAYED getting medical care because of COVID-19?

32. Have you, or has anyone in your household experienced a loss of employment income since March 13, 2020 due to COVID-19?
33. During the 2020 COVID-19 pandemic, how has your sitting and screen time changed?
34. During the 2020 COVID-19 pandemic, how has your physical activity changed?
35. Have you received a COVID-19 vaccine?
36. During the 2020 COVID -19 pandemic, how has your stress and anxiety levels changed?

Survey Results

% of Responses vs. Health Concerns

- Air & Water Quality 1.5%
- Income 1.7%
- Employment 1.9%
- Health Equity 2.6%
- Quality of Care 3.2%
- Family & Social Support 3.4%
- Access to Care 4.1%
- Diabetes 4.1%
- Alcohol & Drug Use 6.0%
- Diet & Exercise 7.1%
- Heart Disease 8.4%
- Mental & Behavioral He... 16.4%
- COVID-19 13.4%
- Cancer 10.3%
- Obesity 9.5%

% of Responses vs. Community Risk Behaviors

- Other (please specify) 1.6%
- Dropping out of school 1.9%
- Unsecured firearms 2.8%
- Racism 3.0%
- Self-Harm (e.g cutting, suicid...) 3.5%
- Unsafe Driving (e.g, not usin...) 7.7%
- Poor eating habits 11.6%
- Not getting "shots" to preve... 12.8%
- Lack of Exercise 14.4%
- Drug Use 13.0%
- Social isolation/loneliness 13.0%
- Alcohol Use 12.8%

Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (https://www.countyhealthrankings.org/). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in March. The data below is from the 2021 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Trending: CHRR provides a calculation for some measures to explain if a measure is worsening or improving.
- Red ■: The measure is worsening in this county.
- Yellow ■: The measure is staying the same in this county.
- Green ■: The measure is improving in this county.
- n/a: Additional information is needed to interpret the trend for this measure.

Top US Counties: The best 10 percent of counties in the country. It is important to compare not just with Michigan but important to know how the best counties are doing and how our county compares.

Description: Explains what the indicator measures, how it is measured, and who is included in the measure.

n/a: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

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.

Indicators	Trend	Oakland County	Michigan	Top US Counties	Description
Length of Life					
Premature Death	🟨	5,600	7,500	5,400	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life Expectancy	n/a	80.4	78.1	81.1	How long the average person should live.
Infant Mortality	n/a	6	7	4	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or Fair Health	n/a	14%	18%	14%	Percent of adults reporting fair or poor health.
Poor Physical Health Days	n/a	3.7	4.3	3.4	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent Physical Distress	n/a	11%	10%	13%	Percent of adults reporting 14 or more days of poor physical health per month.
Low Birth Weight	n/a	8%	9%	6%	Percent of babies born too small (less than 2,500 grams).
Mental Health					
Poor Mental Health Days	n/a	4.1	4.7	3.8	Average number of mentally unhealthy days reported in the past 30 days.
Frequent Mental Distress	n/a	12%	12%	15%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide	n/a	12	14	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes prevalence	n/a	9%	11%	8%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer Incidence	n/a	7,459	55,623	1,703,249	Number of new cancer diagnoses per 100,000.
Communicable Disease					
HIV Prevalence	n/a	190	189	50	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually Transmitted Infections	🟥	351.4	507.8	161.2	Number of newly diagnosed chlamydia cases per 100,000.

Source: County Health Rankings & Roadmaps

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.

Indicators	Trend	Oakland County	Michigan	Top US Counties	Description
Economic Stability					
Median Household Income	n/a	$81,300	$59,500	$72,900	Income where half of households in a county earn more and half of households earn less.
Unemployment	n/a	3.4%	4.1%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty	n/a	8.18%	14.36%	13.42%	Percentage of population living below the Federal Poverty Line.
Childhood Poverty	n/a	9%	18%	10%	Percentage of people under age 18 in poverty.
Educational Attainment					
High School Completion	n/a	94%	91%	94%	Percentage of ninth grade cohort that graduates in four years.
Some College	n/a	82%	68%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes	n/a	19%	26%	14%	Percentage of children that live in a household headed by a single parent.
Social Associations	n/a	8.0	9.8	18.2	Number of membership associations per 10,000 population.
Disconnected Youth	n/a	5%	7%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Violent Crime		178	443	59	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food Environment Index	n/a	8.4	7.0	8.7	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food Insecurity	n/a	10%	14%	9%	Percent of the population who lack adequate access to food.
Limited Access to Healthy Foods	n/a	5%	10%	9%	Percent of the population who are low-income and do not live close to a grocery store.

Source: [County Health Rankings & Roadmaps](#)

Hospital Utilization					
Preventable Hospital Stays		5,023	4,789	2,565	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventative Healthcare					
Flu Vaccinations		51%	47%	55%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography Screenings		44%	44%	51%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: County Health Rankings & Roadmaps					

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.

Indicators	Trend	Oakland County	Michigan	Top US Counties	Description
Healthy Life					
Adult Obesity		25%	32%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical Inactivity		19%	23%	19%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to Exercise Opportunities	n/a	94%	85%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient Sleep		36.9%	38.5%	35.7%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor Vehicle Crash Deaths		4.8	9.9	11.5	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult Smoking	n/a	16%	20%	16%	Percentage of adults who are current smokers.
Excessive Drinking	n/a	22%	21%	15%	Percentage of adults reporting binge or heavy drinking.

Alcohol-Impaired Driving Deaths		25%	29%	11%	Percent of Alcohol-impaired driving deaths.
Sexual Health					
Teen Births	n/a	9	18	12	Number of births per 1,000 female population ages 15-19.
Sexually Transmitted Infections		351.4	507.8	161.2	Number of newly diagnosed chlamydia cases per 100,000 population.
Source: County Health Rankings & Roadmap					

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Providence Rochester has cataloged resources available in Oakland, Macomb & Lapeer 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 Prevention

Organization Name	Phone	Website
American Heart Association - Southeast Michigan	248-936-5800	https://www.heart.org/en/affiliates/michigan/detroit
National Kidney Foundation of Michigan	734-222-9800	https://nkfm.org/
American Diabetes Association	248-433-3830	https://www.diabetes.org/get-involved/community/local-offices/michigan
Area Agency on Aging 1-B	800-852-7795	https://aaa1b.org/services-and-seniors/
Oakland County Health Division	248-858-1280	https://health@oakgov.com
Macomb County Health Department	586-469-5235	https://health.macombgov.org
Lapeer County Health Department	810-667-0448	https://lapeercountyweb.org
211 Michigan	2-1-1 or 844-875-9211	https://www.mi211.org/

Mental Health

Organization Name	Phone	Website
Oakland County Health Network	248-858-1210	https://www.oaklandchn.org/
Easterseals Michigan	800-395-9819	http://www.easterseals.com/michigan/
Oakland Family Services	248-853-0750	http://www.oaklandfamilyservices.org/
Catholic Social Services	248-548-4044	https://ccsem.org/
Common Ground	1-800-231-1127	https://commongroundhelps.org/
Ascension Eastwood Clinics	586-566-3020	https://healthcare.ascension.org/
NAMI Metro Oakland Wayne and Macomb Counties	248-773-2296	https://namimetro.org/

Access to Care

Organization Name	Phone	Website
Oakland County Health Division	248-858-1280	https://health@oakgov.com
Macomb County Health Department	586-469-5235	https://health.macombgov.org
Lapeer County Health Department	810-667-0448	https://lapeercountyweb.org
PACE Southeast Michigan	855-445-4554	https://www.pacesemi.org/
Older Persons' Commission	248-656-1403	https://www.opcseniorcenter.org/
Neighborhood House	248-651-5836	https://www.ranh.org/
Medicaid Michigan	517-241-3740	https://www.michigan.gov/mdhhs

Health Factors and Behaviors

Organization Name	Phone	Website
Oakland County Parks and Recreation	248-858-0906	https://www.oakgov.com/parks/Pages/default.aspx
Older Persons' Commission	248-656-1403	https://www.opcseniorcenter.org/
Michigan Farmers Market	517-432-3381	https://mifma.org/
Neighborhood House	248-651-5836	https://www.ranh.org/
Gleaners Food Bank of Southeastern Michigan	866-453-2637	https://www.gcfb.org/

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

Ascension Providence Rochester's previous CHNA implementation strategy was completed in June 2022, and addressed the following priority health needs: Cardiac Health, Healthy Lifestyles,, and Mental Wellness.

The tables below describe the actions taken during the 2020-2022 CHNA to address each priority need and indicators of improvement.

Note: At the time of the report publication (e.g., Spring), the third year of the cycle will not be complete. Individual ministries will accommodate for that variable.

PRIORITIZED NEED 1: Cardiac Health
GOAL: Improve cardiovascular health in the community.
STRATEGY: *Improve cardiovascular health in the community by increasing utilization of the cardiac clinic.* ***Curriculum and Marketing Resources*** *- updated brochures, pull-up banners complete* ***Community Programming*** *- OPC, Farmer's Market and Arts & Apples reached over 1600 individuals.* ***Referrals -*** *Nurse navigator hired and assisting with referrals, goal of 50 patients per quarter 76 for Q2. Wayne state residents assisting with referrals as well.* ***Follow up Calls*** *- 100% calls with 95% direct contact* ***Respite Care*** *- Provided respite care to 4 patients. Working with Next Steps 4 Seniors to provide home care assistance for patients in need. 2 patients were provided home care services.*

PRIORITIZED NEED 2: Healthy Lifestyles
GOAL: Improve overall health by increasing awareness of healthy lifestyles
STRATEGY: *Increase the number of CDC evidence-based Diabetes Prevention Program (DPP) for at-risk individuals to reduce the progression of Type 2 diabetes.* ***Train additional lifestyle coaches*** *- 2 new lifestyle coaches have been trained* ***Train volunteers to provide support*** *- No volunteers due to COVID-19 restrictions - ON HOLD* ***Create an awareness Campaign*** *- New promotional materials have been created and sent to*

PCPs in the community and AMG offices
Identify Community Partner host sites *- Lake Orion community center and Auburn Hills identified as potential sites for FY23*
Increase the number of DPP offered *- 2 DPP virtual programs each year with referrals to other virtual programs offered by Ascension.*
Community Outreach Activities *- 21 community programs presented*
Diabetes Education/Medical Nutrition Therapy scholarship *- 14 patients received education at no-cost.*

PRIORITIZED NEED 3: Mental Wellness

GOAL: Improve overall mental health and wellness in our community

STRATEGY: *Reduce stigma and increase community awareness of mental wellness.*

Mental Health First Aid Trainings *- Trained 155 community members*
Community Programming *- over 127 participants have attended mental health lectures*
Community - *Local Kindness campaign kick-off with over 11,000 acts of kindness recorded.*
Community Care Packs *- 510 Community care-packs distributed*