



COMMUNITY HEALTH  
NEEDS ASSESSMENT

*Responding to the Call*

Adopted FY18  
for FY2019-2021



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## St. Mary Mercy Livonia

### Community Health Needs Assessment FY 2018 for FY 2019-2021

#### Executive Summary

St. Mary Mercy Livonia (SMML) completed a comprehensive Community Health Needs Assessment (CHNA) that was presented to the SMML local Board of Directors for review and approval on April 23, 2018. SMML performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from community leaders, community members and various community organizations. The complete CHNA report is available electronically at [stmarymercy.org](http://stmarymercy.org). To submit written comments on the CHNA or to obtain a printed copy of the report, contact St. Mary Mercy Livonia, Office of Community Health, 36475 5 Mile Road, Livonia, MI 48154.

The service area for this assessment was defined as cities within a five mile radius of the hospital. This includes zip codes of Westland, Canton, Livonia, Northville City, Northville Township, Plymouth City, Plymouth Township, Redford, Farmington Hills and Farmington City. The population for these communities is 475,178 residents. Garden City and Novi are within five miles of the hospital but were not included in the SMML service area because they each have a hospital in their community.

The CHNA process included:

- Many collaborative partners, including the Wayne County Department of Health, Veterans and Community Health, were represented on the CHNA Steering Committee and engaged in the Community Health Needs Assessment process. These dedicated members were involved in the tool development, survey distribution, needs identification and prioritization and development of the CHNA Implementation Work Group(s).
- The SMML Community Health Needs Survey was branded with the banner "Make a Difference in the Health of our Community." A paper and online survey, composed of 38 questions about access to care, personal health behaviors, perceived community health needs and participant demographics was promoted at community events and through various community partners. Of the 1,174 responses, 535 (46%) were paper surveys and 22% from vulnerable populations such as Redford Interfaith Food Pantry, WIC clients and Wayne Hope Clinic. In addition, surveys were received from Plymouth United Way and a health fair for veterans.

- On November 16, 2017, a *Community Forum* was held at Thurston High School in Redford, Michigan to share the survey results, gain some additional information and engage community members in discussion about programs for changing behaviors for healthy eating, increased physical activity, access to care, mental health and substance abuse prevention and treatment as well as to identify gaps.
- Ensuring the most accurate demographic information and community health concerns, data was gathered from numerous sources. Primary data was obtained through the survey, *Community Forum* and information gathered from the community partners. Secondary data analysis was conducted utilizing national, state and local demographic and community health databases.
- The health needs were prioritized using the survey data, Healthy People 2020 indicators, magnitude of persons affected, severity of the need, alignment of the problem with organizational strengths, the hospital's ability to impact the need and the ability to measure change. The health needs were prioritized by the CHNA Steering Committee, the SMML Community Health and Well Being Steering Committee and CHNA Implementation Teams.

The survey results identified five health issues that were also included on the fiscal year (FY) 2015 CHNA. These were nutrition/healthy eating, physical activity, mental health, substance abuse and access to care.

The CHNA Steering Community with input from the CHNA Implementation Work Group (s) comprised of community members, community leaders and community organizations established objectives for the identified health needs:

- **Nutrition/healthy eating** –increase knowledge through education about healthy eating, increase access to affordable fruits and vegetables, provide adults services and resources to achieve a healthy weight
- **Substance Abuse** –increase the number of people seeking treatment and decrease deaths from Opioids
- **Mental Health** – increase number of people seeking treatment, increase knowledge through education about mental health/depression to reduce the stigma
- **Access to Care** – improve access to primary care providers, improve navigation and provide health care resources
- **Physical Activity** – increase access to/use of physical activity opportunities

St. Mary Mercy resources and the overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process. In addition, the SMML Strategic Leadership Community Health/Population Health Council provides oversight to the process and implementation strategy. And the SMML Board of directors provides input and approves the report and implantation strategy ensuring that efforts align with community needs.

Over the next three years, health improvement programs as identified in the CHNA Implementation Plan will be executed with identified collaborative partners according to the plan and metrics collected. Specifics will be contained in the Implementation Strategic Plan which is a separate document located on the hospital webpage under community benefits at [stmarymercy.org](http://stmarymercy.org).

## **Introduction**

St. Mary Mercy Livonia (SMML) is a 304-bed hospital providing acute-care medical and health services to our community by board-certified doctors and registered nurses. SMML provides the highest quality services with leading-edge technology in our 24-hour Emergency Center, Senior ER, Heart & Vascular Center, Cancer Center, Birthing Center, Women's Center, Center for Joint Replacement, Inpatient and Outpatient Physical Medicine and Rehabilitation Units, Sleep Center, Wound Care Center, and Michigan Bariatric Institute. Same-day diagnostic testing and a variety of community health education services are also offered.

Since 1959, when the hospital was established by the Felician Sisters, the goal has been to meet the health care needs of the community with an emphasis on quality, personalized care. For almost 60 years, the hospital has grown to become one of the premier community hospitals in the area as exemplified by the numerous awards recognizing excellence in clinical outcomes, patient safety, financial performance and efficiency. Through our dedicated administration, physicians, employees and volunteers, the hospital continues to expand its medical services to maintain its role as a leader in providing compassionate health care to the community we serve with particular concern for the poor and underserved.

For additional information about St. Mary Mercy, please visit [www.stmarymercy.org](http://www.stmarymercy.org).

SMML is a member of Saint Joseph Mercy Health System (SJMHS), a health care organization serving seven counties in southeast Michigan including Livingston, Washtenaw, Wayne, Oakland, Macomb, Jackson, and Lenawee. It includes 537-bed St. Joseph Mercy Ann Arbor, 443-bed St. Joseph Mercy Oakland in Pontiac, 304-bed St. Mary Mercy Livonia, 136-bed St. Joseph Mercy Livingston in Howell, and 133-bed St. Joseph Mercy Chelsea. Combined, the five hospitals are licensed for 1,553 beds, have five outpatient health centers, six urgent care facilities, more than 25 specialty centers; employ more than 13,400 individuals and have a medical staff of nearly 2,700 physicians. SJMHS has annual operating revenues of about \$1.9 billion and returns about \$120 million to its communities annually through charity care and community benefit programs.

SJMHS is a member of Trinity Health, a leading Catholic health care system based in Livonia, MI. Trinity Health operates in 22 states, employs about 131,000 people, has annual operating revenues of about \$17.6 billion and assets of about \$24.6 billion. Additionally, the organization returns almost \$1 billion to its communities annually in the form of charity care and other community benefit programs.

For more information on health services offered at Saint Joseph Mercy Health System, please visit [www.stjoeshealth.org](http://www.stjoeshealth.org).

## **Mission, Vision and Values**

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

**Core Values:** Reverence, Commitment to Those who are Poor, Justice, Stewardship and Integrity

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

## **Summary and Impact of 2015 Community Health Needs Assessment and Implementation Plan**

St. Mary Mercy Livonia conducted a community health needs assessment (CHNA) in 2015. The prioritized needs were obesity, behavioral health (mental health and substance abuse) and access to care. Annually, the hospital reviewed these needs and updated the tactical plans and budget to address these needs. Listed below is a summary of the strategies and outcomes for these health needs.

A. *Obesity strategies: Provide education and increase the amount of time children are engaged in physical activity and provide education and increase consumption of fruits and vegetables by children*

Outcomes

- In collaboration with South Redford Schools, Meijer and Madonna University, 13 *All School Taste Days* were provided within the school district over the past three years along with three assemblies focusing on nutrition and physical activity. In addition, educational handouts were provided to parents after each *Taste Day*. The initial program began at one school and reached 445 students through multiple events while in year two of the program the reach was expanded to 2769 in four schools. Student surveys indicate that 84% of the students in the three schools added during the second year of implementation have stated an increase in fruit and vegetable consumption. During year two, the 91% of the students at the initial elementary school indicated that they have eaten at least one more fruit or vegetable a day since the first *Taste Day* the year before. As soon as available, the current year's program summary will be evaluated and MiPHY data will be reviewed as well to evaluate outcome. Collective impact was seen through the partnership between the schools, a retail store, a college dietetics program and the hospital.
- As part of the Healthy Livonia initiative, a program was developed and implemented in conjunction with the Livonia Public Schools (LPS) and the Kirksey Livonia Recreation Center to provide 45 family memberships for six months beginning in 2017. While the program implementation and evaluation of results is ongoing for this year, the initial program saw 1084 Recreation Center visits completed by the 230 individuals associated with the program. The 15 families who utilized the Recreation Center the most were provided a continued membership for the following school year. Additionally, 30 new family memberships are being provided during the second year to again total 45 families.
- Provided financial and in-kind support to Courageous Inc., a nonprofit organization dedicated to youth and family empowerment. The indoor sports training facility located on the west side of Detroit offers the sports and fitness community a place to develop and improve athletically, physically, and socially.
- Provided meeting space for Overeaters Anonymous to support adult and their efforts to achieve and maintain a healthy weight. During the first 18 months, 561 people attended the meetings.

B. *Access to Care strategies: Provide education and improve usage/access to primary care providers, improve transportation to health care appointments and increase access to specialists for those underinsured and/or uninsured.*

Outcomes

- Expanded the transportation services further east and south as well as locations for free transportation services for individuals coming medical care/services. During the first six months of the pilot a total of 201 round trips were made in the extended areas allowing for more access the health care for those who would not have previously had this option. Fewer cancellations or no show appointments are beneficial to providing efficient care and to the health of the patient potentially reducing more serious illness and/or an emergency room visit. The service areas and locations were continued beyond the pilot.
- During fiscal years 2016 & 2017, provided lab services for Wayne Hope Clinic with 373 people receiving diagnostic services. These community members would not have received diagnostic services had the program not been available. And additional funding support for a diabetes education program, *Hope on the Horizon* was provided.
- Provided funding for *Health & Wellness Navigation to Reduce Chronic Disease Burden Related to Obesity (HWNRCDC)* at Joy Southfield Community Development Corporation (JSCDC) with a resulting increase in usage of prevention and education services demonstrated. Support from *HWNRCDC* enhanced access to JSCDC's wellness services by Covenant patients. During this period, 242 referrals were tracked to completion (102 for Covenant patients and 140 for HEAL workshop participants). To date, client feedback is largely very positive and a complete analysis of client satisfaction will be included in the final report.
- Continued the SMML Specialist Care Program for the uninsured patients seen in the ER who needed follow-up care but can't afford it. For FY 2016 and 2017 more than 250 services/visits were provided by the program making care available to those vulnerable in our community.
- In collaboration with Covenant Community Care, invested financially and in-kind in the development of a Federally Qualified Health Clinic in Westland. \$1million has been provided through a community benefit grant to support the project. Plans are to open the clinic in 2018.

- Collaborated with Covenant Community Care, Joy South Community Development Corporation and Holy Cross Services to develop a Healthy Village community in the Cody/Rouge neighborhood in Detroit. A \$400,000 community benefit grant was provided to support the project. Anticipated opening is September 2019.
  - Complex Care Coordinators were implemented in the ambulatory network and through the emergency department to assist with navigation.
- C. *Behavioral Health (mental health and substance abuse) strategies: Provide education and improve early detection for suicide, decrease stigma and increase identification of depression, improve transitions of care for behavioral health services and increase awareness of alcohol and drug use prevention and interventions.*

#### Outcomes

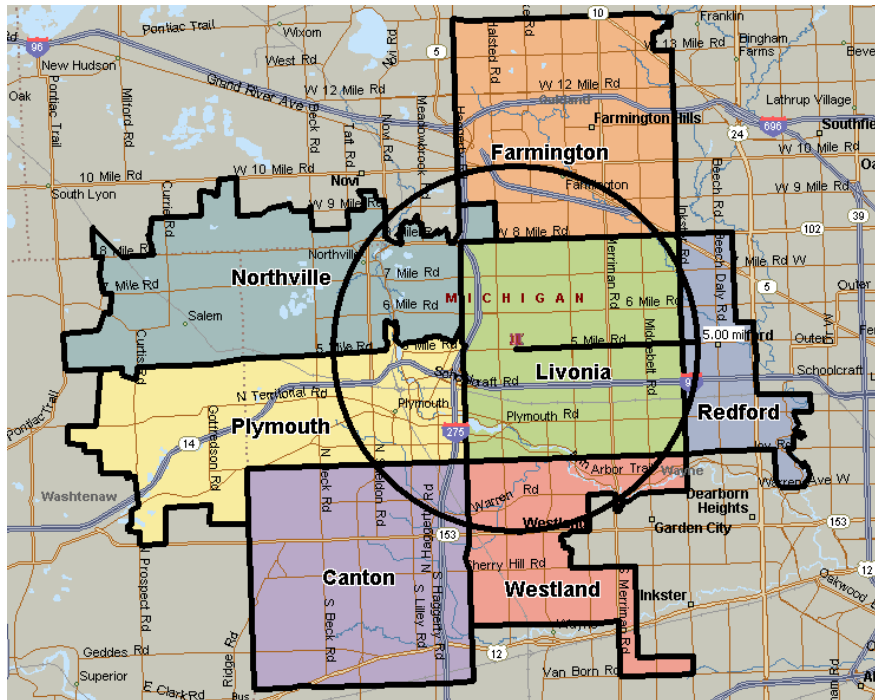
- Supported local performance of *Every Brilliant Thing* which included a panel of experts on mental health for opening night as well as an additional event at SMML to encourage the conversation on suicide prevention and treatment. Attendance for opening night was over 100 people while the SMML program had 72 participants. Feedback indicated this opportunity added overwhelming value to the attendees.
- Developed Let's *Continue the Conversation* forum for school personnel to address prevention and resilience and expand access to tools and best practices. Outcomes for the five forums provided so far include, but are not limited to:
  - Over 200 total attendees
  - Continued opportunity for peer support
  - First time that schools within seven districts and parochial schools engaged collectively in the conversation
  - 97% feel programs are of value
  - Schools/districts are sharing progress made and best practicesCurrent year implementation and evaluation are still ongoing. And an evaluation is currently underway to determine change in practice/perception by program attendees.
- In collaboration with Growth Works, Inc. and Livonia Save Our Youth (LSOY) an *Addiction Forum* was implemented in 2015 to reduce the stigma, increase the dialogue around substance abuse and encourage treatment. During the first two years of the program, there were 487 attendees and 25 referrals for treatment made.
- To fill a gap for an existing community support group began providing a meeting space for Emotions Anonymous. In the first year at SMML they had 334 attendees at their meetings and indicated that having this space has allowed them to serve those in the community needing mental health support.
- Addressed transitions of care by collaborating with Growth Works, Inc. to develop a new *Peer Recovery Program* to address Opioid addiction. Program is currently being initiated and impact will be evaluated once the data is available. The hospital is collaborating with Growth Works, Inc. to obtain funding appropriations from the State of Michigan through the Conference of Western Wayne (CWW) that will support additional work planned to address opioid issues.
- Provided education to nearly 100 community members and professionals on substance use and prevention through national speaker, *Tall Cop Says Stop*, event. Audience feedback indicated greater than 95% of the participants valued the program that increased their knowledge about street drugs in our community and supported efforts to address use of substances/alcohol by youth.

While some of the actions were not specifically taken as originally outlined in the implementation plan, there were other added actions that addressed the identified needs. The collaboration on a summer food pantry was not undertaken because of cost. With the shift in priorities and leadership, the school-based wellness and point-of-care were not pursued. And there was a shift in partners on the physical activity scholarships. It was also disappointing that we were declined the Produce for Better Health grant.

It was also realized that some of the objectives initially created were long-term outcomes beyond the three years of the plans and that changing the tactic to address attitudes, knowledge and behaviors will then actually create a shift to make the eventual impact.

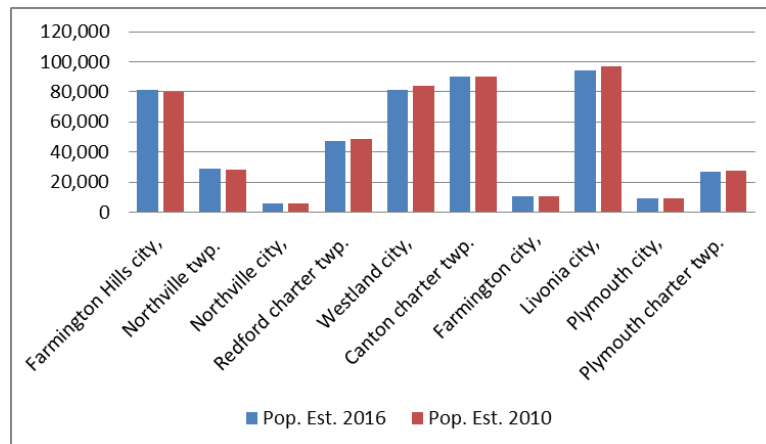
**Service Area and Population**

Located in western Wayne County, the service area of SMML for this community health needs assessment was defined as cities within a five mile radius of the hospital. This includes zip codes of Westland, Canton, Livonia, Northville City, Northville Township, Plymouth City, Plymouth Township, Redford, Farmington Hills and Farmington City. The majority of these cities are located in Western Wayne County; however, Farmington Hills lies within Southern Oakland County lines. The population for these communities is 475,178 residents. Garden City and Novi are within five miles of the hospital but have not been included in the SMML service area because they have a hospital (Garden City Hospital and Providence Park) in their community. Demographics for each community, including size, age, income, and race, are very diverse as shown in Appendix A.



**Demographic Data: Total Population (Estimated)**

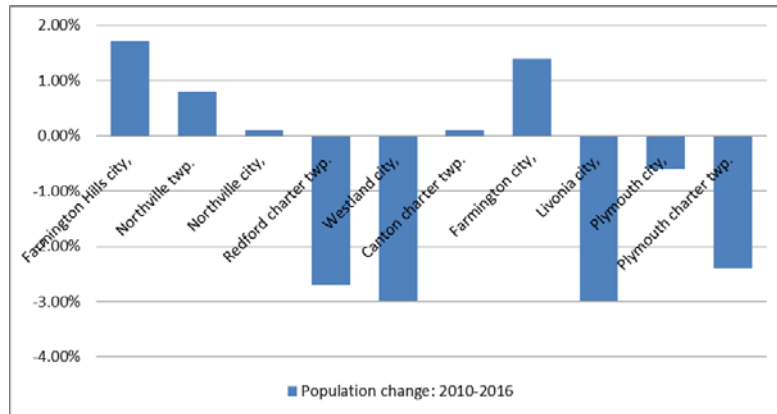
*Population estimates base – April 1, 2010 and July 1, 2016*



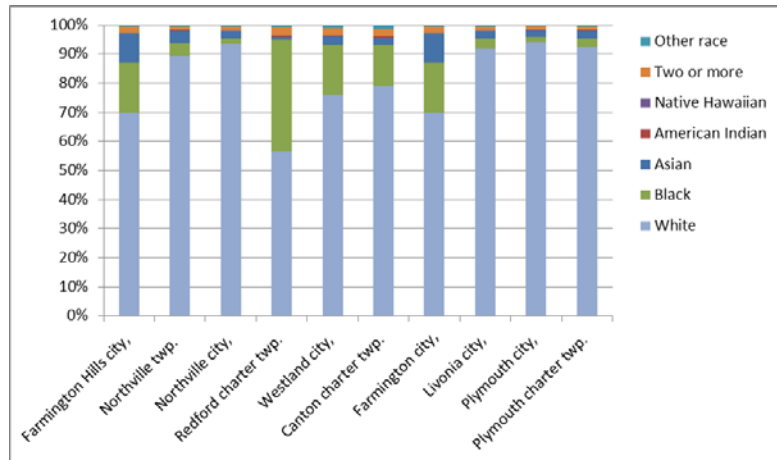


### Population Change: 2010-2016

Population percent change: April 1, 2010 to July 1, 2016

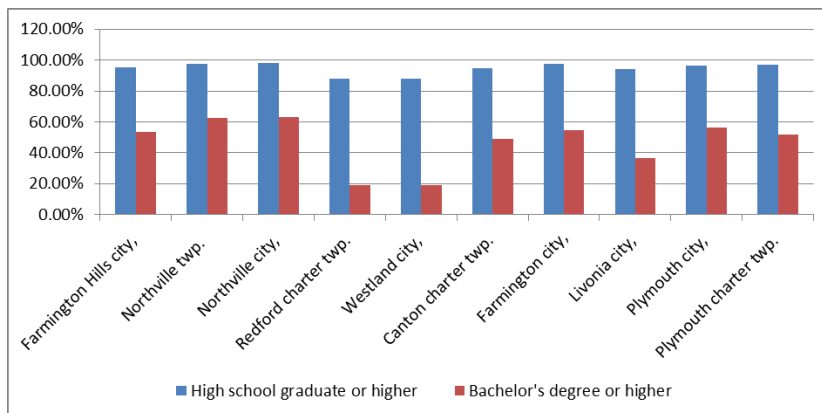


### Ethnic Diversity

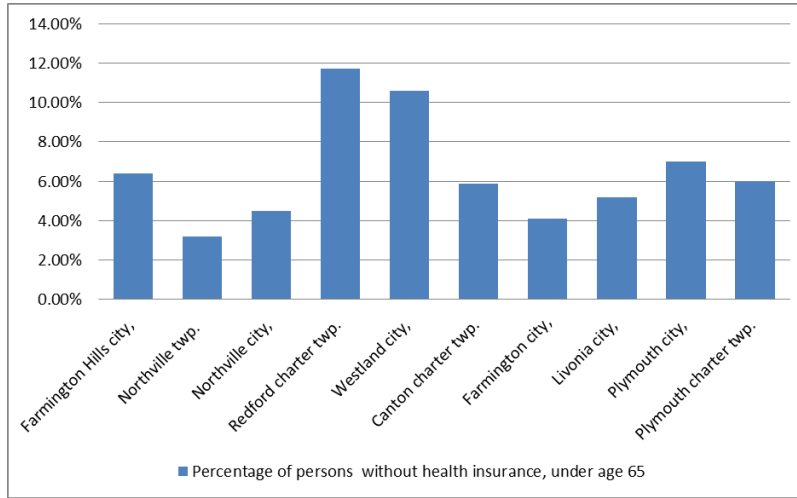


### Education Level

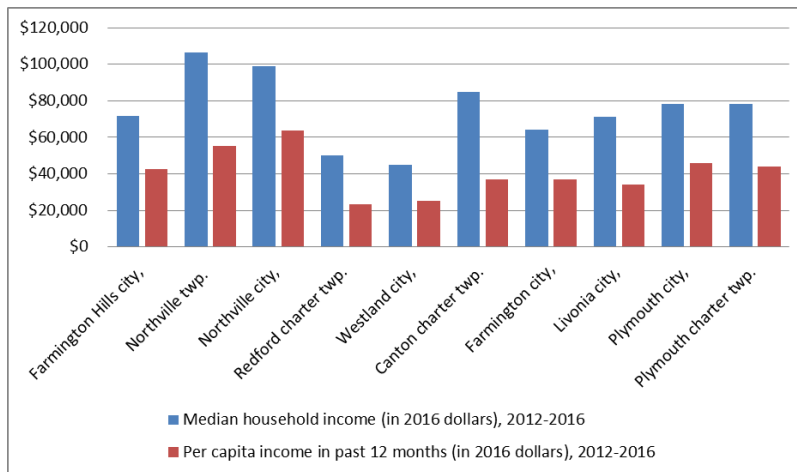
Percent of persons age 25+ years, 2012-2016



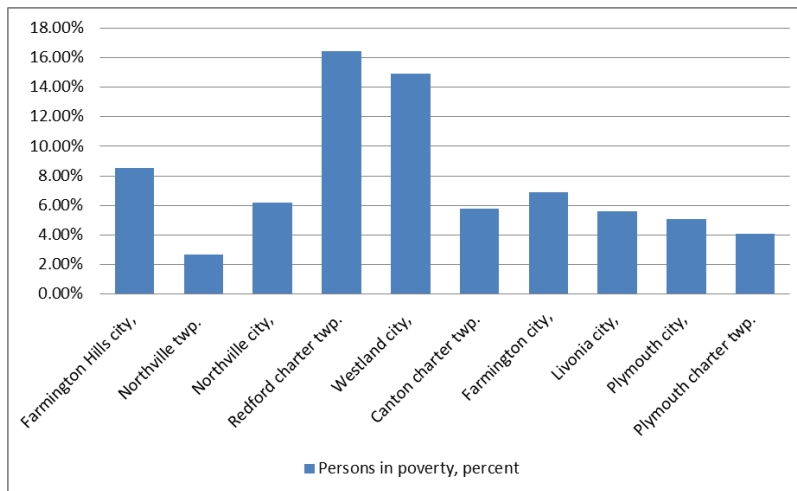
### Access to Care



### Household Income

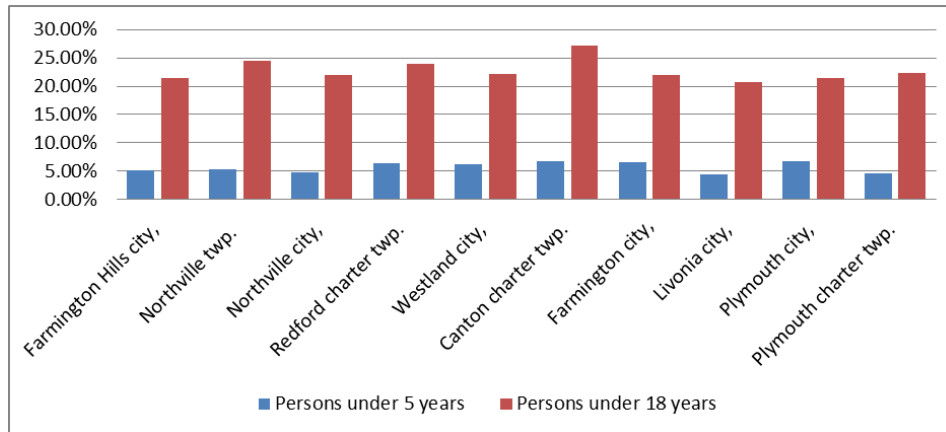


### Persons in Poverty (percentage)



## Children

*Persons under 5 and 18 (April 1, 2010)*



### Community Health Needs Assessment Partners

As St. Mary Mercy embarked on the Community Health Needs Assessment, many collaborative partners were engaged in the process.

#### A. CHNA Steering Committee

A twenty-five member community-based Community Health Needs Assessment Steering Committee was created in June 2017 to lead this process with the intent that some of them would continue as members of the Implementation Work Group(s). These partners include representatives from the Wayne County Department of Health, Veterans & Community Health, Livonia and South Redford school districts, Wayne Hope Clinic, Madonna University, Joy Southfield Community Development Corporation, Plymouth Community United Way, Legal Help For Veterans, Farmington Hills Special Services, Madonna University, Schoolcraft College, Redford Interfaith Relief (RIR), Westland Youth Assistance, Authority Health, Kirksey Livonia Recreation Center and SMML representatives from strategic planning, community health and administration.

#### B. St. Mary Mercy Strategic Leadership Community Health/Population Health Council

The St. Mary Mercy Strategic Leadership Community Health Council comprised of physician leaders, senior executives, strategic planning, service line administrators and finance provided periodic input into the CHNA. To connect this work to the hospital's strategic plan and to the Board, quarterly CHNA Implementation Plan reports will be presented to this council.

#### C. Wayne County Department of Health, Veterans and Community Health was involved throughout the CHNA process from June 2017 to present including serving on the CHNA Steering Committee, distributing CHNA Surveys at their WIC clinics, participating in the CHNA Community Forum, prioritization as well as the CHNA Implementation Work Group.

#### D. Outreach to the Vulnerable Populations: Redford Interfaith Relief, Redford School District, Plymouth Community United Way, WIC Clinics and Wayne Hope Clinic

To gain input from the vulnerable populations in our area, we engaged the leadership of the Redford Interfaith Relief, WIC Clinics, Plymouth Community United Way and Wayne Hope Clinic in the distribution of the paper surveys, which were manually added to the online survey database. Additionally, paper surveys were available at a local Veterans health fair. And there was representation from the Wayne Federally Qualified Health Clinic (FQHC), RIR leadership/stakeholders/clients and HOPE Clinic leadership in the Implementation Team and they participated in prioritization of needs.

*E. Livonia Public Schools and the Redford School District*

Representatives from Livonia and South Redford School Districts were instrumental in promoting the CHNA survey and Forum within the school community and personally inviting community leaders to be members of the Implementation Work Group. The South Redford School District hosted the Community Forum and provided and shared information on the health and socio-economic concerns of their students and families served.

For the list of the community stakeholders see Appendix B.

**Community Health Needs Assessment Methodology and Process**

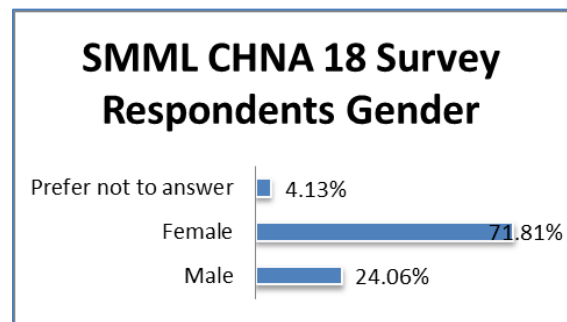
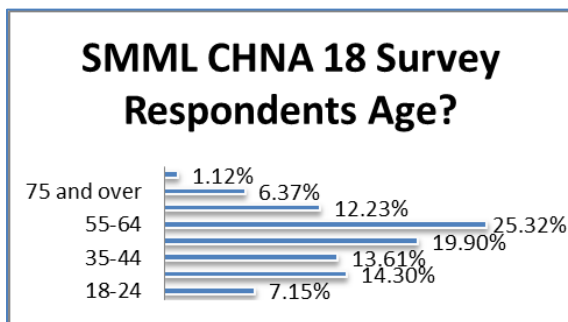
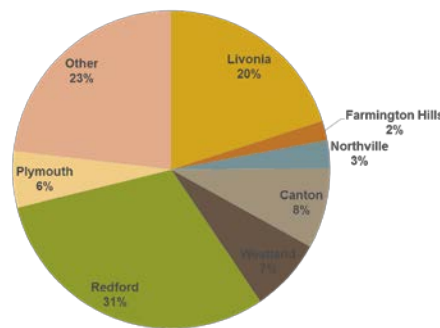
To assess the health needs of the St. Mary Mercy Livonia communities, a quantitative and qualitative approach was used. SMML conducted a hospital-based needs assessment and did not collaborate with any other providers in this assessment.

**Qualitative Date: Input from Community**

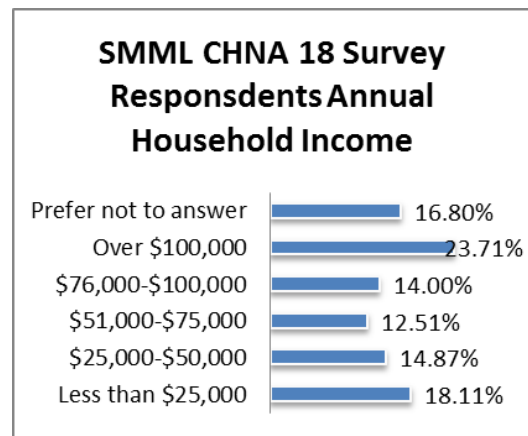
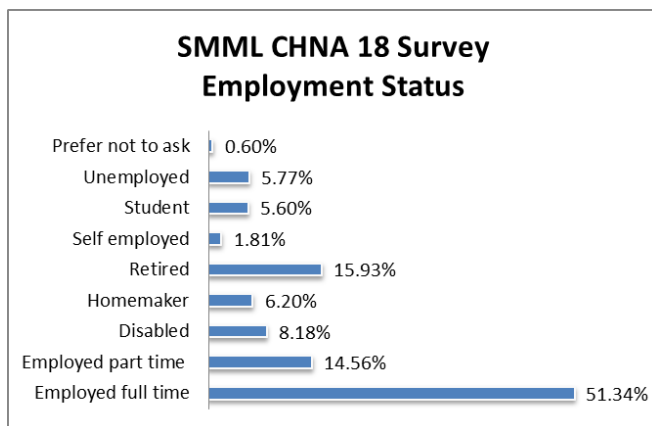
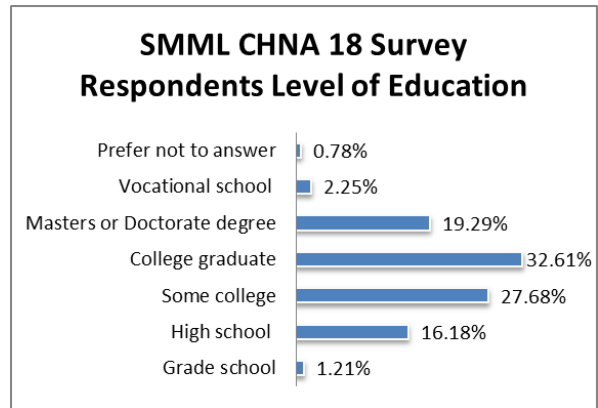
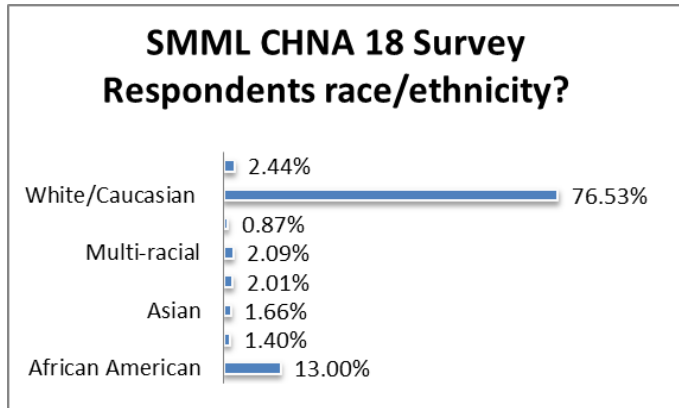
*A. SMML Community Health Needs Assessment Survey*

An on-line and paper survey was created in July 2017 to evaluate the changing health needs in the SMML service area. The survey tool was branded with the banner "Make a Difference in the Health of our Community." The survey was composed of 38 questions about access to care, personal health behaviors, perceived community health needs and patient demographics. A paper or on-line survey was available to the public from September 7 through October 6, 2017. The survey was promoted at a variety of events, posted on the hospital website and distributed through email blasts to city officials, community leaders in businesses, schools and churches, SMML employees and physicians. Of the 1,174 responses, 535 (46%) were paper surveys and 22% completed by vulnerable populations at the Redford Interfaith Relief Food Pantry, Plymouth United Way and Wayne Hope Clinic. Appendix C contains the survey tool. The survey identified five health needs: healthy eating/nutrition, physical activity, mental health, substance abuse and access to care. Appendix D includes additional summary results from the survey. The graphs below show demographics of the CHNA Survey Respondents.

**Percentage of Respondents by City**







The survey results identified five health issues that were also included on the fiscal year (FY) 2015 CHNA. These were nutrition/healthy eating, physical activity, mental health, substance abuse and access to care.

#### B. Community Forum

On November 16, 2017, SMML and their partners organized a *Community Forum* held at Thurston High School in Redford, Michigan to share the survey results, gain some additional information and engage community members in discussion about programs for changing behaviors and identification of gaps for healthy eating, physical activity, and access to care, mental health and substance abuse prevention and treatment. The location was selected to make access to the event accessible. Invitations to the *Forum* were sent to community leaders and organizations with a focus on groups where those who are underserved or low income were represented. Also, personal phone calls were made and/or emails were sent to those individuals providing their contacted information on the CHNA Survey and indicating that they were interested in providing more input in the CHNA process. In addition, CHNA Steering Committee members personally invited individuals. See Appendix B for a complete list of Stakeholders.

Attendees agreed by consensus that nutrition/healthy eating, physical activity, mental health, substance abuse and access to care identified in the CHNA Survey were significant for the community. No additional needs were identified as significant priorities during the *Forum*. In addition, during the breakout session the participants discussed the following questions for each identified need:

- What actual health behaviors can we change and how?
- Are there successful programs in the community already addressing this issue?
- What gaps exist that if filled could help address this need?

Summary of input from the Forum breakout sessions:

- All of the topics are intertwined in what may be characterized as a “holistic wellness” challenge so there is a need for strategies that integrate across the needs spectrum and work into today's lifestyle
- Simplify access to services to maximize usage of resources we already have; provide financial and other support and assist with the ability to get to services
- Incentivizing healthy living may help
- There is a huge interconnection of physical and mental health problems; more work is necessary to understand this interconnection
- There is a great need for a one-stop shop healthcare center
- Health education should include the knowledge of what's available and how to access it with a focus on empowering individuals to make changes and seek help
- Need for increased education and knowledge especially with youth
- Need for increased level of respect (trust, hope) and decreased level of stress in the population
- People will feel more motivation if they feel that they have value/community needs to feel that they are worthy of the investment
- Wage gap, low income individuals may have a harder time meeting health related goals

Key findings are that lack of knowledge and communication are important along with inclusiveness along all income and education levels.

Information gathered at the Forum was reviewed by the CHNA Forum Planning Team and the recommendation to convene CHNA Implementation Work Group(s) was put forth with the goal of assisting with need prioritization, gap identification, best practice identification, and implementation plan input.

There were 18 people who provided their contact information so they could learn more and participate in the Implementation Team. All 18 were contacted and invited.

#### *C. CHNA Implementation Team*

From February through March 2018, three CHNA Implementation Team meetings were conducted to obtain input from key stakeholders and community members on goals, objectives, tactics, audience and measurements for the five identified needs. Besides some members of the CHNA Steering Committee others who joined the group included individuals involved in the 2015 CHNA Implementation work, attendees from the CHNA Community Forum, a Wayne County Department of Health, Veterans and Community Health representative, SMML colleague stakeholders and others representing community organizations.

In addition to providing input on prioritization discussion included sharing best practices and identifying gaps and recommendations for collaborative partners to address the health needs. The group utilized info from the CHNA Survey and the CHNA Community Forum to provide recommendations. See the summary of strategies and next steps.

#### *D. Other Input Received*

From October 2017 through March 2018, input on health needs were received from the SMML Strategic Leadership Council, SMML Board of Directors, CHNA Implementation Work Groups, SMML Community Health and Well Being (CHWB) Steering Committees discussion including identification of gaps, best practices and tactics. Information from the Asset Map, County Health Rankings and CNI Index were reviewed with the groups. Highlights from these discussions in the next table: "Combined Summary of Input."

**Combined Summary of Input\***

Identified Needs	Input Highlights and Findings
Nutrition/Healthy Eating	<ul style="list-style-type: none"> <li>• Affordable fruits and vegetables</li> <li>• Advocacy of food pantries</li> <li>• Engaging parents in education</li> <li>• Prescription for Health</li> <li>• Community garden collaborations</li> <li>• ShapeDown</li> <li>• Low-income seniors</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>• Healthy Livonia/infrastructure</li> <li>• Scholarships but not only for sports</li> <li>• Barriers to activity</li> <li>• Safe school routes/Rx Parks</li> </ul>
Mental Health	<ul style="list-style-type: none"> <li>• Reducing stigma about suicide and depression</li> <li>• Education/toolkit</li> <li>• Leverage social marketing</li> <li>• School-based performance goals</li> <li>• Suicide Prevention especially in youth</li> <li>• Create collaborative volunteer group</li> </ul>
Substance Abuse	<ul style="list-style-type: none"> <li>• Support/advocate for first responder education</li> <li>• Opioid Detox Program</li> <li>• Reduce stigma of substance abuse</li> </ul>
Access to Care	<ul style="list-style-type: none"> <li>• Federally Qualified Health Clinic (FQHC)</li> <li>• Healthy Villages community design</li> <li>• Transportation and navigation</li> <li>• Support services</li> <li>• Community health navigators</li> <li>• Healthy literacy</li> </ul>

*\*Community Forum, CHNA Steering Committee, SMML CHWB Steering Committee, CHNA Implementation Team*

For Wayne County, there is no existing CHNA done by the health department to review. Wayne County data exists as part of Michigan data. Yet, the Wayne County Department of Health, Veterans and Community Health was involved throughout SMML CHNA process and input was compiled within the various group results.

To date, no written comments were received as input from the 2015 CHNA Report and Implementation Plan. Information on how to provide written comments or obtain a written copy of the survey is posted on the SMML website and is available on an ongoing basis.

**Quantitative Data Gathering**

Ensuring the most accurate demographic information and community health concerns, data was gathered from numerous sources. Secondary data analysis was conducted utilizing national, state and local demographic and community health databases. Data sources are listed in the reference section.

**A. Asset Map**

An asset map was created for all cities within the SMML service area listing parks, nutrition programs, food pantries, fitness centers, farmers markets, exercise and walking programs, malls, community recreation centers, youth and senior services, transportation service and healthcare facilities. See Appendix E for the Asset Map.

**B. County Health Rankings**

The County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income and teen births in nearly

every county in America. These rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play, and provides a starting point for change in communities. In the 2017, County Health Rankings Report Wayne County ranked 83/83 in health outcomes and health factors and Oakland County ranked 23<sup>th</sup> in outcomes and 9<sup>th</sup> in health factors.

The table below lists the key health behaviors and health outcome indicators for obesity, access to care and behavioral health in Wayne and Oakland counties as compared to the state of Michigan. The ranking includes all zip codes in the county.

2017 County Health Rankings

<b>Health Behaviors</b>	<b>Wayne</b>	<b>Oakland</b>	<b>Michigan</b>
Adult Obesity	34%	26%	31%
Physical Inactivity	26%	19%	23%
Access to exercise opportunities	94%	94%	84%
Excessive drinking	20%	20%	20%
Alcohol-impaired driving deaths	23%	25%	29%
<b>Health Outcomes</b>	<b>Wayne</b>	<b>Oakland</b>	<b>Michigan</b>
Poor physical health day (per 30 days)	4.1	2.8	4.0
Poor mental health days (per 30 days)	4.3	3.3	3.9

Source: [www.countyhealthrankings.org/michigan](http://www.countyhealthrankings.org/michigan)

### C. Community Needs Index 2018

The Community Needs Index (CNI) identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care and preventable hospitalizations.

The CNI accounts for the underlying economic and structural barriers that affect overall health. Using a combination of research, literature and experiential evidence, Catholic Health West identified five prominent barriers that enable us to quantify health care access in communities across the nation. These barriers include those related to income, culture/language, education, insurance and housing.

To determine the severity of barriers to health care access in a given community, the CNI gathers data about that community's socio-economy. A score is given to each barrier condition with one representing less community need and five representing more community need. Scores are then aggregated and averaged for a final CNI score. Zip codes with a score of one indicate those with the lowest socio-economic barriers, while a score of five represents a zip code with the most socio-economic barriers.



**2018 Community Needs Index**

Zip Code	CNI Scores		Population		City
	2015	2018	2015	2018	
48150	2.1	1.6	26,573	26,258	Livonia, MI
48152	2.2	2.0	30,765	30,406	Livonia, MI
48154	2.0	1.6	37,600	36,977	Livonia, MI
48239	3.2	3.2	34,831	34,380	Redford, MI
48240	2.8	2.8	17,142	16,944	Redford, MI
48187	2.4	2.2	49,349	49,238	Canton, MI
48188	2.2	2.2	42,163	42,548	Canton, MI
48167	2.0	2.0	23,030	23,440	Northville, MI
48168	2.0	1.6	23,030	23,170	Northville Township, MI
48185	3.6	3.6	47,301	46,485	Westland, MI
48186	3.8	3.4	35,840	35,302	Westland, MI
48170	2.0	1.8	39,886	39,417	Plymouth, MI
48331	2.0	2.0	21,350	21,487	Farmington Hills, MI
48334	2.6	2.8	18,827	19,037	Farmington Hills, MI
48335	2.6	2.6	23,857	24,337	Farmington Hills, MI
48336	2.6	2.6	25,852	25,777	Farmington Hills, MI

Source: [www.chwhealth.org/cni](http://www.chwhealth.org/cni)

**D. Information Gaps and Process Challenges**

Some challenges working with the available data arose which led to information gaps. First, a majority of health indicators are only available at the county or state level. Wayne County data, which includes the city of Detroit, is not always representative of the suburban Wayne County communities. Some county data is now available, with and without the city of Detroit. Additionally, Wayne County Department of Health, Veterans and Community Health does not conduct its own needs assessment and relies on hospital community health needs assessments.

Also, some data sources or methodologies have changed so a comparison to previous data wasn't advised.

Additionally, many of the proposed programs or tactics do not have associated baseline data or metrics. For those tactics selected, establishing baseline data and/or the evaluation methods will be critical.

We again hosted a *Community Forum* during the month of November with a similar turnout as in the previous cycle. While less than anticipated and desired, multiple efforts were put into place to improve turnout without much success. Timing of the event may be of issue, but delaying it could result in a delay in the process. Another process challenge was that survey participants were overly optimistic about their healthy behaviors or may answer more favorably than actual practice by rounding up. For example, most of the respondents did

not smoke or drink excessively, yet we know that many people in our community smoke and many are struggling with alcohol and drug addiction.

Finally, there continues to be an unrealized opportunity for collaboration among other local hospitals to develop a community-wide or county-wide perception survey for Western Wayne County or to collaborate in the development of a shared implementation plan.

### Community Health Needs Identified in Assessment

#### Needs Identified

The CHNA survey identified five health needs: healthy eating/nutrition, physical activity, mental health, substance abuse and access to care. The needs were similarly identified in the 2015 CHNA but mental health and behavioral health were combined into substance abuse and nutrition/healthy eating and physical activity were combined into obesity. During presentations at a Community Forum, the CHNA Steering Committee, the SMML Community Health/Population Health Strategic Leadership Council and the SMML Community Health and Well Being Steering Committee attendees validated these as the most significant health needs in our community which could be addressed. The Wayne County data below was pulled for Western Wayne County. The data for significant health needs identified included:

#### Top Significant Health Needs

<b>Nutrition/ Eating Habits</b>	<ul style="list-style-type: none"> <li>• Nearly 1 in 3 children in Michigan*, Nationally, 31.2 % of youth 10-17 years in age are overweight or obese.**</li> <li>•31.5% of Wayne County residents are obese as compared to 31.2% in Michigan.</li> <li>•36.1% of Oakland County residents are obese as compared to 31.2% in Michigan.</li> <li>•39.7% of Michigan adult residents consume fruit &lt; once per day.</li> <li>•24.7%% of Michigan adult residents consume vegetables &lt; once per day.</li> </ul>
<b>Physical Activity</b>	<ul style="list-style-type: none"> <li>•25.1%% of Wayne County residents have no leisure time physical activity compared to 25.5% in Michigan.</li> <li>•21% of Oakland County residents have no leisure time physical activity as compared to 25.5% in Michigan.</li> </ul>
<b>Access to Care</b>	<ul style="list-style-type: none"> <li>•26% of Wayne County residents did not have a routine checkup in the past year compared to 14.8% in Michigan.</li> <li>•27.2% of Oakland County residents did not have a routine checkup in the past year compared to 14.8% in Michigan.</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>•16.8% of Wayne County residents have poor mental health as compared to 11.9% in Michigan.</li> <li>• 20.2% of Wayne County residents have depression as compared to 19.7% in Michigan.</li> <li>• 15.8% of Oakland County residents have poor mental health as compared to 11.9% in Michigan.</li> <li>•18.2% of Oakland County residents have depression as compared to 19.7% in Michigan.</li> </ul>
<b>Substance Abuse***</b>	<ul style="list-style-type: none"> <li>•6.4% of Wayne County residents reported heavy drinking as compared to 6.5% in Michigan.</li> <li>•18.6% of Wayne County residents reported binge drinking as compared to 18.5% in Michigan.</li> <li>•5.6% of Oakland County residents reported heavy drinking as compared to 6.5% in Michigan.</li> <li>•17.8% of Oakland County residents reported binge drinking as compared to 18.5% in Michigan.</li> </ul>

2015 Michigan Behavioral Risk Factor Survey.

[http://www.michigan.gov/documents/mdhhs/2015\\_MiBRFS\\_Annual\\_Report\\_FINAL\\_578283\\_7.pdf](http://www.michigan.gov/documents/mdhhs/2015_MiBRFS_Annual_Report_FINAL_578283_7.pdf)

\*Healthy Kids, Healthy Michigan. <https://www.healthykidshealthymich.com/>

\*\*The State of Obesity: Better Policies for a Healthier America. (2017). <https://stateofobesity.org/>

\*\*\*Michigan Behavioral Risk Factor Surveillance System (Michigan BRFSS) 2014 - 2016  
[http://www.michigan.gov/documents/mdhhs/2014-2016\\_MiBRFSS\\_Reg\\_LHD\\_Tables\\_608878\\_7.pdf](http://www.michigan.gov/documents/mdhhs/2014-2016_MiBRFSS_Reg_LHD_Tables_608878_7.pdf)

*Process for Prioritizing Identified Health Needs*

Beginning in January 2018, a sub-group of the CHNA Steering Committee reviewed the community input survey identified needs and Healthy People 2020 indicators along with Community Health Rankings. The magnitude of persons affected, severity of the need, alignment of the problem with organizational strengths, the hospital's ability to impact the need and the ability to measure change were considered. The sub-group reviewed the significant health needs and finalized the list for prioritization input acknowledging that there are multiple needs with limited resources and considering the source of the indicator and whether or not it was a leading cause of death in the community.

The "*Make a Difference in the Health of our Community*" survey identified five health issues were selected as needs for prioritization. The CHNA Steering Committee, The CHNA Implementation Work Group and the SMML CHWB Steering Committee ranked each of the five needs based on five criteria: (1) *severity*, magnitude or urgency of the health issue; (2) *feasibility*, in terms of resources available and surmountable barriers; (3) *potential impact* on the greatest number of people; (4) *importance*; and (5) *achievability* within the three years covered by the CHNA. Each person was requested to prioritize the health need by scoring the criteria on a scale of 1-5 for each of the criteria (5=high; 1=low). The scores for each need were totaled for each group and then averaged. The results from the three groups combined are listed below.

**Summary  
Health Need Prioritization Input**

<b>Health Needs</b>	<b>Total Averaged Score</b>	<b>Priority</b>
Nutrition/Healthy Eating	20.88	1
Physical Activity	18.78	5
Mental Health	19.94	3
Substance Abuse	20.12	2
Access to Care	19.71	4

*Prioritized Needs*

**Nutrition/Healthy Eating**

Michigan adults and high school students report that they are actively trying to lose or maintain their weight through increased physical activity and healthy eating. Short term weight loss is common but is not sustained. The pattern of increasing weight is seen among Michigan children as well. Official statewide data for younger children are not available. Nationally, over the past 30 years, the percent of children who are overweight has approximately tripled.

Overweight and obesity have been proven to increase the risk of many diseases and health conditions such as high blood pressure, diabetes, coronary heart disease, stroke, gallbladder disease, high cholesterol, and some forms of cancer. Medical care costs associated with adult obesity in the U.S. is projected to be in the \$150 billion range. Overweight is defined as having a body mass index (BMI) between 25.0 and 29.9, and obesity is defined as a BMI greater than or equal to 30.0.

In Michigan, the prevalence of obesity increased through the 65-74 year age group and then dropped within the 75+ years age group

Although there is a lack of direct evidence from clinical trials that consumption of fruits and vegetables promotes weight loss, there is indirect evidence that eating fruits and vegetables may be very helpful to people who want to lose or maintain weight, as fruits and vegetables are low in calories and fat as well as high in fiber and water content.

Substituting fruits and vegetables for foods of high energy density as part of a weight management strategy because to lose weight, people must consume fewer calories than they expend. Adding fruits and vegetables to an existing eating plan that supplies sufficient calories or has more calories than needed can cause the person to gain weight. Fruits and vegetables should be substituted for foods high in energy density. The way fruits and vegetables are prepared and consumed makes a big difference in their effect on weight. And whole fruit is lower in energy density and more satiating than fruit juices. For weight control purposes, the whole fruit contains added fiber that helps make one feel full.

Both fruit and vegetable consumption improved with increasing age and household income level, and males were more likely than females to eat fewer fruits and vegetables.

In 2013, 37.8% of adolescents ate less than one fruit per day while 36.8% ate less than one vegetable per day with the median intake being 1.0 and 1.3 per day; respectively.

### **Substance Abuse**

Substance abuse includes binge drinking, prescription drug abuse and tobacco use. The underlying causes for binge drinking and prescription drug abuse described by those who provided input exist dually along with mental illness or poor mental health and availability of alcohol and prescription drugs.

From 1999 to 2016, the total number of overdose deaths involving any type of opioid increased more than 17 times in Michigan, from 99 to 1,699. Data from the Michigan Automated Prescription System (MAPS) reported 11.4 million prescription for painkillers in 2015 were written, about 115 opioid prescriptions per 100 people. In 2016, 2,356 people died of drug overdoses. That is more deaths than car accidents.

### **Mental Health**

Most suicides are preventable with appropriate education, awareness and intervention methods. The 2015/16 MiPHY results for questions about suicide attempts shows Middle school students who attempted to kill themselves was 11.8% and High School students who attempted suicide in the past 12 months was 11.6% and high school students who attempted suicide resulting in injury in past 12 months is 4.3%. *(Note the variation between the questions asked to Middle and High School students. While Middle School students are asked if they ever tried to kill themselves, High School students were asked if they had attempted suicide during the past 12 months.)*

In 2015, 17.3% of Michigan public high school students reported having seriously considered suicide in the past 12 months, compared to 17.7% of youth nationally. About one in every 11 Michigan public high school students (9.2%) reported having attempted suicide one or more times in the past year with 2.7% of respondents requiring medical attention after an attempted suicide.

Suicide in Michigan is a hidden health issue especially among the senior adults. Suicide is more common among elderly males than females, and rates generally increase with age for both sexes. The leading method of suicide for males is a firearm (55%); for females it is poisoning (40%). Suicide rates were highest among males aged 45-64. The overall rate was 3.6 times higher among males than females.

Almost all people who kill themselves have a diagnosable mental or substance abuse disorder or both, and the majority has depressive illness. The most promising way to prevent suicide and suicidal behavior is through early recognition and treatment of depression and other psychiatric illnesses. Suicide is the second leading cause of death in Michigan for ages 15 to 24.

Depressive feelings is defined as feeling so sad or hopeless, almost every day for two weeks or more in a row, that the person has stopped doing some of their usual activities. Depressive feelings reported by ninth through twelfth graders in Michigan declined from 27.4% in 2009 to 26% in 2011. The rate, however, has slightly increased from 27% in 2013 to 31.7% in 2015. There is a strong correlation between depressive feelings, alcohol consumption and attempted suicides.

Depression in older adults is often not recognized or treated. Most adult seniors are treated by the primary care physician, although they only recognize depression in 50 percent of their patients.



Depression is not a normal part of aging. While older adults may face widowhood, loss of function or loss of independence, persistent bereavement or serious depression is not normal and should be treated. Living with untreated depression presents a serious public health problem. Depression complicates chronic conditions such as heart disease, diabetes, and stroke; increases health care costs; and often accompanies functional impairment and disability. Depression is also linked to higher health care costs and tied to higher mortality from suicide and cardiac disease.

### **Access to Care**

As of January 15, 2018, 675,631 people in Michigan and 99,529 people in Wayne County, excluding Detroit, are enrolled in the Healthy Michigan Plan. This plan covers people who are eligible or enrolled in Medicaid or Medicare, aged 19-64, not pregnant and have income of up to 133 percent of the Federal Poverty Level (FPL), which is about \$15,000 for a single person.

To address the issue of rising health care costs and decreasing coverage, businesses like Meijer, Kroger and Walmart offer prescription drugs at low flat rates. For those who are insured, Federally Qualified Health Centers (FQHCs) and other free or low-cost clinics, such as retail clinics, are integral in providing access to care.

### **Physical Activity**

Regular physical activity is linked to improved student concentration, cognitive functioning and classroom behavior as well as improved academic and standardized test performance. To effectively prevent obesity, we need to address both diet and physical activity, as both of these factors influence health.

Less than 3 in 10 high school students get at least 60 minutes of physical activity every day.

For Michigan, adults reporting no leisure time physical activity were more likely to report being obese (39.9% [37.2-42.7]) than those who were physically active (28.5% [27.0-29.9]). The prevalence of no leisure time physical activity increased with age and decreased with increasing household income level.

### **Community Resources to Address Needs**

#### *SMML Internal Resources*

St. Mary Mercy Livonia has created numerous programs to positively impact the physical, behavioral, and mental health of its patients and the surrounding community. The various services available provide an opportunity to receive the best care possible to suit the needs of each individual.

SMML is committed to the education of future generation physicians through our Graduate Medical Education (GME) program. Board-certified physicians serve as mentors to those students specializing in emergency, internal, family medicine, psychiatry and transitional programs. Local, national and international residents are at SMML for three to seven years, depending on their area of study.

The SMML subsidized inpatient Mental Health and Substance Abuse Program serves the needs of the vulnerable population with mental illness and substance abuse. In an era when most hospitals are closing or downsizing their Behavioral Health services, we have expanded our inpatient capacity and added a Behavioral Medicine area to the ER to create a respectful and safe area for patients being accessed for inpatient approval or outpatient referrals. Dedicated behavioral social workers have been assigned to the ER to assist patients and families in caring for those who come to the ER. Several peer-lead mental health and addiction support groups are provided room space for their weekly meetings.

To address the growing need for specialist care for uninsured patients who present in the ER, SMML created an internal specialist care program. And primary care support services are being provided to residents of Sanctum House, a safe home for survivors of human trafficking.

Diabetes prevention programs, support and educational programs are provided to the community and healthcare professionals. SMML is a fully-recognized CDC National Diabetes Prevention Program and is serving as the leader in the SJMHS to lead the ADAPT/DPP CDC grant work as an affiliate grantee.

Cancer education and prevention and screening programs are offered to the community annually based on a comprehensive plan.

Care of the seniors in our community is provided collaboratively with services agencies and is aligned with the SJMHS senior services strategic plan to increase resources, education, and caregiver support.

SMML also provides rooms for multiple support groups and community meetings including those focused on health improvement or related to the CHNA implementation. The hospital has hosted for the last three fiscal years an Addiction Forum as well as suicide prevention Forum.

#### *External Community-Based Resources*

The hospital is invested in care of those most vulnerable and is funding work being done with community partners to develop a Federally Qualified Health Clinic (FQHC) in Westland and a Healthy Village in the Cody/Rouge neighborhood of Detroit.

Creation and support of the Healthy Livonia initiative will energize a community-wide focus on healthy living in Livonia.

SMML's MercyElite along with Courageous Sports Academy bring together Police Officers, veterans and local athletes to promote positive and healthy relationships in our community by organizing a flag football game.

Additionally, funding support for other access programs such as transportation services and Lab Services for HOPE Clinic are provided to improve access to care.

Many of these same or similar resources will be applied during the upcoming CHNA Cycle for FY 19-21.

### **Conclusion and Strategic Next Steps**

#### *A. Implementation Plan*

Needs that St. Mary Mercy Livonia will directly address and listed in order of importance, St. Mary Mercy Livonia will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Nutrition/healthy eating** –increase knowledge through education about healthy eating, increase access to affordable fruits and vegetables, provide adults services and resources to achieve a healthy weight
- **Substance Abuse** –increase the number of people seeking treatment and decrease deaths from Opioids
- **Mental Health** – increase number of people seeking treatment, increase knowledge through education about mental health/depression to reduce the stigma
- **Access to Care** – improve access to primary care providers, improve navigation and provide health care resources
- **Physical Activity** – increase access to/use of physical activity opportunities

Detailed Implementation Plans with tactics will be developed, implemented and measured for effectiveness in collaboration with appropriate internal and external partners. Specifics will be contained in the Implementation Strategic Plan which is a separate document located on the hospital webpage under community benefits at [stmarymercy.org](http://stmarymercy.org).

*B. Other activities related to the CHNA Implementation Plan*

St. Mary Mercy Livonia acknowledges the wide range of health needs in our community and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed and within its ability to influence. SMML will not take any new or additional actions on the following health needs:

- **Transportation** – Transportation is addressed within access to care strategies as appropriate and SMML continues to provide support to those in need of transportation to medical appointments.
- **Cancer-** Cancer care is addressed in the strategies for access to care and in the hospital's community benefit programs for educational seminars, prevention screenings and support groups. Additionally, healthy lifestyles are also promoted as part of prevention programming.
- **Heart Disease-** Heart disease will be addressed in the strategies for nutrition and physical activities.
- **Senior Services-** Senior care is addressed through collaborative relationships with senior service agencies and aligns with the essential elements of the SJMHS senior services strategic plan to increase availability of resources, education, and caregiver support.
- **Diabetes-** SMML will continue to offer diabetes prevention as part of its CDC fully-recognized National Diabetes Prevention Program, along with its American Diabetes Association Recognized outpatient diabetes education program, a support group and Diabetes PATH. Many of the strategies to increase physical activity and improve nutrition will also improve the quality of life for patients with diabetes.

The complete CHNA report is available electronically at [stmarymercy.org](http://stmarymercy.org). To submit written comments on the CHNA or to obtain a printed copy of the report, contact St. Mary Mercy Livonia, Office of Community Health, 36475 5 Mile Road, Livonia, MI 48154.

The next year that the Community Health Needs Assessment will be completed will be fiscal year 2021.

**Appendix A: SMML Service Area 2010 Census Data** (with updated estimates)

Demographic Data	Farmington Hills city,	Northville township,	Northville city,	Redford charter township,	Westland city,	Canton charter township,	Farmington city,	Livonia city,	Plymouth city,	Plymouth charter township,
Population estimates, July 1, 2016, (V2016)	81,129	28,708	5,979	47,062	81,545	90,248	10,514	94,041	9,077	26,875
Population estimates base, April 1, 2010, (V2016)	79,740	28,493	5,974	48,362	84,097	90,173	10,372	96,942	9,132	27,524
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	1.70%	0.80%	0.10%	-2.70%	-3.00%	0.10%	1.40%	-3.00%	-0.60%	-2.40%
Population, Census, April 1, 2010	79,740	28,497	5,970	48,362	84,094	90,173	10,372	96,942	9,132	27,524
Persons under 5 years, percent, April 1, 2010	5.10%	5.40%	4.80%	6.40%	6.30%	6.70%	6.50%	4.50%	6.70%	4.60%
Persons under 18 years, percent, April 1, 2010	21.50%	24.40%	22.00%	23.90%	22.10%	27.20%	22.00%	20.80%	21.50%	22.30%
Housing units, April 1, 2010	36,178	12,236	2,767	20,739	39,201	34,829	4,959	40,401	4,652	11,708
Owner-occupied housing unit rate, 2012-2016	61.60%	78.30%	73.90%	73.50%	58.70%	76.30%	58.30%	84.00%	61.30%	81.70%
Median value of owner-occupied housing units, 2012-2016	\$216,200	\$361,100	\$298,900	\$66,700	\$96,700	\$210,100	\$165,800	\$162,000	\$240,200	\$259,200
Households, 2012-2016	34,726	11,050	2,502	17,957	34,188	31,785	4,659	37,164	4,113	10,840
Persons per household,	2.32	2.6	2.38	2.62	2.38	2.81	2.23	2.51	2.14	2.49

St. Mary Mercy Livonia  
2018 Community Health Needs Assessment

2012-2016										
High school graduate or higher, percent of persons age 25 years+, 2012-2016	95.10%	97.40%	97.90%	87.70%	87.80%	94.70%	97.70%	94.10%	96.60%	96.70%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	53.40%	62.30%	63.30%	19.30%	18.90%	48.80%	54.70%	36.30%	56.30%	51.90%
With a disability, under age 65 years, percent, 2012-2016	6.80%	4.50%	3.10%	11.40%	11.10%	5.00%	6.50%	8.30%	4.10%	5.60%
Persons without health insurance, under age 65 years, percent	6.40%	3.20%	4.50%	11.70%	10.60%	5.90%	4.10%	5.20%	7.00%	6.00%
In civilian labor force, total, percent of population age 16 years+, 2012-2016	65.30%	63.60%	65.90%	65.80%	64.30%	69.10%	68.00%	63.70%	69.10%	63.30%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	59.20%	56.40%	56.50%	62.10%	59.40%	63.30%	61.00%	58.50%	63.70%	57.20%
Median household income (in 2016 dollars), 2012-2016	\$71,463	\$106,288	\$99,052	\$50,129	\$44,808	\$84,876	\$64,388	\$71,063	\$78,254	\$78,060
Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$42,386	\$55,484	\$63,623	\$23,560	\$25,353	\$36,986	\$36,746	\$34,115	\$45,888	\$44,153
Persons in poverty,	8.50%	2.70%	6.20%	16.40%	14.90%	5.80%	6.90%	5.60%	5.10%	4.10%

St. Mary Mercy Livonia  
2018 Community Health Needs Assessment

percent										
American Indian	0.20%	0.28%	0.05%	0.45%	0.46%	0.63%	0.20%	0.24%	0.26%	0.27%
Asian	10.12%	4.30%	2.63%	0.84%	3.03%	2.41%	10.12%	2.54%	2.18%	2.73%
Black	17.37%	4.39%	1.64%	38.42%	17.23%	14.17%	17.37%	3.41%	1.60%	2.96%
Native Hawaiian	0.02%	0%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.02%	0.00%
Other race	0.45%	0.44%	0.60%	0.93%	1.05%	1.49%	0.45%	0.40%	0.36%	0.40%
Two or more	2.20%	1.25%	1.36%	2.66%	2.42%	2.33%	2.20%	1.42%	1.42%	1.25%
White	69.65%	89.31%	93.72%	56.69%	75.79%	78.95%	69.65%	91.97%	94.15%	92.38%



**Appendix B - Community Stakeholders**

**CHNA 2018 Steering Committee Members and Roles**

<b>Last Name</b>	<b>First Name</b>	<b>Organization</b>	<b>Participant Role</b>
Archambault	Dennis	Authority Health	CHNA Steering Committee, Community Forum, CHNA Implementation Work Group
Austerberry	Carol	Wayne County Dept. of Health, Veterans & Community Health*	CHNA Steering Committee
Davis	Edward (Ted)	Livonia Parks and Recreation	CHNA Steering Committee, Community Forum, CHNA Implementation Work Group
Evo	Will	SMML	CHNA Steering Committee, CHNA Implementation Work Group
Fausone	Carol Ann	Legal Help For Veterans	CHNA Steering Committee
Galdes	Brian	South Redford Schools	CHNA Steering Committee, Community Forum, CHNA Implementation Work Group
Hampton	Monica	Detroit Wayne Mental Health Authority	CHNA Steering Committee, CHNA Implementation Work Group
Knoerl	Ann Marie	Madonna University	CHNA Steering Committee, CHNA Implementation Work Group
Koet	Marsha	Farmington Hills Special Svcs.	CHNA Steering Committee
Law	David	Joy-Southfield Development Corp.	CHNA Steering Committee, CHNA Implementation Work Group
Meade	Beth	Canton Community Foundation	CHNA Steering Committee, CHNA Implementation Work Group
Morrow	Marie	Plymouth Community United Way	CHNA Steering Committee
Mutchler	Todd	Northville Township	CHNA Steering Committee
Nantais	David	SMML	CHNA Steering Committee, Community Forum, CHNA Implementation Work Group
Oliver	Michael	Schoolcraft Community College	CHNA Steering Committee. CHNA Implementation Work Group
Papendick	Rachel	SMML	CHNA Steering Committee, Community Forum, CHNA Implementation Work Group
Peterson	Ann Marie	Hope Clinic-Wayne	CHNA Steering Committee, CHNA Implementation Work Group
Pherson	Sue	Redford Interfaith Relief	CHNA Steering Committee, Community Forum, CHNA Implementation Work Group
Raczka	Michaeline	SMML	CHNA Steering Committee, Community Forum, CHNA Implementation Work Group
Sharangpani	Ruta	Wayne County Dept. of Health, Veterans & Community Health*	CHNA Steering Committee
Solomon	Sherri	SJM Homecare & Hospice	CHNA Steering Committee, CHNA Implementation Work Group
Taiariol	Jennifer	Livonia Public Schools	CHNA Steering Committee, CHNA Implementation Workgroup
Tennis	Paul	Northville Township Public Safety	CHNA Steering Committee, CHNA Implementation Work Group
Von Pagels	Rachel	Westland Youth Assistance	CHNA Steering Committee
Wright	Lisa	SMML	CHNA Steering Committee, CHNA Implementation Work Group

**CHNA 2018 Additional Stakeholders and Roles**

<b>Organizations Represented or Individuals</b>	<b>Participant Role</b>
Livonia Public Schools	Community Forum, CHNA Implementation Work Group
community member	Community Forum
community member	Community Forum
community member	Community Forum
community member	Community Forum, CHNA Implementation Work Group
Livonia Save Our Youth	Community Forum, CHNA Implementation Work Group
Gleaners	CHNA Implementation Work Group
City of Farmington Hills	Community Forum, CHNA Implementation Work Group
community member	Community Forum
community member	Community Forum
Livonia Save Our Youth	Community Forum
SMML service line leader	CHNA Implementation Work Group
Wayne County Department of Health, Veterans & Community Health	CHNA Steering Committee (proxy), CHNA Implementation Work Group
community member	Community Forum
South Redford School District	Community Forum, CHNA Implementation Work Group
Trinity Health/community member	Community Forum, CHNA Implementation Work Group
community member	Community Forum
NAMI Metro	CHNA Implementation Work Group
community member	Community Forum
University of Detroit Mercy	CHNA Implementation Work Group
community member	Community Forum
community member	Community Forum
Michigan Academy of Nutrition and Dietetics	CHNA Implementation Work Group
Gleaners	CHNA Implementation Work Group
City of Livonia	Community Forum
community member	Community Forum
South Redford Schools	Community Forum
SMML	CHNA Implementation Work Group
Wayne FQHC	Community Forum, CHNA Implementation Work Group
community member	Community Forum
Redford Union Parent Association, Redford/Livonia Little League	Community Forum, CHNA Implementation Work Group
Canton Community Foundation	CHNA Implementation Work Group
community member	Community Forum
Growth Works, Inc.	CHNA Implementation Work Group
Redford Interfaith Relief	Community Forum, CHNA Implementation Work Group
Wayne County Department of Health, Veterans & Community Health	Community Forum, CHNA Implementation Work Group
Livonia Public Schools	CHNA Implementation Work Group
Our Lady of Lourdes	Community Forum
SMML	CHNA Implementation Work Group
SMML	CHNA Implementation Work Group

**Appendix C: CHNA Survey**



Every three years, the Community Health Needs Assessment (CHNA) helps St. Mary Mercy Hospital to evaluate changing health and social needs. Your valuable input allows us to gather the community's perception of need. Once completed, the CHNA will be shared publicly on our web site and utilized to prioritize focus areas for the hospital's community benefit planning.

- You must be at least 18 years of age to complete this survey.
- Where it states (mark only one), select one choice; where it states (mark all that apply), select all that apply.
- If you prefer, you may complete the survey online by going to [stmarymercy.org/CHNASurvey](http://stmarymercy.org/CHNASurvey).

- Where do you usually go for health care services? (Mark all that apply.)
  - Alternative care provider (herbalist, homeopath)
  - Emergency Room
  - Free clinic
  - Personal doctor/health center
  - Pharmacy/retail clinic
  - Urgent care center
  - No care
- How do you go about seeking/choosing a primary health care provider? (Mark all that apply.)
  - Emergency Room
  - Friends/family
  - Insurance-directed
  - Location close to home/work
  - Media (newspaper, TV, radio, Facebook, Twitter)
  - Other health professional
  - Pharmacists
  - Not applicable
- Was there a time in the past 6 months when you needed to see a doctor, physician's assistant, or nurse but did not or could not?.....  Yes  No
- Do you have difficulty filling out medical or insurance forms and other paperwork?.....  Yes  No
- Has the language you speak been a problem in communicating with your doctors/health professionals?  Yes  No
- Is your health condition communicated to you in a way you understand by your doctors/health professional? .....  Yes  No
- Do you have access to a computer/technology for your health care needs? .....  Yes  No
- What kind of health insurance do you currently have? (Mark all that apply.)
  - None
  - Bought privately
  - Medicare
  - Healthy Michigan Plan
  - Health Exchange
  - Medicaid
  - From my employer
  - From my spouse's/family's employer
  - Veteran's Health Care System
- Does your insurance pay for prescription medications?.....  Yes  No
- Do you understand why and how to take your medications? .....  Yes  No
- If you have ever been prescribed pain medication, have you ever taken more pain medication than the prescribed amount?  Not applicable  Never  Once  A few times  Frequently  Most of the time
- If you are having trouble getting health care services, what are the biggest problems you are having? (Mark all that apply.)
  - Didn't want to go
  - Didn't have time/busy
  - ER wait time too long
  - Existing medical debt
  - High co-pay/high deductible
  - Clinic/office didn't meet my needs/wasn't available when I was
  - Lack of child care
  - Lack of transportation
  - No dental insurance
  - No medical insurance
  - No vision insurance
  - Prescription costs
  - Racial or ethnic prejudice
  - Not applicable
- In the last 30 days, how would you say your personal health is?
  - Excellent
  - Very Good
  - Good
  - Fair
  - Poor
- Have you ever been told by a doctor or other health professional that you have any of the following? (Mark all that apply.)
  - Alcoholism or other addiction
  - Arthritis
  - Asthma
  - Cancer
  - Dental health problems
  - Mental health problems (PTSD, bi-polar disorder, ADHD, Depression, Anxiety, etc.)
  - Diabetes
  - Hearing problems
  - Heart disease/heart attack
  - High blood pressure
  - High cholesterol
  - Kidney disease
  - Lung disease/COPD
  - Overweight
  - Stroke
  - Not applicable
- In that past 6 months, how often did you have any problems with stress, anxiety, depression, anger, isolation or any other emotional health problems?
  - All of the time
  - Some of the time
  - None of the time
- Has the cost of mental health care prevented you or a family member from seeking help?.....  Yes  No

(Please complete other side)

St. Mary Mercy Livonia  
2018 Community Health Needs Assessment

17. How often do you smoke cigarettes?  
 Every day       Some days       Not at all
18. In the last 7 days, how often did you have (5 or more for men, 4 or more for women) alcoholic drinks at one time?  
 Never       Once a week       2-3 times a week       More than 3 times during the week
19. How many minutes a day do you spend doing physical activity/exercises, other than your job (running, walking, etc.)?  
 None       More than 30 but less than 60 minutes  
 30 minutes or less       60 minutes or more
20. In the last 7 days, how often did you eat 3 or more servings of fruits or vegetables in a day? (Each time you ate a fruit or vegetable counts as one serving. It can be fresh, frozen, canned, cooked or mixed with other foods.)  
 0 days       3-6 days  
 1-2 days       Every day
21. Which of the following programs or services would improve the health of our community most? (Mark only one.)  
 Access to health care       End-of-life care (hospice, palliative)       Nutrition/eating habits  
 Ability to serve different cultures       Homelessness       Physical Activity/exercise  
 Coordination of care       Health insurance coverage       Public education on health issues  
 Dental care       Mental health       Tobacco use  
 Drug/alcohol use       Other \_\_\_\_\_
22. What do you think is the most important chronic diseases in our community? (Mark only one.)  
 Asthma       Dental health problems       Lung disease/COPD  
 Alcoholism or other addiction       Diabetes       Mental health problems  
 Arthritis       Heart disease/heart attack       Overweight/Obesity  
 Cancer       Kidney disease       Stroke  
 Other \_\_\_\_\_
23. If you have children under the age of 18, did they have an annual medical check-up/well visit, even if they were not sick in the last year.....  
 I do not have children under the age of 18       Yes       No
24. Are you a Veteran? (Mark all that apply.)       Yes *If yes, thank you for your Service.*       No  
 Active Duty       Reserves       National Guard  
 Enrolled in Veterans Health Care System       Using Veterans Health Care benefits
25. In the last 6 months have you been? (Mark all that apply.)  
 Homeless       At-risk for homelessness       Doubling up       Couch surfing       Not applicable
26. In the next 6 months do you expect to be? (Mark all that apply.)  
 Homeless       At-risk for homelessness       Doubling up       Couch surfing       Not applicable
27. What is your age?  
 18-24       35-44       55-64       75 and over  
 25-34       45-54       65-74
28. What is your race/ethnicity? (Mark only one.)  
 African American       Hispanic/Latino       White/Caucasian  
 Arab/Middle Eastern       Multi-racial       Other \_\_\_\_\_  
 Asian       Native American
29. What is your current status? (Mark all that apply.)  
 Employed full time       Disabled       Retired       Student  
 Employed part time       Homemaker       Self-employed       Unemployed
30. What is your level of education? (Mark only one.)  
 Grade school       Some college       Masters or Doctorate degree  
 High school       College graduate       Vocational School
31. What is the approximate annual income of your household (you, your spouse, or others who contribute to you household)? (Mark only one.)  
 Less than \$25,000       \$51,000-\$75,000       Over \$100,000  
 \$25,000-\$50,000       \$76,000-\$100,000       Prefer not to answer
32. Are you?       Male       Female       Prefer not to answer
33. What is your ZIP code?
34. If you would like to enter the drawing or be part of a future focus group or forum, please complete (PRINT) the information below and check the options.  
 Yes. I would like to enter the drawing.  
 Yes. I would like to be part of a focus group/forum to discuss or share perceptions about the health needs of the community.

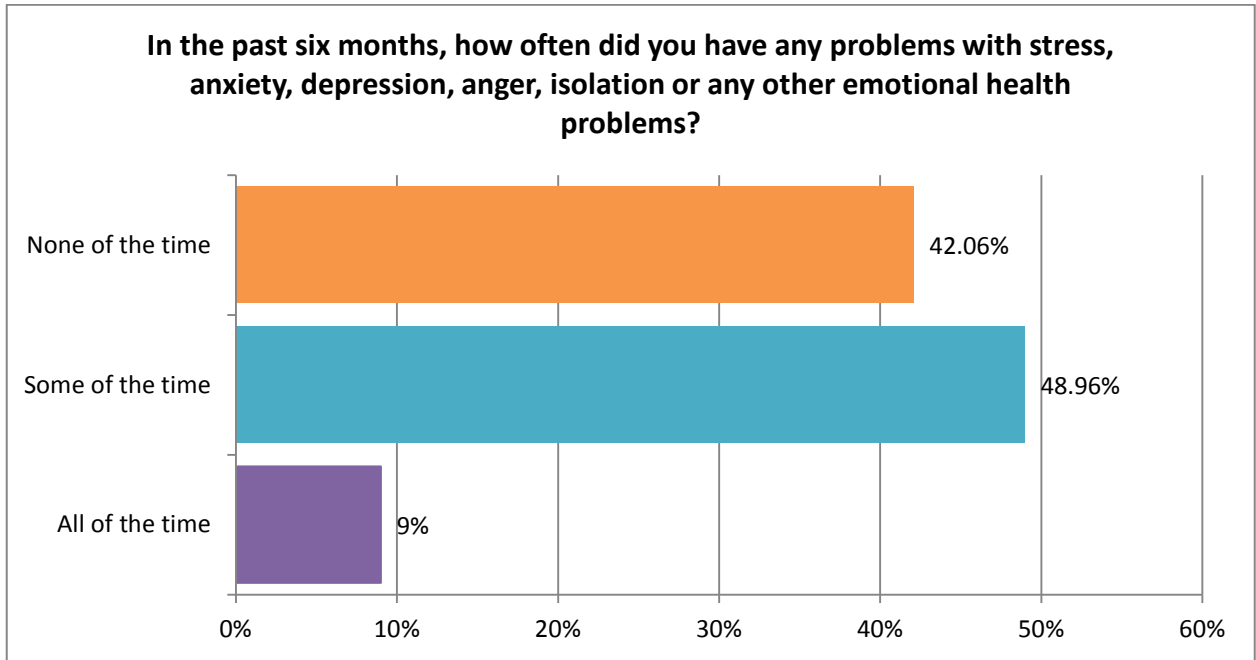
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email address \_\_\_\_\_ Zip Code \_\_\_\_\_

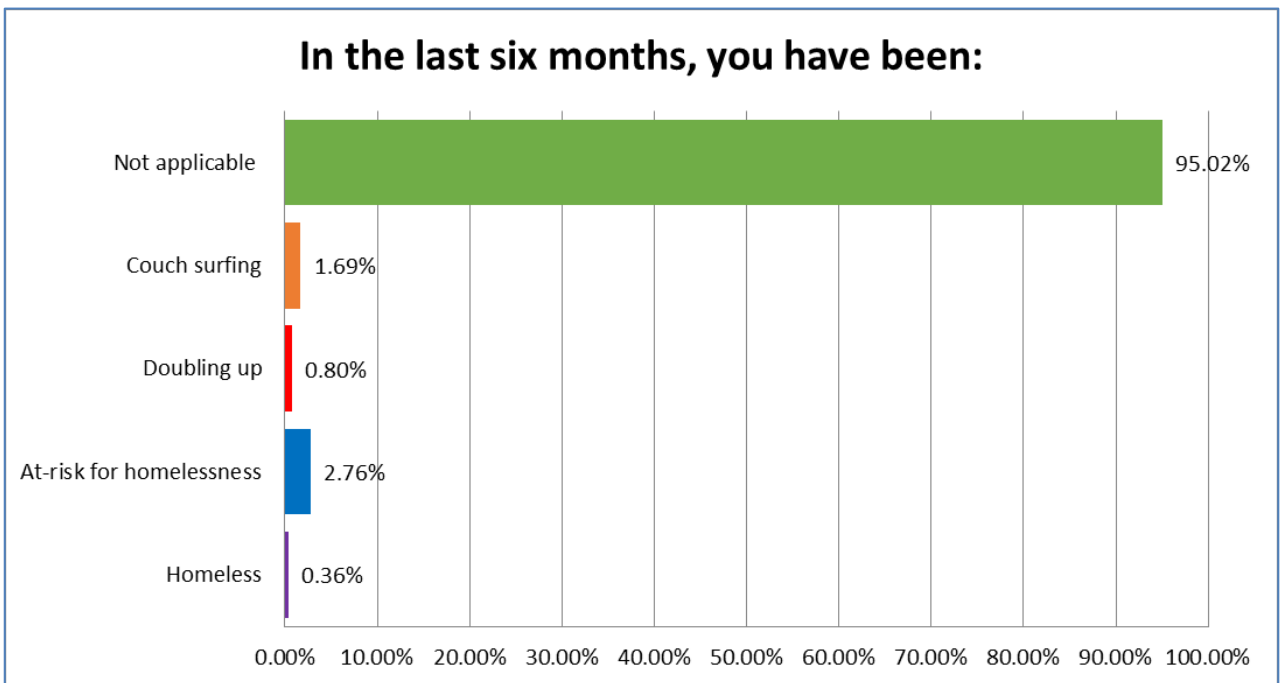
Thank you for taking the time to help us better understand the health needs of our community.

**Appendix D: Highlighted Survey Results**

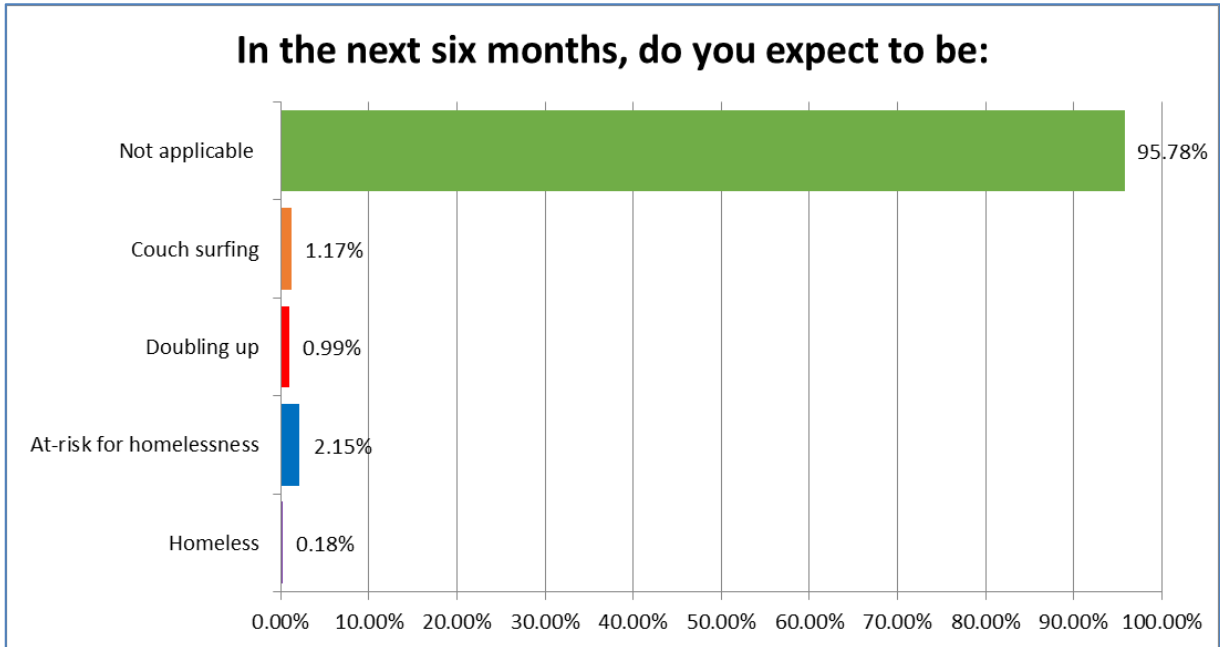
**Mental Health**



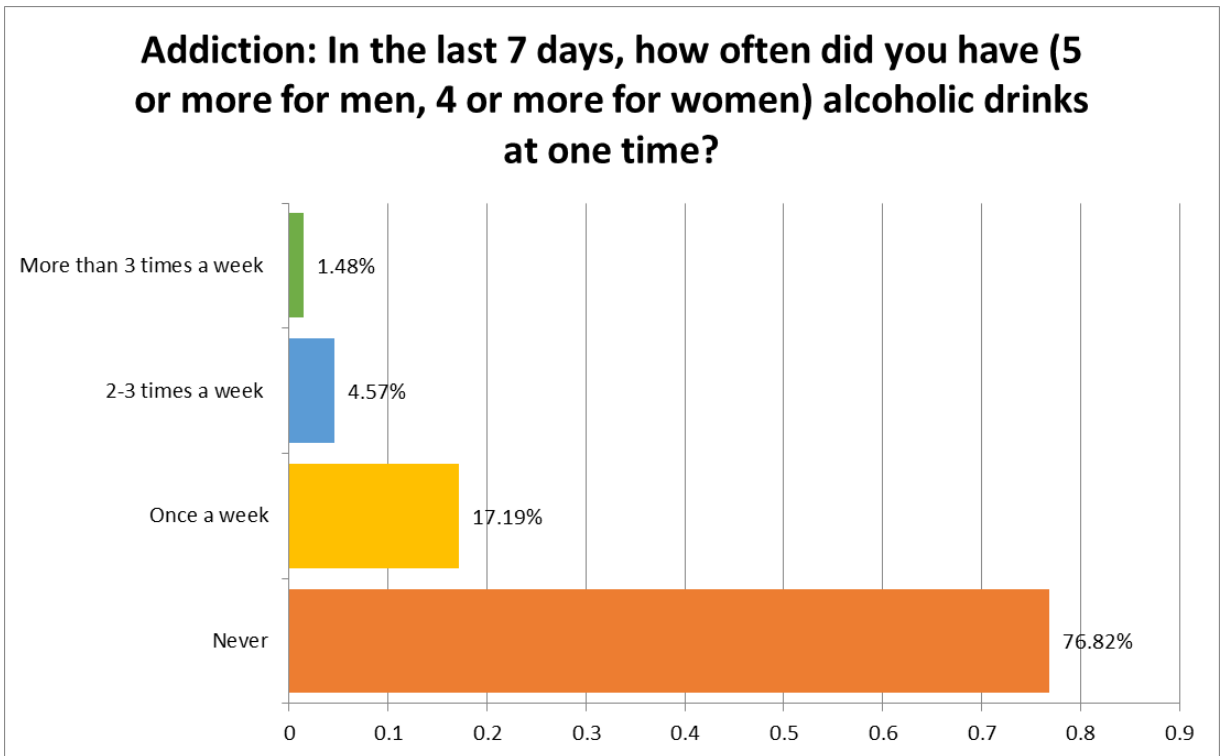
**Homelessness**



### Homelessness (continued)

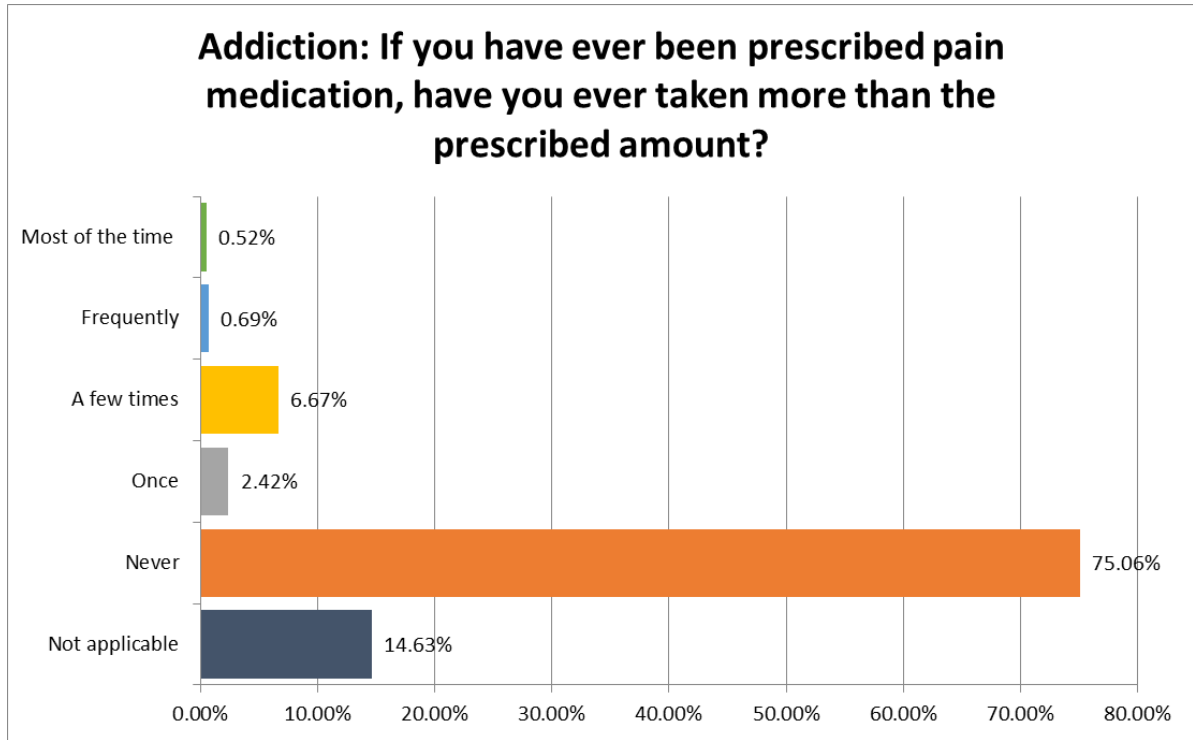


### Addiction

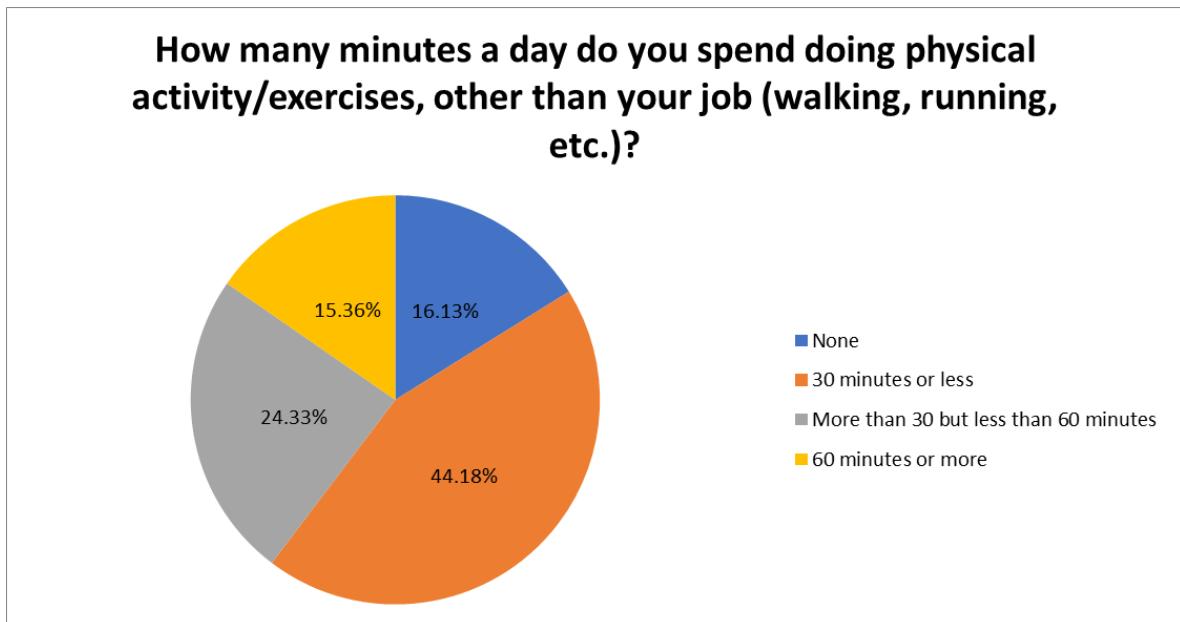




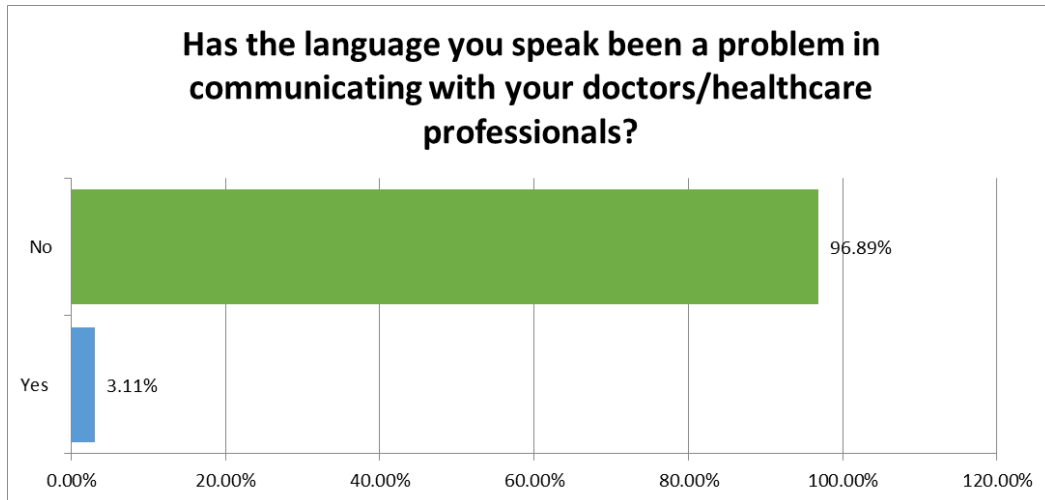
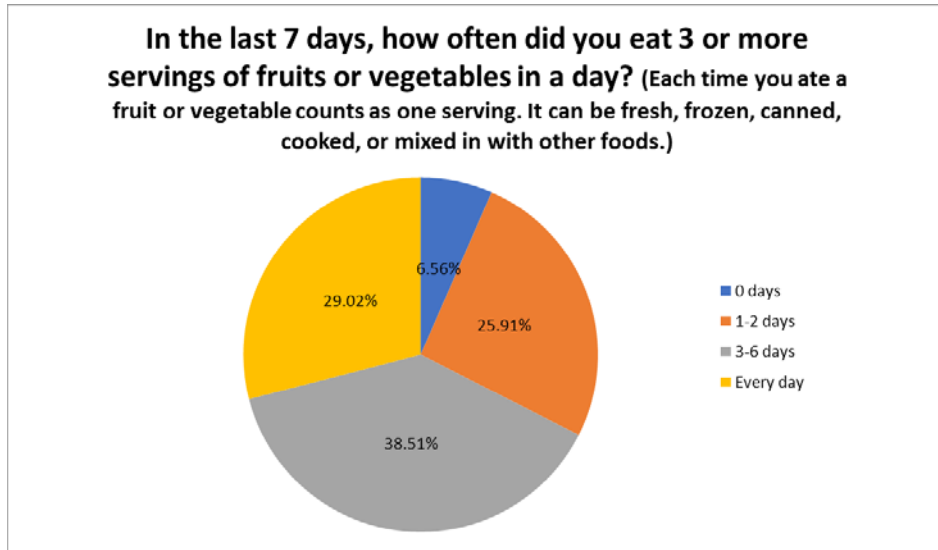
### Addiction (continued)



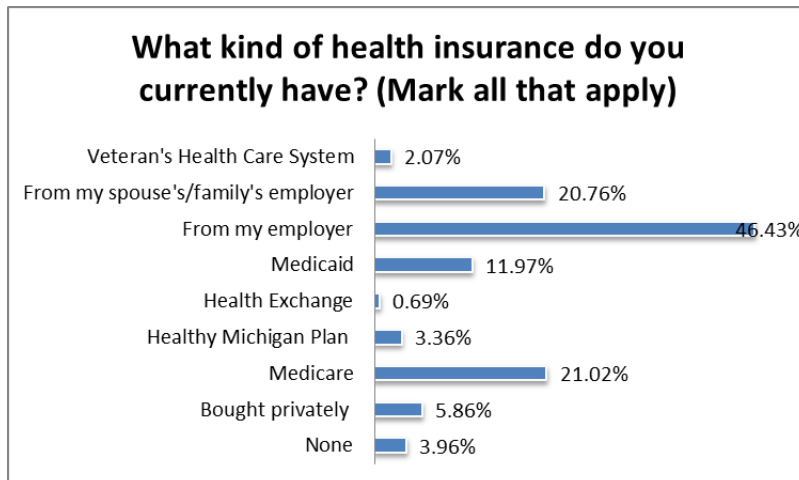
### Health Behaviors



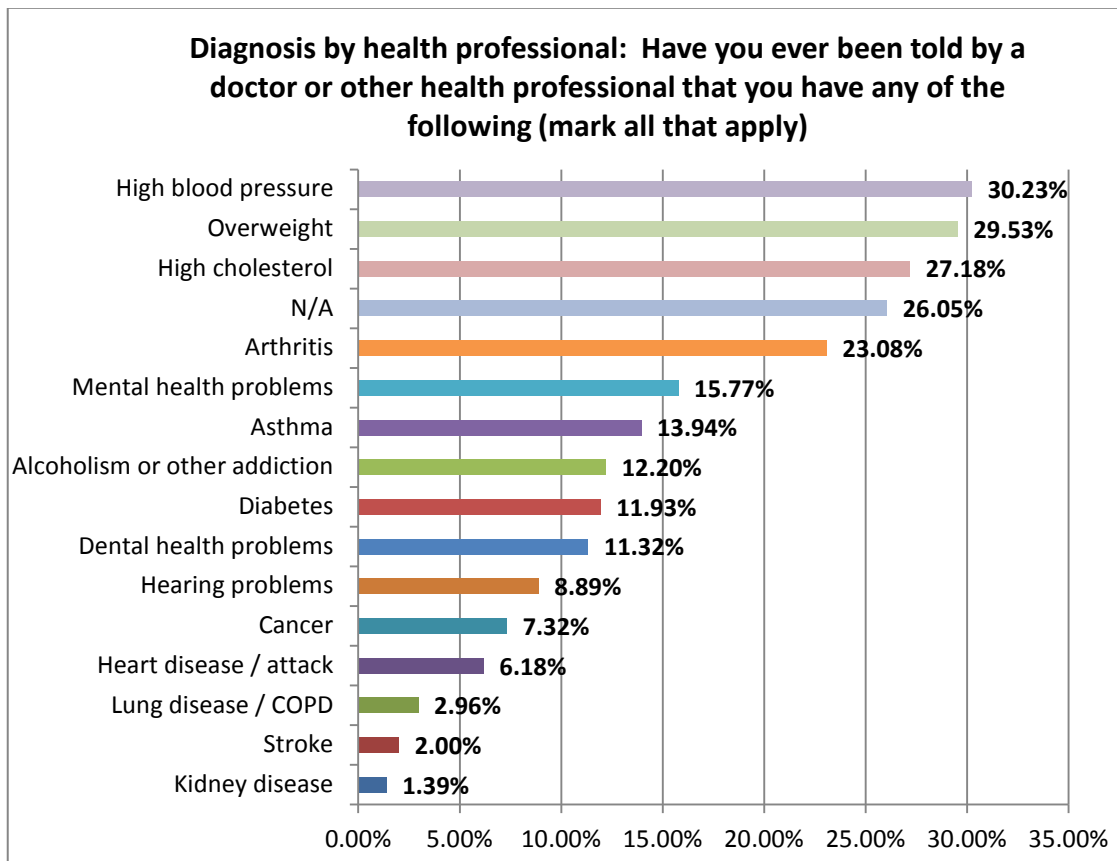
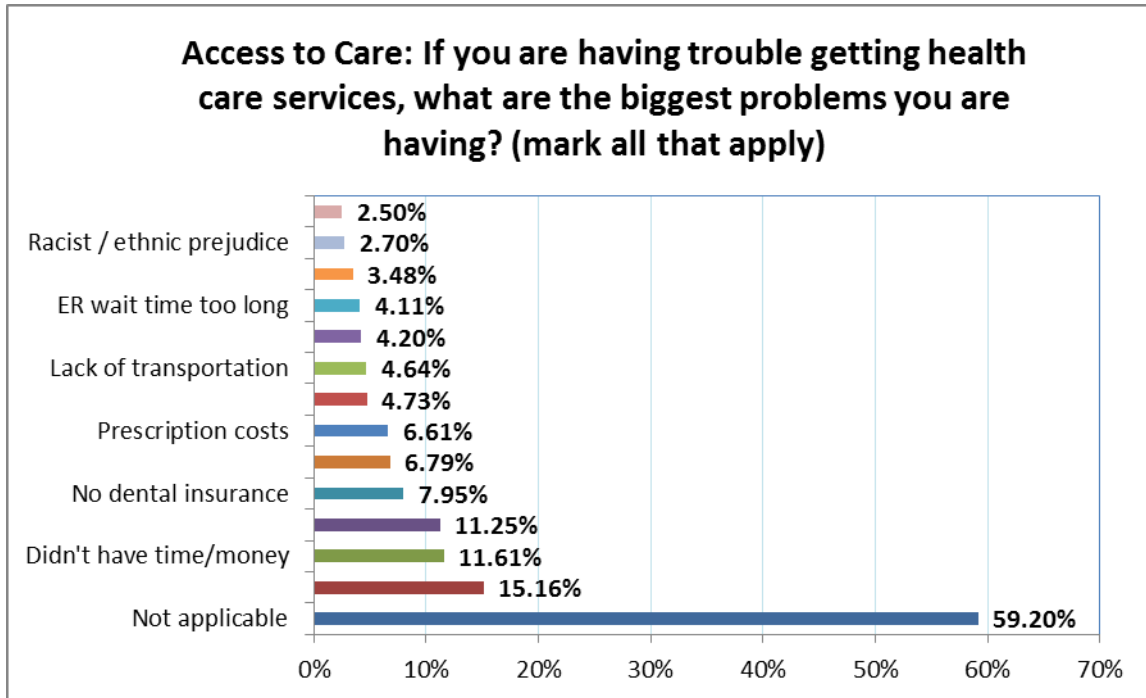
**Health Behaviors (continued)**

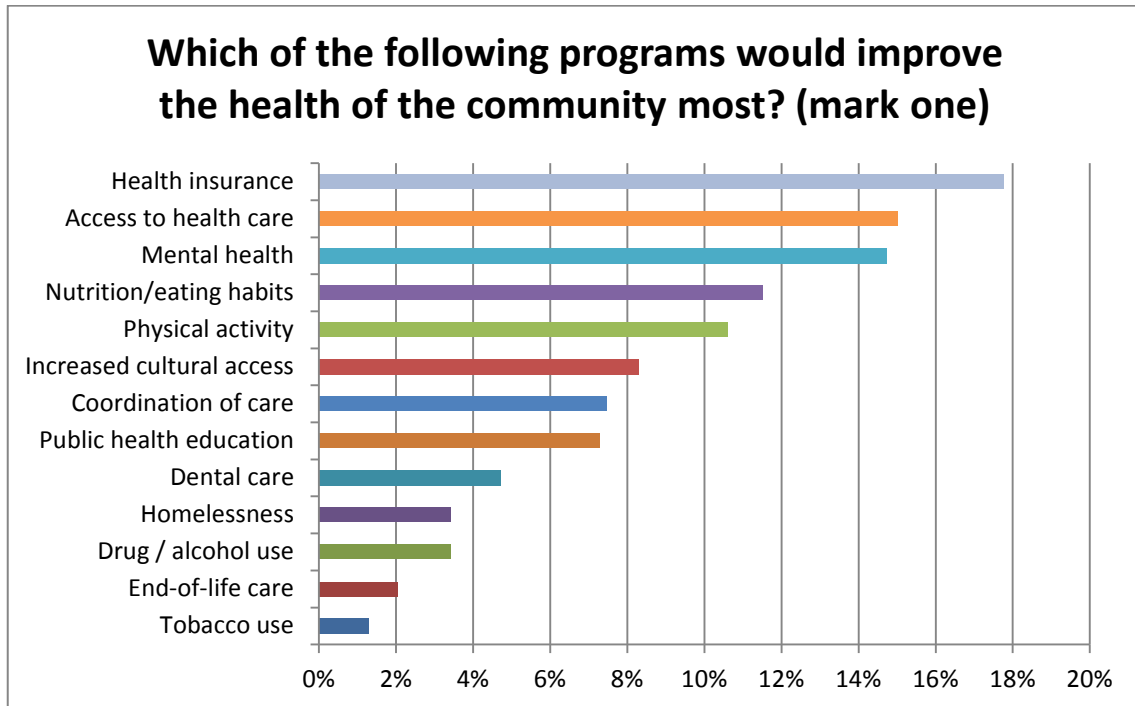


**Access to Care**



**Access to Care (continued)**





### Appendix E: Asset Map

Asset	Livonia	Farmington Hills	Redford	Westland	Canton	Plymouth	Northville
<b>Parks</b>	60	11	15	20	9	12	5
<b>Nutrition Programs</b>	Senior Nutrition Program	Senior Nutrition Program	0	0	Discover Program	0	0
<b>Food Pantries</b>	0	Farmington Salvation Army	Redford Interraith Relief, Christ Church of Redford	Wayne Westland Salvation Army	Tabernacle of Praise	Plymouth Salvation Army	0
<b>Fitness Centers</b>	8	11	3	9	15	14	8
<b>Farmers Markets</b>	Wilson Barn Farmer's Market	Farmington Farmer's & Artisans Market	Redford Township Market at the Marquee	Westland Farmer's Market	Canton Harvest Market	Plymouth County Farmer's Market	Northville Farmer's Market
<b>Exercise Programs</b>	Athletic Division	Fitness Program	0	0	Discover Program	Spring/Summer 2017 Recreation Brochure	Fitness Classes
<b>Walking Programs</b>	Bike/Walk Livonia	Walk with a Doc	0	Westland Shopping Center	Discover Program	Spring/Summer 2017 Recreation Brochure	0
<b>Malls</b>	10	7	5	4	11	3	5
<b>Community Recreation Center</b>	Kirksey Recreation Center	Costick Activities Center	Redford Community Center	Play Planet	Canton Sports Center	Plymouth Cultural Center	Recreation Center at Hillside
<b>Senior Services</b>	Senior Services	50 & Better Program	Senior Services	Senior Resources	Senior Services	Senior Services	Senior Services
<b>Youth Services</b>	Youth Assistance Services	After School Program	Just for Kids	Youth Assistance Services	Youth Programming	Youth Hockey	Youth Assistance Services
<b>Recycling Options</b>	Curbside, Drop off	Curbside, Drop off	None	Curbside, Drop off	Curbside	Curbside	Curbside
<b>Transportation Service</b>	Livonia Community Transit	Senior Services Transportation	Senior Dial-A-Ride	Smart Bus	Mobility Transportation Services	Senior Transportation	Senior Transportation
<b>Library</b>	Livonia Public Library	Farmington Community Library	Redford Township District Library	William P. Faust Public Library of Westland	Canton Public Library	Plymouth District Library	Northville District Library
<b>Employment Opportunities</b>	City Website	City Website	City Website	City Website	City Website	City Website	City Website
<b>Adult Education Resources</b>	Livonia Public Schools	0	0	Tinkham Adult Education Center	0	Community Literacy Council	0
<b>Homeless Shelter</b>	0	0	0	Wayne County Family Center	0	0	0
<b>Hospitals</b>	St. Mary Mercy Hospital	Beaumont Hospital	0	0	0	0	0
<b>Mental Health Services</b>	20	17	6	11	14	20	15
<b>Free Dental Care</b>	0	0	0	Western Wayne Family HC	0	0	0
<b>Urgent Cares</b>	7	5	4	3	5	4	2
<b>Minute/Retail Clinics</b>	0	MinuteClinic at CVS	0	0	MinuteClinic at CVS	0	MinuteClinic at CVS
<b>Free/Sliding Scale Health Clinics</b>	0	0	Botsford South Redford School-Based Health Center	Wayne Hope Medical Clinic	0	0	0

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